

Demedicalizing mental health: Toward community-based approaches

PROMOTING COMMUNITY-BASED APPROACHES TO MENTAL HEALTH CARE

My research generally addresses the following question: *What are the implications of the medicalization of mental health on the well-being of marginalized communities, and how can community-based approaches to mental health care be promoted?* Substantively, my research informs the nursing discipline and reports on the nature of “mental illness” using critical theory. That is, it engages with a sociological deconstruction of the concept of mental illness/health by way of examining power and discourse within the nursing discipline. My research is informed by critical theory and post-foundational thought and draws on the work of such philosophers as Michel Foucault, Gilles Deleuze, and Rosi Braidotti in the investigation of mental illness and mental health. Being informed also by survivor narratives and perspectives, my research can be described as a grassroots approach to knowledge development in mental health discourse. My research approaches include critical qualitative methods—namely, ethnographic approaches (institutional ethnography, critical ethnography, rapid ethnography)—as well as critical phenomenology and critical discourse analysis.

Having established that mental health nursing is institutionally and discursively colonized by biomedical psychiatry (Adam, 2017; Adam & Juergensen, 2019), the overall goal of my work is to work toward the demedicalization of mental health nursing discourse (and, eventually, the cognate health profession discourses) from biomedical psychiatric hegemony. I am currently undertaking three interlinked projects as I work toward this goal.

THREE PROJECTS

Working with local community mental health agencies, I have designed a community-based research project, framed

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by a critical methodology known as political activist ethnography. In this project, psychiatric survivors are central, as they inform the trajectory of the research by engaging in an institutional analysis of psychiatric education and critical discourse analysis of nursing mental health texts. Participant survivors with the researcher engage in the critical examination of institutional texts to help surface problems reproduced by psychiatric discourse. The activism involves the interrogation and exposure of the psychiatric hegemony in these institutional texts and processes, which drives further data collection, which in turn fuels the activism. The project aims to centre survivor

perspectives in the development of mental health nursing education in Canada while simultaneously empowering survivors with the position of critiquing dominant texts and institutional discourse that give rise to psychiatric oppression.

The second project critically examines mental health discourse from the standpoint of women diagnosed with postpartum depression. In this work, which began in response to peculiar discursive shifts related to postpartum depression in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), I examine the constructions of the “disorder” in current literature, including the construction that played a central role in the development of its latest conceptualization in the DSM-5 (American Psychiatric Association, 2013). Having established that phenomenological accounts of postpartum depression do not take into consideration any critical orientations toward the discursive formation of the disorder, my colleagues and I discovered that critical mental health and Mad perspectives are absent from discussions of postpartum depression (Johnson et al., 2020). There is thus a glaring gap in the discourse on the topic, particularly the lived experience of women who do not necessarily accept postpartum depression as a medical condition. I am currently engaged in research soliciting this perspective and undertaking a critical institutional analysis of its absence from mainstream postpartum depression discourse.

In my third project, working with an interdisciplinary team of researchers and professionals (paramedics, social workers, police), I am investigating models of mental health care in the acute care sector. Specifically, this project critically examines current models of mental health crisis responses in Ontario and proposes more humane and supportive responses than those offered under the

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nurse/social worker/police officer model (Toronto Neighbourhood Centres, 2021). Given the notable increase in police brutality and violence, which has especially affected marginalized groups and those with mental health issues, this project is not only timely but also a necessary activist response to the call to abolish carceral and punitive forms of justice.

The consequences of biomedical psychiatric hegemony in the health professions are both far-reaching and highly problematic for society. The reproduction of biomedical psychiatry through the cognate disciplines will continue to lead to violent and, at best, highly problematic practices aimed at “helping” while often producing the very opposite result. While the current evidence of the profuse medicalization of mental health in nursing education is rather clear (Adam, 2017; Adam et al., 2019; Adam & Juergensen, 2019), my hope is that the contributions of these projects, and my work more generally, will fuel the global psy-

chiatric abolitionist movement and help to create more community-based alternatives to psychiatry. 🍁

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