2021 Mental Health for All Conference

Theme: Deconstructing Normal | Déconstruire la normalité

Introduction

What is and is not "normal" is so entrenched in our everyday vocabulary that we often don't stop to question – or even notice – it. Normal child development. Normal responses to grief. Social norms. Normal sexual development. Age-appropriate behaviour. Normal symptoms of depression. Normal stresses of life. Notions of what are supposedly normal and abnormal – the criteria with which we judge and act upon our own and others' thoughts and behaviours – permeate our lives and our social and political institutions and construct our everyday realities.

This October, the Canadian Mental Health Association (CMHA) will host our 6th annual Mental Health for All national conference with the theme "Deconstructing Normal." We welcome submissions from individuals and organizations who work in mental health – practitioners, program and service providers, people with lived experience, researchers, historians, activists, policy makers, Elders, political leaders, clinicians – who find themselves "deconstructing normal" in their work and everyday lives. The verb "to deconstruct" means to analyze, to open up a concept to examine its hidden assumptions and contradictions, to reduce something to its constituent parts, to understand how the meaning of something is different now than it was in the past. To suggest that we can deconstruct a concept such as "normal" implies that it has no fixed meaning but rather many meanings and interpretations. As Canadians continue to grapple with the significant challenges of COVID-19 – a time that most of us would describe as a break from "normal life," it seems a particularly fitting moment to question the meaning of normal and turn it on its head.

The pandemic has caused significant social and economic upheaval, resulting in higher rates of mental distress in our population. In the face of this unusually stressful time, there is so much yearning for when things will "get back to normal." But what if normal was what got us here? The pandemic has exposed many aspects of our society and our safety nets that were already unfair, unjust, tenuous or inadequate – but were for the most part pushed to the peripheries. The pandemic has forced us to face systemic racism, housing, food and employment insecurity, an inaccessible and complicated mental healthcare system – issues that were already there, but never as visible or central as they are now. Perhaps, rather than yearning to "return to normal," we would be better off redefining what normal should and can be.

The question of what is normal is particularly important when it comes to mental health. The mental hygiene movement – which birthed the modern mental health system in Canada –

played an important role in constructing normality. Although mental hygienists sought to promote mental health and improve the conditions for people in asylums, they were also social reformers who institutionalized the professions of psychiatry and psychology; in doing so, they developed a new system of authority that empowered them to identify and treat behaviours they considered "socially deviant," "aberrant" and that breached established norms of behaviour.[1] The degree to which human behaviours have been categorized and also pathologized is evident in *The Diagnostic and Statistical Manual* (DSM), the authoritative guide used by clinicians and health professionals in the diagnosis of mental health disorders. While many argue that the DSM establishes standards that can help people who are suffering by providing a clinical tool to help diagnose and treat symptoms of mental illness, it also constructs mental disorder based on assumptions about "normal" human behaviour.[2]

While the mental health field has actively enforced standards of normalcy, it has also produced important critiques. Given that notions of normalcy have been constructed around the experiences of predominantly white, settler, cisgendered and heterosexual men, experiences that fall outside this realm have been labeled "deviant" and in need of medical intervention. Mental health professionals, activists, people with lived experience, Elders, Indigenous scholars, and researchers have been challenging the notion of "normal" and the social marginalization it fosters for people with mental illnesses, mental health concerns and/or substance use problems. Accordingly, those working within the field of gender and sexuality and with people who are gender- and sexually diverse have been challenging notions of "normal sexuality", heteronormativity, and the oppression of heterosexism, calling attention to the breadth of human diversity.[3] Disability activists have argued that notions of "normal" and "abnormal" are shaped by social standards, that disabilities are socially constructed and a normal part of life.[4] Drawing its roots from the social model of disability, the neurodiversity movement has been critiquing the pathologizing of conditions such as autism and ADHD and has argued that they are part of the natural neurological variations that occur among the human population – a product of the wide diversity of the human genome. Black, Indigenous and communities of colour have been exploring the historical link between the ideas of "race" and "madness"; how psychiatric labelling, treatment, and institutionalization have been used as tools of colonization, through practices such as slavery and eugenics.[5] Indigenous scholars working in the field of psychology and social work in Canada have pointed out how the Canadian mental health system was founded on colonial values and how Indigenous understandings of ill-health and recovery differ from colonial ones.[6] Lynn Lavallée, for instance, has argued that in a colonial context, it is more accurate to discuss mental illnesses in terms of "spirit injuries" and recovery as a process of feeding our spirits.[7] The Indigenous Wellness Continuum has also offered a framework for

[1] Richardson, Theresa R. The Century of the Child: The Mental Hygiene Movement and Social Policy in
[2] http://psychrights.org/research/digest/diagnosis/constructingnormality.pdf
[3] Ristock, Janice L. and Danielle Julien, "Disrupting Normalcy: Lesbian, Gay, Queer Issues and Mental Health. An Introduction," *Canadian Journal of Community Mental Health*, 22.2 (2003): 5.
[4] Kaplan, Deborah. The Definition of Disability: Perspective of the Disability Community.
[5] Kanani, Nadia. Race and Madness: Locating the Experiences of Psychiatric Histories in Canada and the United States, *Critical Disability Discourses/Discours critiques dans le champ du handicap*. Vol 3. (2011).
[6] Lavallee, Lynn F., and Jennifer M. Poole. Beyond Recovery: Colonization, Health and Healing for Indigenous People in Canada, *International Journal of Mental Health and Addiction* 8 (2010): 271-281.
[7] https://www.thestar.com/news/canada/2021/01/14/spirit-injury-manifests-in-physical-illness-and-mental-issues-says-strategic-lead-of-indigenous-resurgence.html

mental wellness based on cultural knowledge that displaces the colonial focus on “deficits” in favour of strengths and resilience.[8]

Problematically, people living with a mental illness and/or substance use problems are often constructed as “abnormal,” which leads to systemic marginalization and might produce feelings of living on the margins of “normal life.” Still, notions of “normal” might be considered helpful and positive for some. For instance, the goal of “feeling normal” again could be an important part of recovery. Recovery can mean a return to a baseline level of feeling, or a return to their own version of feeling “normal.”

This year’s theme, "Deconstructing Normal,” presents an opportunity to explore the significance of “normal” both historically and today and consider how this seemingly innocuous six-letter word has shaped how we think about mental illness and mental wellness, and how we have built and continue to deliver mental health care.

Streams

Prevention, mental health promotion and wellness

This stream invites submissions that examine the connections between physical, socio-economic and cultural environments and mental health by drawing on lived experience, research and evaluation findings, and interventions that challenge notions of normalcy or the usual ways of doing things. This stream is particularly interested in programs, practices, and policies that promote mental health, in Indigenous mental wellness/resilience practices, and in approaches that foster collaboration among governments, social services (education, housing, etc.) communities, advocates, citizens and health/mental health sectors. As COVID-19 has changed the way we do mental health promotion, we need approaches that continue to actively address the biomedical, social, economic and environmental determinants of mental health but that also employ new and creative ways to promote mental wellness. During these difficult times, it is paramount to showcase research, innovation, systems reform and actions that prioritize wellness and work to improve access to resources that promote mental health.

Anti-racism, diversity and equity

This stream invites submissions that address the barriers faced by marginalized groups with mental health concerns and mental illness —including racialized communities, LGBTQ2S+ individuals, First Nations, Inuit and Métis peoples, women, people experiencing poverty, justice-involved persons, people with disabilities, and refugees, immigrants and newcomers—in cultivating good mental health and in accessing mental health care.

Constructions of “normalcy,” which have centered the perspectives of white, settler, cisgenderd and heterosexual men and which have historically structured our programs, policies, education and health care systems, have been linked to experiences of marginalization, interpersonal and

[8] https://thunderbirdpf.org/wp-content/uploads/2015/01/24-14-1273-FN-Mental-Wellness-Summary-EN03_low.pdf

systemic discrimination, and lack of access to resources for many in Canada. These communities, including Indigenous communities, have faced and continue to experience colonialism and systemic racism, resulting in significant mental health disparities. Understandings of and care for mental health have been predominantly based on Western worldviews and have precluded Indigenous peoples' worldviews, non-Western approaches, and lived experience of mental health concerns or mental illnesses. The Black Lives Matter movement has also highlighted how many Black Canadians face discrimination in their access to care and within the mental health care system and how BIPOC professionals are underrepresented in mental health. This stream emphasizes the creation and development of services that are culturally honouring, gender responsive, and inclusive.

System navigation, care pathways and supports

Anyone who has navigated or helped others to navigate our complex mental health system knows that there are no "normal" or standardized pathways for care and support. This stream seeks submissions that examine existing and envisioned mental health care systems, care pathways and supports for those with mental health concerns and mental illnesses. In the wake of COVID-19, mental health care systems are also increasingly digital, leveraging apps, online forums and online support groups, which creates opportunities for more accessible services. At the same time, we need to strengthen mental health literacy and knowledge of how to navigate systems, as well as to evaluate digital mental health care platforms critically. As we contend with the psychological, economic, and social difficulties of the pandemic, , we need greater research to anticipate their impact on the mental health care system, and to build these into care pathways and supports. It is imperative to discuss how to secure and bolster mental health care systems in the face of changes in the health care sector.

Substance use and recovery

This stream will explore how we can prevent and manage substance use issues, promote recovery and harm reduction, and support mental wellness through research, education, programs, sharing of lived experience, policy change and advocacy.

Substance use is considered a normal part of life for many in Canada – people use substances for a variety of reasons, including for recreation and relaxation. Substance use, however, can also be a method for coping with difficult circumstances: a lack of meaningful relationships in one's life; traumatic events; violent and tumultuous environments and experiences of racism, colonialism, discrimination and poverty have all been recognized as important contributors to substance use problems. Since COVID-19, there have also been reports of increased substance use to cope with the greater mental health distress associated with job loss, economic hardship, grief about sick and lost loved ones, and social isolation. In North America, opioid-related poisonings have increased significantly in the past decades and have reached crisis proportions, especially since COVID-19. Indigenous peoples have higher rates of substance use as a result of intergenerational trauma and colonization. Given the severe physical and mental health consequences that can both drive and result from problematic substance use, addressing it is critical for public health and mental health promotion.

Livelihoods and mental health

This stream is interested in the link between mental health and employment, education, caregiving, volunteering and other meaning-making pursuits.

According to the First Nations Mental Wellness Continuum Framework, purpose is a necessary component in balancing mental, physical, spiritual and emotional health and ultimately pursuing mental wellness. People can find purpose through education, employment, caregiving, creating, and/or volunteering, but many Canadians with mental illness do not have access to these opportunities, which can impact their lives and livelihoods. With COVID-19, many Canadians are experiencing the challenges of an absence of meaningful pursuits in their lives, as education, volunteering, and employment opportunities have been put on hold while we contend with a spiralling pandemic. Many have experienced job loss, which is linked to mental health stress, including depression and feelings of low self-worth. In addition, while work and workplaces can be sources of purpose, when they are not safe and mentally healthy, they can also be a source of psychological distress. The pandemic has undoubtedly created additional strains in workplaces where employees face greater health risks from exposure to the virus or contend with the challenges of working in a virtual environment.

COVID-19 and mental health

The pandemic has caused significant social and economic upheaval, resulting in higher rates of reported mental distress in our population. In the face of this unusually stressful time, there is so much yearning for when things will "get back to normal." But what if normal is in part what got us here? The pandemic has exposed many aspects of our society and our safety nets that were already unfair, unjust, tenuous or inadequate – but were for the most part pushed to the peripheries. COVID-19 has forced us to face systemic racism, housing, food and employment insecurity, an inaccessible and complicated mental healthcare system – issues that were already there, but never as visible or central as they are now. This stream invites submissions that explore some of the problems associated with doing "business as usual" and how it has contributed to the difficult situation we are now facing in the wake of COVID-19, and that critically reflect on how we can redefine what normal should and can be.

Submit Your Abstract

Please submit your abstract here.

A presenter may submit multiple abstracts for the conference, with one submission for each presentation. Your submission should be 150 words or less.

Format

Conference sessions will be offered in a variety of formats:

Panel discussions (60 or 90 minutes)

- Panels should include a minimum of two and a maximum of four presenters addressing a common issue or topic from different perspectives, followed by an interactive discussion. Each panel must also provide a moderator.

Individual presentations (30, 60 or 90 minutes):

- Oral Presentation: Your presentation should have a coherent structure and a clearly stated purpose. It should provide descriptive information, including necessary contextual detail, and report on research findings, evaluation results, lessons learned and best or promising practices.
- Paper Presentation: Your presentation will address innovative programming, completed research that has been demonstrated through evaluation to have an impact on clinical practice, system design or policy development related to collaborative mental health.
- Storyboard: Opportunity to tell your story of a project or an experience that included a life-changing event that changed your attitudes, clinical approach, or interactions towards individuals.

Submissions will be evaluated using the following criteria:

- Relevance to the conference theme
- Clarity and coherence of the submission
- Relevance and utility to participants
- Emphasis on social justice, human rights and/or equity

Please note: we encourage presenters to include a lived experience component or perspective where relevant.

Deadlines

Call for Abstracts Opens: May 19, 2021

Abstract Submission Deadline: June 25, 2021

Results Notification: July 16, 2021

You can submit your abstract here.

If you have questions regarding the abstract submission process, please contact: Anitta Raviraj at araviraj@cmha.ca or Lindsay Nix at lnix@cmha.ca