

MENTAL HEALTH: COLONIAL & POST COLONIAL PERSPECTIVES

Mohamed Ibrahim PhD, MSW, RN
Assistant Professor, University of British Columbia
Clinical Addiction Fellow, BCCSU
Vancouver, Canada

Land Acknowledgement

I acknowledge of been a guest at the traditional territory of many Indigenous Nations in BC and a visitor here in Toronto and acknowledge as the territory of Anishinabek Nation, the Haudenosaunee Confederacy, Huron-Wendat and the Mississaugas of the Credit First Nation.

Disclosure

No Conflict of Interest

Research Projects

- SSHRC-Insight Grant -Realizing Human Rights and Social Justice in Mental Health in Canada (Ontario & BC), Australia (Victoria) and Kenya (Nairobi & Nakuru)
- Hampton Grant-Role of Mental Health Service Users in Decolonizing Mental Health in Kenya
- BC Ministry of Health grant-Non-police response to mental health crisis in British Columbia
- CGSM & BCCSU -Transnational (cultural/spiritual) approach to psychosocial and substance use healing among Somali Canadians

Outline

- Situating self in my research
- Historical context: colonial psychiatry's benevolent & epistemic violence
- Decolonize before globalize (global mental health)

About Me: early years



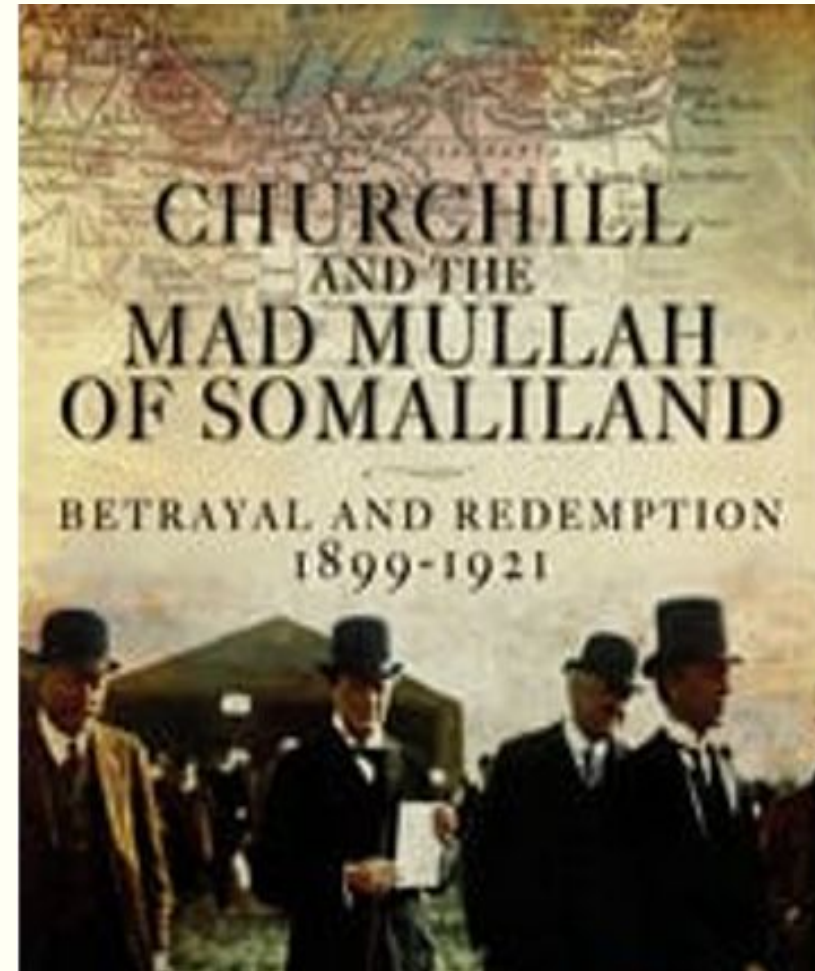
About Me: early years



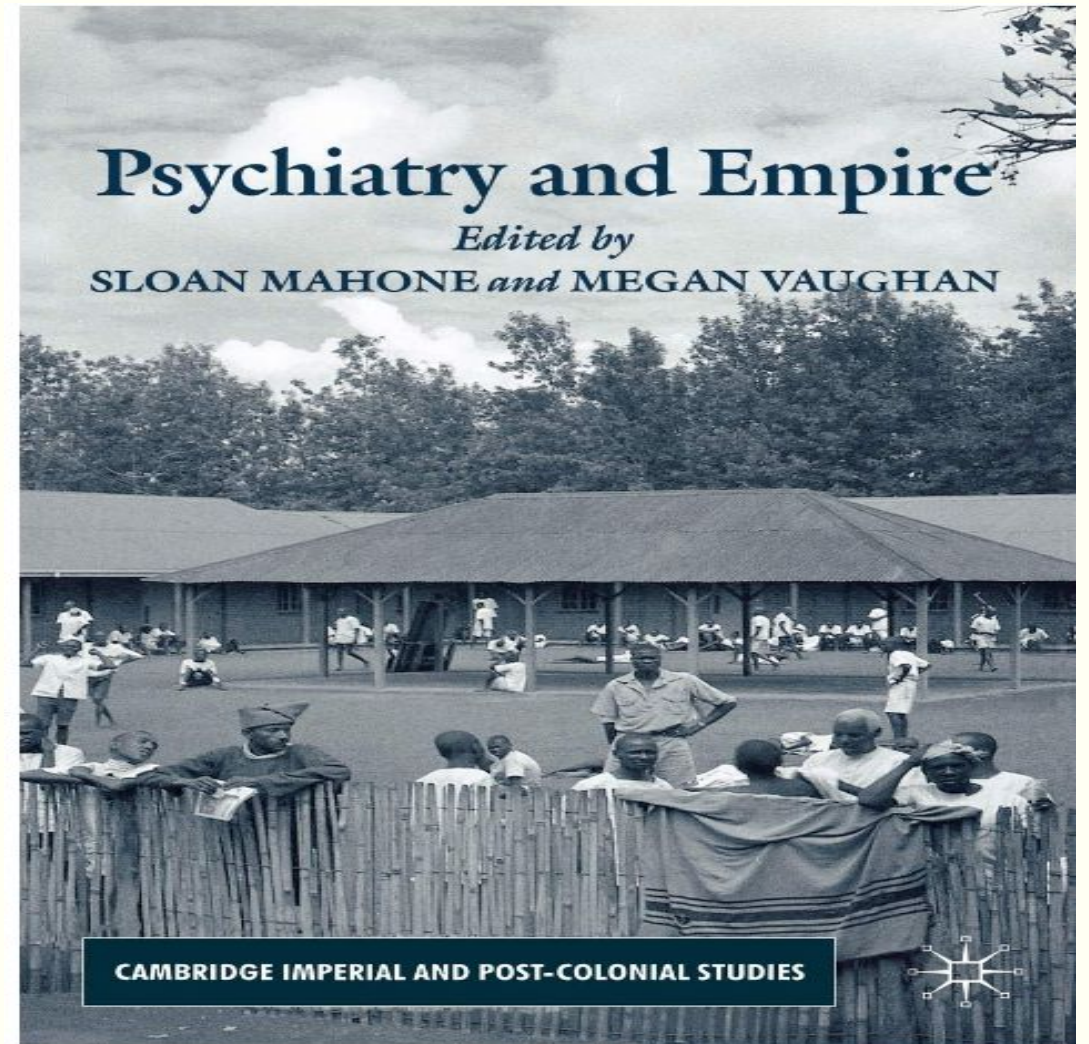
Traditional (culture specific) healing practices

Sar Rituals

Sar rituals, like *mingis* or *borane*, are performed through singing songs based on sar and local traditions, such as dancing, trance and speaking in tongues, as well as sometimes also including Qur'an verses. The rituals have pre Islamic origins and are becoming increasingly marginalised. The healing rituals include negotiations with the spirit who is invited to leave the person rather than being forcibly expelled (8). The spirit is not violent, but readings from the Qur'an might incite verbal outbursts from the patient. Treatment is expensive, particularly when performed by an *alaqad/calaqad/alacot*, the highest level of healer (a sar expert) (42,118). Money, silk scarves, special oils and perfumes brought by patients are used as offerings



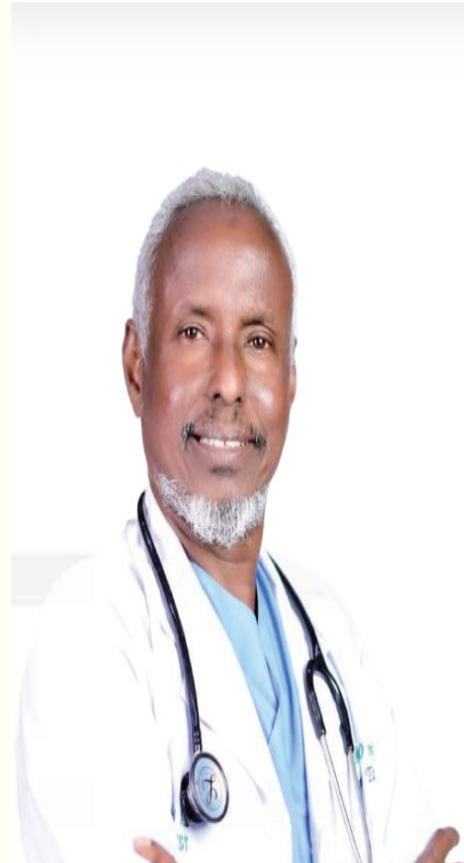
About Me: Clinical practice in Kenya



About Me: Clinical Practice in Somalia



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Welcome To Habeeb Mental Health Foundation

is nonprofit organization provides equity mental health services, to ensure mental health care are accessible and that people receive reliable services to protect the rights of people suffering from health illness. mental entitlements within a humane and understanding service system. The Habeeb Mental Hospitals are committed that all people with mental illness are treated regardless of cultural background, religion or social-economic status...

Biomedicine/Psychiatry and Colonization

Hubert Lyautey

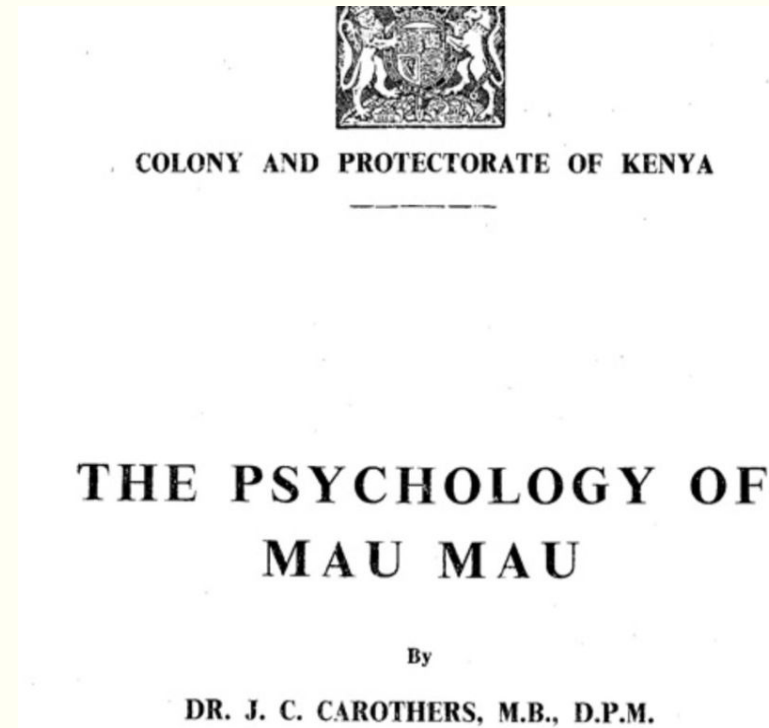


“The physician, if he understands his role, is the primary and the most effective of our agents in penetration and pacification”
“ a mission and apostolate, an agent of penetration, attraction and pacification” (Amster, 2013.Pg 73).

Hubert Lyautey, the French colonial administrator of Morocco, was explicit about the role of doctors in advancing colonial interests when he said,

Colonial Psychiatry

- Algiers School of Psychiatry (Antoine Porot)
- East Africa School of Psychiatry (J.C Carothers)
- These colonial psychiatry schools
 - Frontiers of eugenic research
 - *Racial psychophysiology*
 - *Psychiatric ethnopathology*
 - *Native criminology*



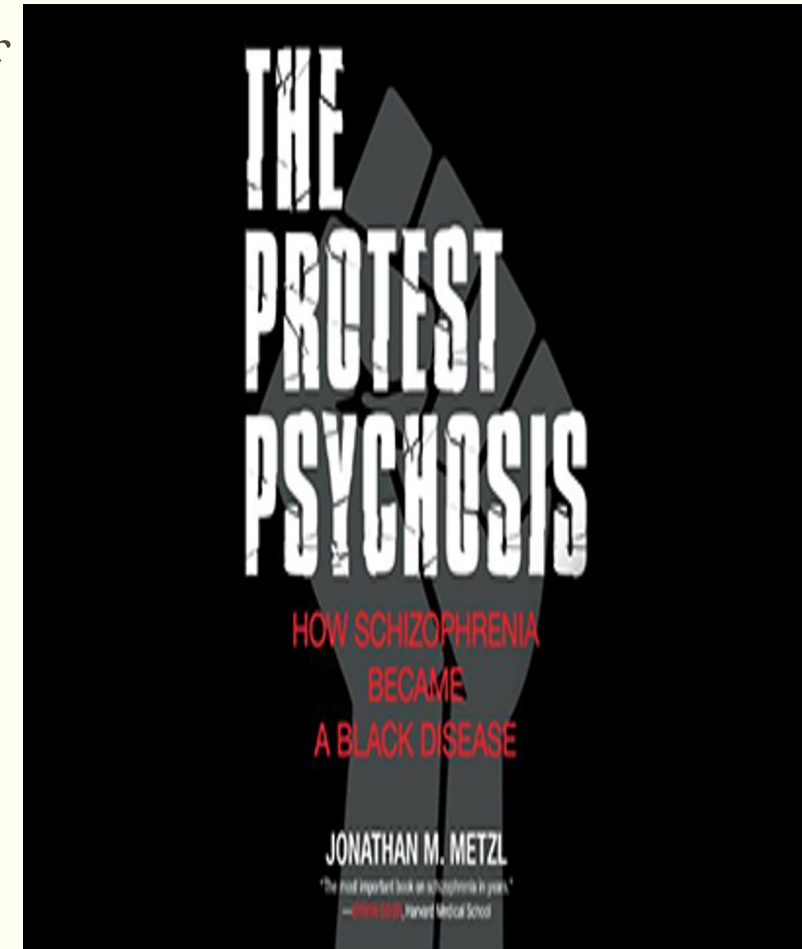
Psychiatrizing the “other”

- There was close relationship between “psy” disciplines and eugenics
- The native as “abnormal” at baseline
- “Making up” of psychiatric diagnosis
 - **Bradyphysia**-backwardness –still uncivilized to be granted self-rule or independence
 - In the Algiers School of Psychiatry theorized the North African Muslim suffered from **primitivism**-as inferior to the civilized European based on the Maghrebian’s physical characteristics, culture and religion

Psychiatrizing the “other”—transatlantic

Bromberg, W & Simon, F (1968). *The “protest psychosis” a special type of reactive psychosis.*

- Civil rights movements and the metropolises use of colonial psychiatric “new knowledge” about the natives
- Argued that themes of Africa and Islam, so central to schizophrenia during the civil rights movement
- The ideologies of Elijah Muhammad, Malcolm X, and other leaders, were causal agents in the path to insanity.



Medicine/psychiatry as a tool to suppress political dissent

Psychiatrizing political dissent

Incarceration of political leaders in psych hospitals (Pretoria, Nairobi etc.)

Weaponizing psychiatric diagnosis and treatments during times of conflict and unrest

Mental Health Legislative manipulation

JOURNAL OF SOMALI STUDIES:
Research on Somalia and the Greater Horn of African Countries
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Volume 8, (Number 1), June, 2021
Pp 77-85

The Mad Mullah: The Psychiatrization of Somalia's Freedom Fighter

DOI: <https://doi.org/10.31920/2056-5682/2021/v8n1a4>

Mohamed Ibrahim
*Assistant Professor, School of Social Work
The University of British Columbia
Email: mohamed.ibrahim@ubc.ca*



COLONY AND PROTECTORATE OF KENYA

**THE PSYCHOLOGY OF
MAU MAU**

By

DR. J. C. CAROTHERS, M.B., D.P.M.

Big Pharma cashing on

Assaultive and belligerent?



Cooperation often begins with HALDOL® (haloperidol)

a first choice for starting therapy

Acts promptly to control aggressive, assaultive behavior

Several studies have reported the special effectiveness of HALDOL (haloperidol) in controlling disruptive and dangerously assaultive behavior.* Even the number of violent assaults committed by a group of criminal psychotics "resistant to maximal doses of phenothiazines" was reduced substantially during treatment with HALDOL.† Symptom control can be achieved rapidly, frequently within a few hours when the intramuscular form is used for initial control of acutely agitated psychotic states.‡

Usually leaves patients relatively alert and responsive

Although some instances of drowsiness have been observed, marked sedation with HALDOL (haloperidol) is rare. In a report on a study with criminal psychotics the investigator states, "The patients remained alert and more amenable to psychotherapeutic intervention." Another investigator reports that HALDOL "normalizes" behavior and produces a sensitivity to the environment that allows more effective use of the social milieu and the therapeutic community.‡

Reduces risk of serious adverse reactions

HALDOL (haloperidol), a butyrophenone, avoids or minimizes many of the problems associated with the phenothiazines. Hypotension is rare and severe orthostatic hypotension has not been reported. There is also less likelihood of adverse reactions such as liver damage, ocular changes, serious hematologic reactions and skin rashes. The most frequent side effects of HALDOL (haloperidol)—extrapyramidal symptoms—are usually dose-related and readily controlled.

References: 1. Darling, R.F., *Dis. Nerv. Syst.* 32:31 (Jan.) 1971; 2. Mac, P.L., and Chen, C.H., *Psychosomatics* 14:99 (Jan./Feb.) 1973; 3. Levine, M.L., and Alvarado, E., *Paper presented, Amer. Ass. Family Practitioners Annual Meeting, N.Y.*, Sept. 25-28, 1972; 4. Duchs, S.W., *Dis. Nerv. Syst.* 37:112 (Mar.) 1974; 5. Howard, L.R.C., *Can. Trials* 7:135 (Mar) 1965.

For information relating to Indications, Contraindications, Warnings, Reactions and Adverse Reactions, please turn page.

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Contemporary impact on mental health services

- **Overrepresentation of Indigenous, Black & Brown people on use of Mental Health Act & forced hospitalization**
- **Low uptake of mental health services by racialized communities**

Current Issue



News From Current Issue

- Antidepressants May Lower Heart Attack Risk in Diabetes

- Lyme Disease Increases Risk for

Thursday, July 15, 2021

In Canada, Black Patients More Likely to Receive Coercive Treatment, Study Finds



Black people of Caribbean or African descent with first-episode psychosis in Canada were more likely to be coercively referred for treatment and to receive coercive psychiatric services compared with patients of other races and ethnicities, according to a [study](#) published Tuesday in *Psychiatric Services in Advance*.

"Medical coercion refers to the use of force, threats, or other means to gain compliance from another person who is deemed an imminent danger to themselves or others," wrote Sommer Knight, M.Sc., and G. Eric Jarvis, M.D., M.Sc., of McGill University in Montreal and colleagues. In Canada, the authors continued, "certain groups, particularly ethnic minority groups of African or Caribbean descent, are at greater risk for involuntary admission; this discriminatory treatment may be due to excessive application of the 'danger' criterion for psychiatric commitment among members of these groups."

Re-deployment of biopsych in the war on terror

Journal of **MUSLIM MENTAL HEALTH**

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Medical Orientalism and the War on Terror: Depictions of Arabs and Muslims in the Psychodynamic Literature post-9/11

Neil Krishan Aggarwal, MD
YALE UNIVERSITY

[Volume 6, Issue 1, 2011](#)

The New York Times

American Psychological Association Bolstered C.I.A. Torture Program, Report Says

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Biomedicine as “scientific” justifiers for continued colonialism



Only when Moroccans discarded the *qabla*'s Muslim *mentalité* could they be granted political independence from France: “[When they differentiate] between the domain of religion and the domain of positive knowledge. In a word, when they will have acquired the secular mind.” Dr. Sicault

Amster, Ellen J., El Aoued, Rajae (2013)

Mental health: globalizing or decolonizing?

The Movement for Global Mental Health



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The Movement for Global Mental Health
aims to improve services for people with mental disorders worldwide

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Mental health: globalizing un-reformed colonial psychiatry?

- In many countries, Mental Health is simply not integrated as part of the formal healthcare services
- Mental Health Legislations (MHA) in most countries still unamended from colonial times
- Most countries, stand alone psychiatric hospitals (colonially built) are the norm
- The informal system (traditional/indigenous and spiritual healers) are the main service providers yet sidelined in post-independence era
- HIC-Involuntary, coercive treatment and police involvement in mental health system



Realizing
Human Rights
and Social Justice
in Mental Health

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In the project, *Realizing Human Rights and Social Justice in Mental Health* we gather information about the lived experiences of coercion and discrimination in mental health care and highlight services and practices that are more equitable, based on user-led, social justice, human rights, and intersectional approaches.

<https://www.socialjusticeinmentalhealth.org>

In conclusion

To Decolonize:

- The fundamentals of colonial psychiatry needs to be decolonized through
 - Decolonize mental health knowledge
 - Democratize the mental health landscape thru incorporating other ways of healing
 - Legislative changes to the Mental Health Acts
 - Centering human rights and lived experience perspectives (UN CRPD and WHO Quality Rights Initiatives)



SHUKRAN!