

THE SOCIAL IMPACT OF MEDICALIZING PSYCHIATRY

February 17, 2017

Western University | London, Ontario

#SIMedPsych

9:30 a.m. – 9:50 a.m. – Welcome & Meet-and-Greet

9:50 a.m. – 10:00 a.m. – Opening Remarks

10:00 a.m. – 11:00 a.m. – Kelly Anderson “*The higher risk of psychosis among immigrants and refugees in Canada: Current hypotheses*”

Chair: Catherine Stinson

Evidence from international studies suggests that migrant groups are at a two- to three-fold increased risk of developing psychosis compared to the host population, and the level of risk varies by country of origin and host country. This increased risk may also persist into subsequent generations. The rates of psychosis are not typically found to be elevated in the country of origin; therefore, it is believed that something inherent to the migratory process or post-migration experience may play a role in its etiology. The migration related emergence of psychotic disorder is a potential concern in Canada, which receives approximately 250,000 new immigrants and refugees each year. However, current information on the incidence of psychotic disorders among migrants in Canada is lacking. This presentation will discuss findings from the first Canadian study on the risk of psychotic disorder among international migrants, which found higher rates among some migrant groups, whereas other groups were protected. We also found that refugee groups had a higher risk of psychotic disorder than immigrant groups. The patterns we observed suggest that psychosocial factors associated with the migratory experience and integration into Canada may contribute to the risk of psychosis. These findings will be reviewed in the context of the current hypotheses behind the observed association between migration and psychosis.

11:10 a.m. – 12:10 p.m. – Branka Agic “*The social determinants of mental illness*”

Chair: Carolyn McLeod

The social determinants of health are the primary factors that shape our health. It has been well recognized that certain population groups are at higher risk of mental disorders because of greater exposure to adverse social and economic conditions.

This presentation will examine the rates of mental disorders among vulnerable or marginalized populations in Canada, and discuss how factors such as income, race, sexual orientation, immigration status and education affect the risk of developing mental disorders as well as the outcomes of those with mental illnesses. It will highlight the findings from Case for Diversity research on immigrant, refugee, ethno-cultural and racialized peoples' mental health in Canada.

12:10 p.m. – 1:30 p.m. – Lunch at The Garden, in Somerville House, Room 3320

1:30 p.m. – 2:30 p.m. – James Robert Brown “*Commercialization and the Motives for Medicalization*”

Chair: Nicholas Slothouber

The medicalization of various human conditions might or might not be a proper approach to the problems being treated. There are two kinds of motivations: One of these we can call philosophical and medical. The other is financial interest. I will discuss some of the corrupting influences of the commercialization of research and why, given market driven medicine, we can expect the medicalization of human problems to continue on a wide scale. I will briefly discuss ways in which this might be countered.

2:40 p.m. – 3:40 p.m. – Şerife Tekin “*The Self and Mental Disorder Narratives*”

Chair: Jacqueline Sullivan

Mental disorders deteriorate a person’s relationship to herself, her social environment, and her physical environment, and thereby primarily concern the self, which I characterize here as a dynamic, complex, relational, multi-aspectual, and multitudinous configuration of capacities, processes, states, and traits that support a degree of agential capacity. While various traditions in clinical psychiatry, ranging from psychoanalytic, phenomenological, and existential therapy, to cognitive-behavioral psychotherapy, implicitly or explicitly acknowledge that a disruption of the self is one of the common denominators of different kinds of mental disorders, the consideration of the self as the object of scientific inquiry has been limited in the mainstream scientific approaches in psychiatry. Specifically, this talk focuses on the tradition of psychiatric research driven by the Diagnostic and Statistical Manual of Mental Disorders (DSM), the classification manual of mental disorders created by the American Psychiatric Association, that guides scientific research, and various clinical, forensic, and administrative services. I argue that the self, in all of its mental health relevant complexity (including gender, race, socio-economic status, ethnicity, etc.) has been missing from the inception of the manual’s first edition (1952) to its fifth and current edition. The primary reason for the neglect of the self as a scientific target in the DSM is the putative view that the ‘self’ is not an appropriate object of scientific scrutiny. After assessing this putative view through a historical and philosophical analysis, I show that pessimism about studying the self scientifically is unjustified; the self can be treated as a scientific target in psychiatry, through the help of interdisciplinary work in cognitive sciences. Finally, I discuss the negative that implications of the neglect of the self on the patients’ self-concepts by focusing on illness narratives.

3:40 p.m. – 4:00 p.m. – Coffee Break**4:00 p.m. – 4:45 p.m. – Panel Discussion**

Chair: Derek Oswick

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