

Reclaiming Mental Health for Muslim Identifying Patients

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Disclosures

Nothing to disclose

OBJECTIVES & INTRODUCTION

- Contrast the Canadian mental health care system within the historical and sociopolitical context of colonialism
- Explore research and policy challenges in advancing decolonised mental health practices.



Colonization

- Politically about land, resources, power
- Psychologically about values, norms, ways of being, language
 - in which the values, norms, and ways of being of the colonizing force are made to be superior to that of the Indigenous population
 - In a multicultural context: The mechanisms by which Eurocentric values, and ways of being are made to be superior are rendered invisible, “normal,” “how society functions”

Colonization & Globalization

- Countries with a history of colonization are seen as inferior to the countries / societies of the colonized
 - The values, norms, and ways of being of these countries are not merely different but “inferior” or exoticized
 - Franz Fanon – “the children of the world”¹ – either in need of saving, or wicked / evil / contaminated and as such must be controlled to protect the colonizer (legacies of colonial public health)

Colonization & Health

- Public Health's legacy of control of infectious disease
- Global health's legacy of experimentation on marginalized populations locally and globally
- “Medicine as the ‘most effective of our agents for penetration and pacification’”¹
 - Contagion, illness, contamination

Colonization & Globalization

“We are here because you are there”

Colonization & Mental Health – Individual

- Internalized Racism
- Fractured community ties
- Devalued ways of healing
- Chronic stress – migration stress, minority stress, race-based stress
- Loss of identity / sense of self / sense of self with others



Colonization & Mental Health – Systemic

- Service, building/infrastructure, and system design
- Interactions with power – child protection, police, involuntary treatment
- Funding decisions
- Policy decisions – ie: substance use criminalization and immigration policies / racialization of substance use



Decolonizing Mental Health – General principles (1)

- People are the experts in their own culture and ways of being
- Nothing is “apolitical” or “neutral”
- Focus on resiliency, strengths-based, healing (but not “toxic positivity”)
- Structural forces impact individual well-being, but structural forces require structural rather than individual solutions¹

Decolonizing Mental Health – General principles (2)

- Resistance to over-simplification
- Acknowledging and embracing complexity, dualities, hybridity
- Power sharing, striving for flattening (or inverting) traditional hierarchies

Decolonizing Mental Health – Hybridity

- Homi Bhabha¹
- Postcolonial spaces are characterized by the emergence of “third spaces” borne of contact between colonized and colonizer
- Acknowledgement of active construction of meaning without reduction / simplification or reducing to either/or.
- Contact creates, decolonizing is an active and constructive process in which new ways of being are formed

1. Bhabha, Homi K., 1949-. The Location of Culture. London ; New York :Routledge, 2004.

Decolonizing Mental Health – moving to practice

Approaches for Clients

- Make the implicit explicit, and help client to return structural determinants to structural forces
- Support clients in “rewriting” their narratives that include the political and structural and highlight strengths
- Use structural solutions for structural problems, avoid where possible downloading structural failings onto individuals as personal failings

Decolonizing Mental Health – moving to practice

Communication with other providers / Assessment

- Deepen the narrative, with a focus on humanization
- Actively examine personal implicit / unconscious biases and be open to reflection throughout
- Ask “I wonder if...” or “when I encountered this, I rethought it as...” when other providers might be using essentializing or dehumanizing constructs
- Allow for “third spaces” and new narratives of belonging, rather than acculturation

Decolonizing Mental Health

– Research & Knowledge Mobilization

Principles (1)

- “For us by us”
- Value insider perspectives and knowledge generation / translation (emic accounts)
- Use reflexivity routinely in research design and analysis
- Avoid flattening or oversimplifying narratives to fit into existing Eurocentric constructs – rather – what “could be,” “what is generated,” “how can both ideas be held at once

Decolonizing Mental Health

– Research & Knowledge Mobilization

Principles (2)

- Question objectivity, assumed principles of “unbiased” (“positivist” frames)
- Leverage power to elevated voices
- Consider methodologies from the Critical schools, such as counter stories / Critical Race Theory

Decolonizing Mental Health

– Policy (1)

- Promoting self-governance
- Adequate access to basic determinants of health as part of mental health strategy / intervention / program design
- Attention to hierarchies in medical treatment settings, and whose voices / knowledge frames are prioritized as a result

Decolonizing Mental Health

– Policy (2)

- Trauma informed service delivery and design, including attention to intergenerational and race based trauma / discrimination
- Attention to diagnostic categories and illness formulations

Thank You

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