

Lecture 11: In Search of Good Mental Health

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Mon 2:30-5:20, KTH 230

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Where We're At

- Over last 100 years, pop diagnosed w/ mental illness has increased considerably, rates of disability owing to mental illness have climbed, number of disorders has increased 4x, and people report more distress.
- What can we do?

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Individualized Solutions?

- Typical narratives around improving mental health focus reflects broader ideological tendencies toward individualization and personal responsibility.
- How so?
 - Mindfulness, yoga, “going for a run,” dietary changes.
 - Public education to “recognize the signs of mental disorder” and seek treatment.
 - Professional solutions – developing research to “find cures,” new treatments.
 - Seligman: the psy-ences have become obsessed with mental illness, rather than mental health.

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Changing Mental Healthcare

- Fixing the DSM
 - Shrinking number of disorders, tightening criteria
 - Acknowledge social construction
 - Consumer involvement, transparency
- NIMH's RDOC
 - Thomas Insel: “I don't see a reduction in the rate of suicide or prevalence of mental illness or any measure of morbidity...patients with mental disorders deserve better.”
 - Ignoring DSM categories, start from scratch to build biologically valid disorders.
- Other changes:
 - Dealing w/ professional stigma.
 - Does treatment work or does it create dependence on the system?
 - More time w/ patients.
 - Shift towards dimensional model?
 - Patient consent to their label?

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Changing Society

- Links between social marginalization and poor mental health – women, children, older adults, racialized minorities, impoverished urban populations, incarcerated pop, LGBTQ individuals.
- Thus, it seems that mental health problems stem, at least in part, from vulnerability and oppression – what can be done?

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The Right to Mental Health

- Take a rights-based approach – that people have a right to mental health and mental health care.
 - Expanding OHIP.
 - Include de-medicalized forms of care in coverage.
 - Other forms:
 - right to mental health days (independent of sick days)
 - right to higher minimum vacation days
 - implementation of living wage
 - right to housing
 - others?

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Promoting Wellbeing

- Pursuing *wellbeing* rather than simply alleviating mental disorder.
 - Measuring wellbeing rather than (or in addition to) GDP.
 - Going beyond physician's office to make wellbeing a priority, e.g. in workplaces, schools, public life.
 - De-medicalized language to describe distress.
 - Contravenes trends and assumptions that treatment is necessary at all costs.
 - Non-medical interventions to promote positive mental health: exercise, greenspace, etc.

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Leaving Money Behind

- Deiner and Seligman: we typically assume that wealth is the pathway to happiness, yet as societies have grown wealthier, life satisfaction has gone down.
- Disability due to mental health problems far greater in Global North. Meanwhile, prognosis for most disorders far better in Global South.
- Why doesn't money increase happiness?
 - As income rises, material desires escalate.
- How money may harm wellbeing:
 - Lower self-esteem, greater narcissism.
 - Greater amounts of social comparison.
 - Less empathy.
 - More conflictual relationships.
- However, these effects are seen only after basic needs are met.

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Good Work

- Far from a source of frustration and anger, work seems to play a positive role in promoting mental health.
- What makes a good job?
 - Autonomy
 - Using skills
 - Diverse tasks
 - Supportive environment
 - Interpersonal contact
 - Good pay & benefits

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Social Engagement

- Social connectivity (club & political party membership, volunteer activity, church attendance, sports) all linked to greater life satisfaction, lower suicide rates.
- When social trust is higher, so too is wellbeing:
 - Community gardens, art projects, cleanups.
 - Lowering crime (but how? When community itself is involved, social trust increases in comparison to when solutions are imposed).
 - Re-emphasizing social connections in school.

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Conclusions

- Despite growth of psy-services and treatments, society's mental health seems to be getting worse.
- Improving mental health and combatting mental illness cannot be restricted to medical domain and medical definitions.
- Unless marginalization and oppression are tackled, it seems unlikely that mental health will improve.