

Short Presentation (10 minutes)
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WHO'S AFRAID OF MENTAL HEALTH?

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I would like to share with you a few of my observations concerning “mental health” as a human issue and an issue for humanity.

After more than twenty years of work in the domain, I came to realize that the way “we” individually and collectively perceive, define, conceptualize, research and act towards “mental health” is a strong indicator of what we actually perceive or believe about “who we are”, of how much we trust ourselves, and how much we value our humanity and life.

Do we see ourselves as resourceful, insightful and responsible individuals or as defective and alienated people and victims?

Are we focussing on our strengths, assets, resilience, wisdom, creativity, generosity, courage and determination, or are we more upset and obsessed with our limitations, our weaknesses, our deficiencies, our diseases, our disorders, our problems, our disabilities, our ignorance, or our lack of control?

¹ The opinions expressed in this allocution are of the author and do not necessarily reflect the official views of Health Canada.

And the world, how do we see it and describe it? Do we see it as an amazing source of opportunities and beauty, or as an unpredictable and dangerous place?

Are we driven by our fears or our trust in ourselves and in humanity?

In my view, what is happening around us in our families, community, country and the world is a strong reflection of “who we think or believe we are”, individually and collectively.

Michel Foucault’s books on the history of madness or insanity through the centuries are quite revealing of how people’s attitudes or reactions towards “others”, towards individual differences, idiosyncrasies or vulnerabilities have always reflected their own fundamental beliefs about themselves.

When people’s values or beliefs about themselves are dominated by self-esteem, trust, respect, wisdom, generosity, their attitude towards “others” are of compassion, tolerance, understanding, and support.

However, when people are lacking in self-esteem and are dominated or absorbed by their fears and insecurities, their attitudes towards “others who are different” are of control, repression, stigmatization, and exclusion.

What are our main beliefs and attitudes towards “others who are different” in our society today?

What are our main beliefs and attitudes towards “mental health” in our society today?

Well...

I think we have definitely made progress over the last few decades although there are still challenges in front of us. Let's look at our progress first.

It is now being generally recognized:

that mental health is a positive, central and essential resource for life;

that “mental health” is not “mental health problems or disorders”;

that everybody has a mental health - as well as a physical health;

that there is “no health without mental health”;

that mental health relates primarily to emotions, thoughts, relationships, behaviours and spirituality and to individuals' capacity to enjoy life and to deal or cope with the challenges they face;

that mental health is not only an individual reality but also one that concerns the entire population;

that people's quality of life and social, economic, political and physical environments have a tremendous impact on their mental health;

that, as stated twenty years ago in the *Ottawa Charter for Health Promotion*, what is needed in order to better address the health and mental health of entire populations are actions that primarily focus on creating supportive environments and fostering individual's resourcefulness and capacity to make healthy choices;

that individuals who live in supportive “resourcing” environments are able to experience their intrinsic “resourcefulness” and to

participate and contribute to the global productivity and wealth of their communities and countries;

that the majority of mental health problems encountered in populations are not diseases but the result of difficult life conditions that diminish or undermine people's resourcefulness and capacity to cope;

that human suffering should not be assimilated or confused with mental disorders;

that when people are facing major stresses caused by unstable family, social, economic and political conditions, when their basic physical and mental needs are threatened and when they are stigmatized and isolated while facing such situations, the distress is tremendous;

that when people's basic life conditions are restored, when the suffering they have experienced is recognized and legitimized, and when they can count on family and social support, their capacity to recover – their resiliency - and their capacity to build meaning out of their suffering is astonishing;

that the vast majority of individuals are able to learn from adversity and to move on with their lives in a positive way;

that people are first and foremost driven towards life, meaning and happiness;

that everyone, even the most vulnerable people, have an inner resiliency, a capacity to “be”, to “belong” and to “become” on their own terms within supportive environments;

that promoting mental health is about empowering individuals and communities to take control over their own lives and mental

health, while showing respect for culture, equity, social justice, interconnections and personal dignity;

that by increasing and reinforcing individual resourcefulness we prevent and reduce mental health problems and disorders;

that promoting mental health enhanced the efficacy of treatment and recovery;

that there is a growing understanding among governments and organizations of how important the mental health of populations is for the wealth of the nations – New Zealand and Australia, for example, have developed national strategies to promote the mental health of their populations;

that building mental health policy should be a participatory and empowering process where individuals and communities have the opportunity to deliberate together about mental health and its contribution to their overall health, sense of well-being and quality of life;

that when decisions are taken within a partnership and participatory approach that fully recognizes and supports individuals and communities in their capacity for self-determination, they become instrumental in bringing about and sustaining major social changes that are beneficial to the whole population;

that mental health promotion strategies, activities and practices should be decided on, developed and applied by people where they live their day-to-day lives;

that the major and powerful characteristic of mental health promotion is that it is closer to the natural way people perceive and want to live their lives – indeed people are much more open and

responsive to approaches that increase their capacity to cope with life on their own terms than to ones that are prescribed from above and which victimize and reduce them to their deficiencies or disabilities;

that organizations and industries that have adopted healthy workplace guidelines and practices that focus on increasing and fostering a sense of control, initiative, participation, appreciation, self-esteem and self-worth as well as a sense of belonging and support among employees and employers have experienced major improvements in their human and business conditions;

that there are examples of entire communities facing major social problems such as high levels of violence, child abuse, delinquency, dropping out, drug abuse and trafficking, and teen-age pregnancy, that have succeeded in transforming what seemed to be intractable living conditions by primarily focussing on people's innate resiliency and capacity for well-being, for wisdom and common sense instead of trying to change destructive conditions that kept people immersed in their problems (Pransky, Mills, Durning etc.);

that some of the mental health factors that increase resiliency in young people include life skills such as social competence (e.g. responsiveness, cultural flexibility, empathy, caring, communication skills and a sense of humour), problem-solving (e.g. planning, help-seeking, critical and creative thinking), autonomy (e.g. sense of identity, self-efficacy, self-awareness, task mastery and adaptive distancing from negative messages and conditions) and a sense of purpose and belief in a bright future (e.g. goal direction, educational aspirations, optimism, faith, spiritual connectedness);

that when people are treated well, they do well;

and so on.

So, if we know and recognize all these realities:

why is it that the development of strategies and actions to promote people's mental health remain secondary, under-resourced, if not totally marginalized, to the development of, and investment in medical services? - Although we also know that huge investments in curative health services do not necessarily contribute to improved population health;

and why is it that still and most often "mental health" is referred to, researched and debated within a pathological context – the language of which is of deficiency, disability and mental disorders?

The imbalance of investment between the treatment of diseases and the promotion of positive mental health (and overall health) raises many questions, especially when considering that mental health related problems and the associated human and economic costs, are now one of the largest burdens on individuals, families, communities and populations worldwide.

Obviously, this is not the time and place to discuss the divergent interests or forces at play, but I would like to make a simple point:

We cannot move forward into "promoting" the mental health of individuals, communities and populations as long as we remain within a negative, pathological or disease-based view of mental health.

Such a statement is not to deny that there are mental health related problems or disorders which require attention.

Rather, it is to remind ourselves again that most of these problems are not endogenous pathologies or disorders but the result of

difficult life conditions that diminish or disable people's resourcefulness or capacity to cope.

These difficult life conditions can be changed and we know how to change them, but more fundamentally we need to believe that we can, and we need to trust our capacity to do it.

As I said earlier, I think what is happening around us is a reflection of who we think or believe we are. So if we don't like or disagree with what we see happening in our community, country or in the world (e.g. injustice, violence, children poverty, war) then we may want to consider changing the way we think or what we believe about ourselves individually and/or collectively.

And that starts by moving away from our tendency to diminish, pathologize and victimize ourselves so much.

How can we stand tall when we think we are lacking the capacity to stand tall?

Young people are also a powerful mirror for us and for our society. How are our young people doing?

Based on studies published in the last few decades, the number of children and youth with mental health problems has increased significantly.

My sense is that there is an increase in the number of children who suffer from being labelled as having mental health problems.

There is an increase in the number of children who do not benefit any more from what used to be called "childhood".

There is an increase in the number of children who do not get the support they need to develop and experience a positive sense of who they are and the world they lived in.

During an international conference on suicide prevention that took place last week in Montréal, experts debated a whole day about the dangerousness of suicide prevention programs for children without reaching any consensus. The question was: is it dangerous to talk about suicide with kids?

There is a lot to talk about here but I see something quite important that was missing in the debate. Children are much more sensitive and are learning much more from our examples as adults of “who we are” or “how we behave” than whatever we say in theory or through our various programs.

Beyond our words, what are we “communicating” on a day-to-day basis to our children and youth about ourselves, about life and about the world we live in?

Are we conveying trust or fear?

If we don't like what happens to to many of our children and youth, then we may want to consider changing the way we think or what we believe about ourselves individually and/or collectively.

Lots of children and youth resist our current approach or programs to various life issues because they simply resent being labelled as potentially at risk, deficient or problems.

However, they are very open to any programs or activities that focus on their strengths, their common sense and their wisdom.

There is nothing they like more than exploring who they are, feeling good about themselves, discovering everything they are

capable of, pushing the limits of their imagination, discovering the beauty and magic of our world.

I believe as Marianne Williamson says so well that “...Our deepest fear (as adults) is not that we are inadequate. Our deepest fear is that we are powerful beyond measure. It is our light, not our darkness, that most frightens us.” (*A Return to Love*)

The central message I wanted to communicate to you today and in the context of the Mental Health Week is -- let's not be afraid or lose sight of who we really are and let's recognize and celebrate that amazing resourcefulness or capacity we all have to “be” as grand as we are, to “belong” as much as we like to each other and the world around us and to become that humanity we've always dreamed of.

Nous sommes tellement plus admirables que condamnables!
We are much more admirable than contemptible!

Thank you.