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Sociology of Mental Health RC49 Newsletter

Vol. 18, Issue 1: Spring 2017

Notes from the President

Dear Colleagues:

As President of RC 49, I am pleased to report a number of new developments in this newsletter.

First, as program coordinators, Silvia Krumm (Vice President) and I have finished the selection of session proposals for the next ISA congress. RC members can submit abstracts for sessions **between April 25, 2017 – September 30, 2017**. Abstracts should be submitted through the Confex system (http://www.isasociology.org/en/conferences/world-congress/toronto-2018/call-for-abstracts/). You can find more detailed information on abstract submission in Newsletter Vol. 17, Issue 2: Winter 2016.

Second, we held several sessions in **Third ISA Forum of Sociology in Vienna, Austria**, which stimulated our intellectual curiosity very much. A number of chairpersons submitted reports for RC49 members who were not able to attend the forum, which we are pleased to present here.

Third, we have good news from the ISA office. Our application for an activity grant of Euro 840 for the period 2015-2018 was approved by the Research Coordinating Committee.

I look forward to seeing you in Toronto in 2018.

Takashi Asakura, RC49 President
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We accepted ten sessions including joint session with RC15 and RC49 business meeting for the next World Congress of ISA in Toronto.

1. **Mental Health and the City**
   Organizers: Qiang Fu (University of British Columbia, fu.qiangsoc@gmail.com), Zhiming Wu (University of British Columbia), Zhilei Shi (Zhongnan University of Economics and Law)

   Sociological writings have long recognized the link between urbanization and mental health. Simmel noticed that the "profusion of sensory stimuli" such as sights, sounds, smells, and interferences in the city made its residents aloof. Wirth argued that the breakup of social bonds in the city led to personal disorganization, mental breakdown, and suicide. While social scientists are still puzzled by the causes of mental illness in the city, different and sometimes competing explanations focusing on social capital, isolation, collective efficacy, neighborhood disorder/disadvantage, senses of community, place identity/attachment, built environment, and public space are proposed to address this puzzle.

   Urbanization is a key driving force shaping the world in the 21st century. In the year 2007, more than half of the world's population lives in cities for the first time in human history. Meanwhile, the global burden of mental illness has been identified as a critical issue that calls for scholarly investigation from different perspectives to combat the increasing prevalence of mental illness in different urban contexts. This session welcomes papers that explore the socio-spatial origins of mental health from relational, environmental, or spatial perspectives. In particular, we welcome contributions on any of the following themes:

   ♦ Social capital, urban neighborhoods, and mental health
   ♦ Urban landscape, built environment, and mental health
   ♦ The urban geography of mental illness
   ♦ Mental health of rural-urban migrants

2. **Social Determinants of Children and Adolescents Mental Health**
   Organizer: Takashi Asakura (Tokyo Gakugei University, asakurat@u-gakugei.ac.jp)

   According to UNICEF data, 1.2 billion adolescents aged 10-19 years make up 16 percent of the world's population. Despite this great number, mental

health of children and adolescents is still in the shadows (McEwan K, Waddell C, Barker J, 2007). As we know well, people's health is shaped by various social, economic, and physical environments. Similarly, mental health of children and adolescents is also determined by these social factors. More important is that this fact is heavily associated with social inequalities. For example, poverty of children and adolescents is such a typical social determinant. In Japan, we notice one of six children and adolescents are growing up in a family of poverty condition. However, hidden behind the material affluence, impacts of poverty on their mental health have been rarely examined. There must be many other social determinants of their mental health such as neighborhood environment, tight job market, social network sites (SNS), etc. As influences of social factors on mental health are operating differently in the life stage, we need to explore how social factors or conditions are working in the process of deteriorating or ameliorating mental health of children and adolescent (including young adults).

3. **Social Change and Mental Health**
    Organizer: Dirk Richter (Bern University Psychiatric Services, dirk.richter@puk.unibe.ch)

    Societies across the globe currently experience dramatic social change. Mass migration, adaptation to climate change, globalization of trade and politics, demographic shifts, digitalization and changing labour markets are the most prominent issues among many others. Contributions to this session may highlight effects on prevalence and incidence of mental health in general as well as on specific mental disorders. Contributions on related phenomena such as suicide or drug consumption are also welcome. Another suggestion may be the question of access to mental health care in times of austerity, politics, and policy initiatives that force savings in the health care system.

4. **The Use and Abuse of Mental Health Law: Theory and Practice**
    Organizer: Jeremy Dixon (University of Bath, j.dixon2@bath.ac.uk)

    Mental health laws have a variety of functions. They may be used to control and monitor people with mental health problems. They may also grant individuals rights and protections. Such laws typically give mental health professionals powers and duties. Recent debates have focused on

whose definitions of mental disorder get accepted and whether such laws offer just outcomes for those with mental health problems.

This session invites papers that examine mental health law at either a theoretical or empirical level. In line with the themes of this year's conference, the session invites submissions that focus on issues of power and justice. Papers might analyze the emphasis given within mental health law to areas such as risks, rights or treatments. They might also focus on trends or patterns of legal decision-making either within or across countries. Submissions focusing on the way in which legal decisions are experienced by different parties will also be welcomed.

5. Diagnostic Cultures

Organizer: Kjeld Hogsbro (Aalborg University, kjeldh@socsci.aau.dk)

The session discussion focuses on the meaning and relevance of the concept of 'diagnostic cultures' on a theoretical as well as an empirical level. Contributions might focus on the historical development in the numbers and content of psychiatric diagnosis and its assumed connection with the development of social structures, norms, and demands. They might focus on user organizations and professional organizations as actors in the development and they might focus on political and professional discourses as well as the development in common sense understanding and definition of the problems.

6. Victimization and Mental Illness

Organizer: Silvia Krumm (Ulm University, silvia.krumm@uni-ulm.de)

For a long time, violence in the context of mental health and illness was largely reduced to violent behavior of mental health service users. However, while there is a slight increase in violent behavior compared to general population, service users are at much greater risk of being victims of violence. Victimization comprises experiences of physical, sexual and/or emotional violence within domestic, public or institutional settings from childhood to adulthood. While we have some data on the prevalence of victimization in certain groups, there is only limited understanding of the causal relationship between victimization and mental illness, associations between victimization and violent behavior, the social and situational background, or gender related aspects of victimization. In this session, we welcome diverse contributions on the many facets of

victimization among service users from socio-cultural, historic, individual, or institutional perspectives.

7. Social Relationships and Mental Health and Illness

Organizer: Reinhold Kilian (Ulm University, reinhold.kilian@bkh-guenzburg.de)

Studies on the role of social relationships for the maintenance of mental health, the etiology of mental disorders but also for coping with and recovery from mental illness have been a field of fruitful co-operations between sociologists and psychiatrists since the early 20th century. Despite this long tradition of research, the topic of social relationships and mental health has lost none of its relevance today. Recent developments in late-modern societies such as globalization, individualization, migration, demographic aging, and the digitalization of communication with its far-reaching consequences on social relationships can be also expected to affect mental health and how societies and individuals cope with mental disorders in many ways. During the last decades theoretical and methodological concepts like social capital or social networks as well as new developments in the human sciences such as meta-genetics have opened new perspectives of interdisciplinary research and provided new insights into the processes by which social relationships affect mental health and illness. In this symposium new research on the association between social relationships and mental health and illness should be presented. Theoretical contributions are also welcome as qualitative and quantitative empirical studies. The submission of interdisciplinary work would be particularly appreciated.

8. Power, Stigma, Violence, Mental Distress, and Programmatic Responses within the Global HIV Epidemic

Organizer: James Linn (Optimal Solutions in Healthcare and International Development, jlinn87844@aol.com)

Despite major advances in HIV prevention and treatment, there are about 37 million infected individuals world wide. Many of these persons with HIV struggle with the profound mental stress associated with the stigma and threat of violence associated with the illness. There is an increasing amount of data suggesting that gender based violence (GBV) and the mental stress and trauma associated with it is both a cause and an outcome of HIV infection. This session invites submissions that focus on programmatic responses to HIV-related stigma and violence and the mental

stress and trauma associated with them. Submissions on responses to gender based violence (GBV) and HIV are especially welcome as are abstracts on HIV programmatic responses in developing areas of the world.

9. **Social Inclusion of Mentally ILL Persons**
   Organizer: Jorge Chuaqui (Universidad De Valparaiso, jorge.chuaqui@gmail.com)

   According to the WHO, a mentally healthy individual is productive and adequately compensated from their work and contributes to their community. Nevertheless, only a small proportion of mentally ill persons are fully included in society. Their social inclusion is blocked by stigma, over protective families who require them to play the sick role, and psychosocial treatments that teach them to be passive and obedient (a type of violence). This session invites submissions on mechanisms of social exclusion of the mentally ill and programs to overcome social barriers to inclusion. Abstracts including themes of gender and social inclusion of mentally ill persons are especially welcome.

10. **Social Inequalities in Mental Health and Illness**
    Organizer: Amelie Quesnel-Vallee, McGill University, amelie.quesnelvallee@mcgill.ca

    We invite submissions on all areas of study of social inequalities in mental health and illness.

11. RC49 Business Meeting

Reports from Third ISA Forum of Sociology in Vienna, Austria.

Risk and Mental Health
Jeremy Dixon

Our session on risk and mental health drew a wide range of theoretical and empirical papers.

Ricardo de Lima Jurca began the session by speaking about the way mental health risk was managed in Brazil. Drawing on theories by Ulrich Beck, he outlined the way in which mental health risk had become individualized within Brazil. He argued that in line with other countries, Brazil had increasingly come to see mental health risks as arising from individual lifestyle choices and argued that greater attention needed to be paid to the role of social structures.

Dirk Richter spoke about the dilemma of suicide prevention within psychiatric services. He noted that whilst policy makers have emphasised user-priorities through concepts such as recovery, service approaches toward suicidal wishes by patients remain paternalistic. He argued that this approach is based on 'common sense' knowledge which holds that suicidal wishes arise from mental disorder. His paper argued that more careful distinctions need to be made between the wishes of those requesting assisted suicide through attention to patient's mental capacity.

Jeremy Dixon spoke about the way in which dementia risk had been framed through mental health policy in the West. He noted charted the way in which individuals with dementia had been encouraged to identify and manage risks related to dementia. He argued that such policies assumed a 'rational actor' paradigm but that research focussing on the responses of people with dementia indicated that they were likely to react in non-rational ways; specifically through denial, avoidance or minimization of the diagnosis. He outlined the challenges of engaging people with dementia in the in-between areas between rationality and irrationality.

Annie Chie-Wang spoke about how mental health risks were managed within Taiwanese schools. She identified the way in which mental health policy in Taiwan as well as guidance given to mental health counsellors shaped the way in which at-risk students were identified by school counsellors. The research identified how counsellors drew on policy in order to construct risks but also used their professional discretion to identify risks as well as highlighting the priorities of teaching staff.

LESSONS FOR SOCIAL INCLUSION OF THE SESSION OF SOCIAL INCLUSION OF MENTALLY
Jorge Chuaqui

If we define social power as the capacity to achieve own interests because is allowed by the objective and subjective position in a context of interaction, in a creative and fruitful manner, we have to conclude that empowerment is synonymous of social inclusion. Inclusion has an objective and subjective dimension: the objective means to achieve socially valuable goals and the subjective to achieve them according to own social values and capacities, what means to have social power. The social barriers to achieve objective and subjective interests means social exclusion, which, as in many social processes,

is a question of degree. In our societies, the minimum social goals that adult persons aspire are to have a good job according to vocation and capacities and to be able to form an own family with a beloved partner.

According to these criteria in our research in Chile what predominates by far in Chile, our country, is exclusion of people with schizophrenia. The contribution of Cristian Montenegro in our session shows that the lack of employment is not the one problem of lack of empowerment of users of mental health services, but also that users and family organizations are weak, with poor level of participation, not heared by authorities neither supported financially.

The contribution of Heike Stecklum thought us that exclusion of mentally ill persons is a problem of the social system and not of the illness, because in the last German Democratic Republic does not existed the problem because to work was a right and a duty for everybody, included "ill" persons. This means that the problem lays in the form that our societies are organized and it is not a problem of the psychiatric disease.

The work of Melvin Jabar points to other health problem, that is that inclusion of persons with mental disabilities in "normal" laboral contexts improve the subjective satisfaction of the users, widen their social links, and more so, weakens "abnormal" behavior. This is a point in favor of supported employment in "normal" work contexts, and conceptually weakens the alternative of social enterprises composed solely or principally by "ill" or "not normal" persons.

The work of Oscar Jimenez-Solomon and other authors, shows as the great potential effect that programs that embrace not solely "health" problems, but social problems as poverty (which is strongly implied by our problem of social exclusion), makes for improve social inclusion. Multidimensional approaches have much to say theoretically and socially helping us for getting social inclusion.

A World Without AIDS
James G. Linn

James G. Linn, Optimal Solutions in Healthcare and International Development, USA, organized a session, "A World Without AIDS: Eliminating the Pandemic Through Improved Global Access to HIV/AIDS Prevention, Treatment, Care, and Stigma Reduction Programs." The session included eight papers submitted by researchers in North America, South America, Europe, and Africa. They are

as follows: Lindsey Richardson, Evan Wood and Associates from the University of British Columbia, Canada, "Positive Social & Socio-Economic Transitions Associated With Antiretroviral Therapy and Adherence Among HIV-Positive People Who Use Illicit Drugs in Vancouver, Canada"; Bronwen Lichtenstein, University of Alabama, "HIV Stigma, Sexual Disclosure, and the Law"; Thabo Fako and James Linn, University of Botswana and Optional Solutions in Healthcare and International Development (respectively), "Preventing the Rapid Spread of HIV Among Young Women in Sub-Sharan Africa"; Michele Kadri, Oswaldo Cruz Foundation – Leonides and Maria Deane Research Center, Brazil, "The Transformation of an HIV/AIDS Social Movement in Northern Brazil: A Case Study of the State of Amazonas"; Breno Fontes, Federal University of Pernambuco, Brazil and Luciane Jardim, UNISINOS, Brazil, "AIDS, Stigma and Vulnerability: The Role of the NGOs in Providing Support"; Bilyana Martinovski, Stockholm University, Sweden, "Enhancing the Ethical Turn in Prevention and Healthcare Services for Mental Healthcare and HIV-Positive Patients"; Damaris Ribeiro, Rafael Simoni and Associates, School of Law Southern Minas, Brazil, "The Legal Problems of HIV/AIDS Public Policies in Brazil"; and Florian Lazar, University of Bucharest, Romania, "HIV Stigma and Coping in Romania." The program listing of these presentations and their abstracts can be found on the ISA website under the 3rd ISA Forum of Sociology.

RECENT PUBLICATIONS

Bauldry, Shawn and Magdalena Szaflarski. 2017. "Immigrant-Based Disparities in Mental Health Care Utilization." Socius: Sociological Research for a Dynamic World 3: 1-14. http://journals.sagepub.com/doi/pdf/10.1177/2378023116685718

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Checchia C, Badura-Lotter G, Kilian K, Becker T, Krumm S: Dealing with Parenthood among Mental Health Service Users During Inpatient Treatment: Mental Health Professionals' Perspectives to Barriers and Facilitators (German). Psychiatrische Praxis Psychiat Prax DOI: 10.1055/s-0042-109860

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Chuaqui, J.: The role of the Family in Defining and Managing Disability of Persons with Schizophrenia in Chle. Presented in the Committee Chronic Disease and Disability, of the 59th Annual Conference of the Western Social Science Association, April 13 2017, San Francisco, CA, USA.

Chuaqui, J.: El concepto de inclusion social. Aceptado para publicación en la REVISTA DE CIENCIAS SOCIALES (Valparaíso) 2017

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Kadri, M.R.; Wilson, D.R.; Schweickardt, Linn, J.G. & others (2017) The Igaracu fluvial mobile clinic: Lessons learned implementing an innovative primary care approach in Rural Amazonia, Brazil. International Journal of Nursing and Midwifery.9.41-45.

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Krumm S, Checchia C, Koesters M, Kilian R, Becker T: Men's views on depression. A systematic review and meta-synthesis of qualitative research. Psychopathology 2017, Mar 11 (Epub ahead of print).

Linn, J.G.; Wilson, D.R.; and Fako, T.T. (2016) A benchmark qualitative study of health service delivery in Botswana in 1989: Nurse assessments of the primary healthcare system before the nationwide spread of HIV/AIDS. Journal of AIDS and HIV Research. 8:6-11

Linn, J.G. and Fako, T.T. (2016) A Review of "Essentials of Global Mental Health" edited by Samuel O. Okpaku, International Journal of Childbirth Education. 31:45

Sasahara, K. and Asakura, T. (2017) Influence of the Great East Japan Earthquake on the Physical and Psycho-social Health of High School Students in Coastal Fukushima: Post-disaster Follow-up Survey, Japanese Journal of School Health 59:3-18.

Staiger T, Waldmann T, Rüsch N, Krumm S: Barriers and facilitators of help-seeking among unemployed persons with mental health problems: a qualitative study. <u>BMC Health Serv Res</u>. 2017; 17: 39.

Szaflarski, Magdalena, Lisa A. Cubbins, and Karthikeyan Meganathan. 2017. "Anxiety Disorders among US Adults: The Role of Immigrant Background and Social-Psychological Factors." Issues in Mental Health Nursing 38(4): 317-326.
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