

The information that Women's Health Clinic (WHC) provides does not replace your relationship with your healthcare provider. The information is for the purpose of sharing knowledge, so be sure to consult with a medical professional before making decisions or if you have questions about your health.

One of the most important values we have at Women's Health Clinic (WHC) is informed choice. It is an ethical foundation in all our programs and services.

Informed consent means the client is the decision-maker when offered any treatment. Informed choice goes a step further, requiring all options given to the client. Once the client knows all choices available to them, they make the decision. The healthcare provider then supports the decision the client makes.

WHC recognizes certain groups of people face more challenges accessing healthcare than others. Many people encounter obstacles in healthcare and struggle to have their concerns heard. This includes women and gender-diverse people, 2SLGBTQIA+, BIPOC (Black, Indigenous, and People of Colour), elderly people, and those living with disabilities. New immigrants are often vulnerable in trusting providers due to factors like language barriers.

Informed Choice and Mental Health

There are many ways of understanding what we mean by "mental health."

In Western countries, mental health is an idea that comes from psychiatry. This field understands behaviours, emotions, perceptions, and relationships as a field of medicine. However, psychiatry isn't universal. Many communities around the world have other valid ways of understanding and responding to these problems.

If you are experiencing difficulties in these areas of life, please know you're not alone. Accessing mental health care is an important option that exists for you.

The field of mental health isn't in agreement over some of its claims and treatments. Knowing about criticisms and controversies within the field is important. It allows you to make informed choices about the kind of support you need.

A common myth is that chemical imbalances in the brain or body cause mental health problems. But the chemical imbalance hypothesis has never been proven. There are no scientifically valid biomarkers for any mental health disorder. This means the field of mental health has no lab tests to find signs of illness (pathology) in the body. Psychiatry has been trying to develop its first lab test for decades without success.

At the same time, there is quite a lot known about the social causes of these problems. People facing difficult social realities often struggle in life. These struggles can be seen in behaviour, emotions, perceptions, and relationships. Poverty, violence, childhood neglect and abuse, sexism, homophobia, transphobia, ableism, white supremacy and racism, impacts of colonialism, lack of support for parents and families, social isolation, and many other aspects of modern life are all known causes.

Understanding these problems as a disorder or disease is one way of looking at them. It is a choice available to you if that's helpful for you. But it is also possible to see these experiences as responses humans have to the difficult world we live in. We all adapt and develop coping patterns to the realities

of our world, for better or for worse. Our brains adapt and learn these coping mechanisms to meet our survival needs.

At the end of the day, these problems are real problems whatever their cause. They have impacts on individuals, families, and communities. They can cause difficulties in daily functioning. Sometimes, they can even be deadly or dangerous. WHC takes these problems seriously. We want to make sure you know the facts and what your choices are.

Mental Health Diagnosis

Mental health diagnoses are terms such as depression, OCD, bipolar, ADHD, or schizophrenia. These terms allow psychiatrists to have a common language. When observing patients, these terms are used to categorize people's behaviour, emotions, and perceptions.

It's important to note that mental health diagnostic terms were developed through committee work to be *descriptive*. This is different than in other areas of medicine, where doctors describe and *discover* illness through scientific process that focuses on physical aspects of the body.

Psychiatrists hope that one day biological causes for their categories of mental disorders (also called "mental illness") will become clear. Until then, psychiatric diagnosis remains descriptive only

Mental health diagnoses have many functions, which can be positive or negative. People have a wide range of experiences once receiving their diagnosis. Some are "validating and positive", to "a mix of good and bad", to "negative or harmful".

As always, your unique experience is valid.

On the positive side, diagnosis can convey a sense of understanding. A sense of an answer and validation that can be a relief to receive. It can open the door to resources, financial help, prescription drugs, and a community of support.

Mental health diagnosis is also used within the medical administrative process. This can mean communicating with other healthcare providers and for billing purposes.

On negative side, mental health diagnosis may cause unintended problems down the road.

Note: Doctors, psychologists, nurse practitioners and physicians' assistants are the only professionals in Canada that make mental health diagnoses. Social workers, family therapists, counsellors, teachers, midwives, and nurses (including psychiatric nurses) do not.

Mental health diagnosis describe what's thought to be wrong with you. The idea that people are defective or that their minds are "not normal" can deeply affect a person's sense of identity. It can lead to a feeling of not being able to trust yourself or your mind, which can also increase dependence on your health care provider. People can find that their emotions or mental experiences become frightening to them.

Mental health diagnoses can be a deciding factor in child custody and criminal cases. They can affect other areas of life as well. They can prevent you from pursuing some professional licenses or being approved for some types of insurance – or when approved put you in a higher insurance premium

category. They may also be used to determine immigration status, and organ transplant or donation eligibility.

Mental health diagnosis often occurs within the first few minutes of an appointment. They are then documented in your medical record. There is no method of removing a diagnosis from your medical record, even if you are no longer having these problems, you received your diagnosis as a child, or if your healthcare provider thinks it's incorrect.

There is no limit on how many diagnoses a person can receive. There is also no way to legally be cleared or considered recovered from a mental health disorder.

Mental health diagnoses also unfortunately come with stigma. Stigma means “an attribute that is deeply discrediting.”

One of the questions in the field is about where stigma comes from. Is it from the public's judgmental attitude of these problems, or from a model that uses labels of abnormal? It could be both. Stigma is highly unfair, but unfortunately can change the way yourself or others feel about you.

Psychiatric Drugs

People have always used substances to help us enhance life and dull pain, and likely always will. WHC supports the use of any prescription drug that helps you function or thrive in your life.

There may be times when psychiatric drugs could be helpful to you. They can be valuable tools and options for us. Often, psychiatric drugs are not helpful for long due to the phenomena of tolerance. People then may need to stay on the drugs to avoid withdrawal.

Psychiatric drugs do not correct chemical imbalances or affect known areas of pathology. Rather, psychiatric drugs are psychoactive substances that create an altered state of consciousness. Hopefully, it is one you prefer and that helps you in your life. This altered state may or may not be noticeable to you, and usually doesn't involve euphoria. Classification of psychiatric drugs are either sedatives or stimulants.

Some people find psychiatric drugs helpful in the long or short-term. Some find they “do nothing at all” and others experience harmful effects with any use.

Research on psychiatric drug withdrawal indicates effects can be mild to severe. Some people are not able to stop taking the drugs due to the severity of their withdrawal symptoms.

It is important to understand how psychiatric drugs work. There is a large range of experiences people have with them. Consider your needs, the risks and benefits, and know your options before starting them.

Talking with your Healthcare Provider

Since there is potential for harm in mental health services, we want to inform and empower you in your care. Informed choice is unfortunately rare in the field of mental health. Clients, patients, and the public rarely hear about these issues. We do not want anybody to feel they don't benefit from or are harmed by their diagnosis or treatment.

The ethical responsibility for informed consent rests with your healthcare provider. It is common for healthcare providers to use an “implied consent” standard of care. This means the provider assumes a client asking for their opinion is the same thing as consent. Implied consent has not been sufficient to prevent people from feeling misled.

A power balance exists between a healthcare provider and the client/patient. This can make it challenging to talk to them about your concerns. It becomes more challenging for marginalized groups who find they aren't understood or listened to.

Healthcare providers intend to help the people they serve. Unfortunately, many aren't aware of the potentials for harm or may not consider the impact of the power imbalance.

It's also rarely considered that a mental disorder diagnosis has potential for harm on all on its own. Our hope is to raise awareness of these issues and advocate for a higher standard of care.

If the areas we have highlighted are concerns for you, the best course of action is to educate yourself. It's important to know about these issues before you talk to your healthcare provider.

You can ask your doctor to delay a diagnosis until you've had a chance to look at your choices. If you want to decline a diagnosis entirely, you can talk to your healthcare provider about your concerns and see if they are able to assist you without one – this may or may not be possible.

Accessing help is also possible outside of the field of medicine.

There are many ways of approaching the problems that we call mental health. There are choices available to work with these problems with or without prescription drugs, such as:

- Finding social support
- Connecting to loved ones
- Connecting to community, culture, or spirituality
- Accessing counselling, therapy, or groups
- Talking to trusted people in your life or community
- Learning more about your own wellbeing and the problems you're experiencing
- Learning to respond helpfully to your needs
- Making decisions and acting on areas that are problems in your life
- Committing to taking care of yourself in multiple ways

References

- American Psychiatric Association (APA) . (2013). *Diagnostic and statistical manual of mental disorders, 5th ed.* American Psychiatric Publishing.
- Boyle, M. & Johnstone, L. (2020). *A straight talking introduction to The Power Threat Meaning Framework: An alternative to psychiatric diagnosis.* PCCS Books.
- Burgess, R. A. (2016). Dangerous discourses? Silencing women within 'global mental health' practice. In J. Gideon (Ed.), *Handbook on gender and health*, (pp. 79-97). Edward Elgar Publishing Limited.

- Burstow, B. (2013). A rose by any other name: Naming and the battle against psychiatry. In B. A. LeFrancois, R. Menzies, & R. Reaume (Eds.), *Mad Matters: A Critical Reader in Canadian Mad Studies* (pp. 79-90). Canadian Scholars' Press Inc.
- Burstow, B. (2015). *Psychiatry and the business of madness: An ethical and epistemological accounting*. Palgrave Macmillan.
- Cahn-Fuller, K. L. & Parent, B. (2017). Transplant eligibility for patients with affective and psychotic disorders: A review of practices and a call for justice. *BMC Medical Ethics*, 18(72), 1-9.
- Canadian Counselling and Psychotherapy Association. (2007). *Standards of practice*. Author.
- Canadian Medical Protective Association. (2009, October). The medical record: A legal document—can it be corrected? Retrieved from <https://www.cmpa-acpm.ca/en/advicepublications/browse-articles/2009/the-medical-record-a-legal-document-can-it-be-corrected>
- Canadian Psychological Association. (2017). Canadian code of ethics for psychologists, 4th edition. Retrieved from https://www.cpa.ca/docs/File/Ethics/CPA_Code_2017_4thEd.pdf
- Caplan, P., & Cosgrove, L. (Eds.) (2004). *Is this really necessary?* In P. Caplan & L. Cosgrove (Eds.), *Bias in psychiatric diagnosis* (2nd ed., pp. xix-xxxiii). Jason Aronson.
- Clare, E. (2017). *Brilliant imperfection: Grappling with cure*. Duke University Press.
- Clark, N. (2016). Shock and awe: Trauma as the new colonial frontier. *Humanities*, 5(14), 1-16.
- Cohen, D. & Recalt, A. M. (2019). Discontinuing psychotropic drugs from participants in randomized controlled trials: A systematic review. *Psychotherapy & Psychosomatics*, 88(2).
- Conrad, P., & Schneider, J. W. (1980/2010). *Deviance and medicalization: From badness to sickness*. Temple University Press.
- Cosgrove, L. & Wheeler, E. E. Industry's colonization of psychiatry: Ethical and practical implications of financial conflicts of interest in the DSM-5. *Feminism & Psychology*, 23(1), pp. 93-106.
- Davies, J. (2017). How voting and consensus created the diagnostic and statistical manual of mental disorders (DSM-III). *Anthropology & Medicine*, 24(1), 32-46.
- Davies, J. (2019). Deceived: How big pharma persuades us to keep taking its medicines. In J. Watson, (Ed.), *Drop the disorder!: Challenging the culture of psychiatric diagnosis* (pp. 66-78).
- DeFehr, J. N. (2016). Inventing Mental Health First Aid: The problem of psychocentrism. *Studies in Social Justice*, 10(1), 18-35.
- DeFehr, J. N. (2020a). "Voluntarily, knowingly, and intelligently": Protecting informed consent in school-based mental health referrals. *Brock Education Journal*, (29)1, 6-23.
- DeFehr, J. N. (2020b). Mental disorder diagnosis as colonial place-naming: Contesting the practices of implied consent. In J. E. Charlton, H. J. Michell, & S. .L Acoose (Eds.), *Decolonizing mental health: Embracing Indigenous multi—dimensional balance* (pp. 309-324).
- DeFehr, J. N. (2017). Navigating psychiatric truth claims in collaborative practice: A proposal for radical critical mental health awareness. *Journal of Systemic Therapies*, 36(3), 27-38.
- Deutsch, R. M., & Clyman, J. (2016). The impact of mental illness on parenting capacity in a child custody matter. *Family Court Review*, 54(1).
- El-Lahib, Y. (2015). The inadmissible "other" Discourses of ableism and colonialism in Canadian immigration. *Journal of Progressive Human Services*, 26(3), 209-228).
- Esposito, L. & Perez, F. M. (2014). Neoliberalism and the commodification of mental health. *Humanity & Society*, 38(4), 414-442.
- Fanon, F. (1963). *The wretched of the earth*. Penguin Books.
- Fernando, S. (2014). *Mental health worldwide: Culture, globalization and development*. Palgrave Macmillan.
- Frances, A. (2013). *Saving normal: An insider's revolt against out-of-control psychiatric diagnosis, DSM-5, big pharma, and the medicalization of ordinary life*. HarperCollinsPublishers.
- Gergen, K. J. (1994). *Realities and relationships: Soundings in social construction*. Cambridge, MA: Harvard University Press.
- Healy, D., Le Noury, J., & Derelie, M. (2018). Enduring sexual dysfunction after treatment with antidepressants, 5a-reductase inhibitors and isotretinoin: 300 cases. *International Journal of Risk & Safety in Medicine*, 29(3-4), 125-134.
- Joseph, A. J. (2015). *Deportation and the confluence of violence within forensic mental health and immigration systems*. Palgrave Macmillan.
- Joseph, B. (2018). *21 things you may not know about The Indian Act: Helping Canadians make reconciliation with Indigenous peoples a reality*. Indigenous Relations Press.

- Kinderman, P. (2014). A prescription for psychiatry: Why we need a whole new approach to mental health and wellbeing. Palgrave Macmillan.
- Kinderman, P., Read, J., Moncrieff, J. & Bentall, R. P. (2013). *EBMH*, 16(1). Drop the language of disorder.
- Kinouani, G. (2019). Violence under the guise of care: whiteness, colonialism and psychiatric diagnoses. In J. Watson (Ed.), *Drop the disorder* (pp. 198-206). PCCS Books.
- Kirk, S. A., Cohen, D., & Gomery, T. (2015). DSM-5: The delayed demise of descriptive diagnosis. In S. Demazeux & P. Singy (Eds.), *The DSM-5 in perspective: Philosophical reflections on the psychiatric babel* (pp. 63-82). Springer.
- Kurchina-Tyson, A. (2017). *Surveilling 'Stigma': Reading mental health literacy as a colonial text*. Unpublished master's thesis. Laurentian University, Sudbury.
- Leventhal, A. M., & Martell, C. R. The myth of depression as disease: Limitations and alternatives to drug treatment. Praeger Publishers.
- Linklater, R. (2014). *Decolonizing trauma work: Indigenous stories and strategies*. Winnipeg: Fernwood Publishing.
- Marecek, J. & Gavey, N. (2013). DSM-5 and beyond: A critical feminist engagement with psychodiagnosis. *Feminism and Psychology*, 23(1), 3-9.
- Marsh, I. (2010). *Suicide: Foucault, history and truth*. Cambridge: Cambridge University Press.
- Million, D. (2013). *Therapeutic nations: Healing in an age of Indigenous human rights*. The University of Arizona Press.
- Mills, C. (2014). *Decolonizing global mental health: The psychiatrization of the majority world*. Routledge.
- Moncrieff, J. (2009). *A straight talking introduction to psychiatric drugs*. PCCS Books.
- Moncrieff, J. (2013). *The bitterest pills: The troubling story of antipsychotic drugs*. Palgrave Macmillan.
- Moncrieff, J. (2014). The medicalisation of "ups and downs": The marketing of the new bipolar disorder. *Transcultural Psychiatry*, 51(4), 581-598. Sage.
- Moncrieff, J. (2020). *A straight talking introduction to psychiatric drugs: The truth about how they work and how to come off them*. PCCS Books.
- Moncrieff, J. & Cohen, D., & Porter, S. (2013). The psychoactive effects of psychiatric medications: The elephant in the room. *Journal of Psychoactive Drugs*, 45(5), 409-415.
- Moratalla, R., Khainar, A., Simola, N., Granado, N., Garcia-Montes, J., Porceddu, P., Tizabi, Y., Costa, G., & Morelli, M. (2015). Amphetamine-related drugs neurotoxicity in humans and in experimental animals: Main mechanisms.
- Morris, N. P. (2017, January 7). Why doctors are leery about seeking health care for themselves. *The Washington Post*.
- Read, J. (2020). How common and severe are six withdrawal effects from, and addiction to, antidepressants? The experiences of a large international sample of patients. *Addictive Behaviors*, 102, 1-8.
- Read, J., Cartwright, C., & Gibson, K. (2018). How many of 1829 antidepressant users report withdrawal effects or addiction? *International Journal of Mental Health Nursing*, 216(1), 67-73.
- Rimke, H. (2016). Introduction—Mental and emotional distress as a social justice issue: Beyond psychocentrism. *Studies in Social Justice*, 10(1), 4-17.
- Rose, N. (2015). Neuroscience and the future for mental health? *Epidemiology and Psychiatric Sciences*, 1-6.
- Summerfield, D. (2014). Afterword: Against "global mental health." *Transcultural Psychiatry* 49(3), pp. 1-12.
- Vowel, C. (2016). *Indigenous writes: A guide to First Nations, Métis & Inuit issues in Canada*. Highwater Press.
- White, M. & Epston, D. (1990). *Narrative means to therapeutic ends*. Norton.



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