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25 YEARS OF THE *CANADIAN JOURNAL OF COMMUNITY MENTAL HEALTH:* REFLECTIONS AND FUTURE DIRECTIONS

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As a former senior editor, a long-term member of the editorial board, and a regular contributor to the *Canadian Journal of Community Mental Health* (CJCMH), I am delighted with the invitation to comment on the 25-year review of the contents of CJCMH by Fortin-Pellerin, Pouliot-Lapointe, Thibodeau, and Gagné. I want to begin by acknowledging that I cannot pretend to give an objective account of CJCMH, not only because of my deep investment in it, but also because of my personal and professional biases, values, and position of privilege. What I can offer are some reflections on CJCMH, as well as suggestions for future directions, from my perspective as a senior academic community psychologist.

ORIGINS AND VISION

Training in community psychology took root in Canada in the 1970s and led to efforts to organize community psychologists in the early 1980s. These efforts included: (a) a national survey of community psychologists, their activities, and training; (b) the formation of the Community Psychology section of the Canadian Psychological Association; and (c) the birth of CJCMH (Nelson, Lavoie, & Mitchell, 2007). Prior to 1982 there was no Canadian academic publication focusing on the work of community-oriented mental health researchers, practitioners, and students.¹ There was, therefore, no primary location in which the body of knowledge of distinctively Canadian community mental health issues could be archived, and thus made readily accessible to scholars, practitioners, and students. Further, Canadian mental health scholars with a community orientation were forced to try to publish their work either in U.S. community journals or in ill-fitting Canadian journals which enlisted reviewers who neither understood nor appreciated the perspectives and approaches germane to community mental health.

The vision of the founding editors, Edward Bennett, Barry Trute, and Maurice Payette, was to create a high-quality, national, bilingual, inter-disciplinary journal with a broad definition of community mental health. With Fortin-Pellerin and her colleagues, I suggest that this vision has been actualized in four key areas:

1. The senior editors were successful in obtaining early SSHRC funding for CJCMH, which has been sustained for nearly 25 years and has made it possible to sustain high standards of quality and national scope.

2. While the percentage of French-language articles initially was quite low, 25% to 35% of the articles published since 1987 have been in French—which appropriately reflects the proportions of Canadian community mental health professionals working in each official language. Moreover, French-speaking community mental health professionals are well represented in terms of the main institutional affiliations of first authors, senior editors, members of the editorial board, and the most productive authors.
3. In terms of the inter-disciplinary nature of the journal, Fortin-Pellerin and her colleagues point out that the disciplines of psychology and social work have been over-represented on the senior editorial team. However, members of the editorial board have included representatives from the fields of environmental studies and planning, geography, law, nursing, occupational therapy, psychiatry, sociology, and many others.
4. Judging from the wide range of topics covered in articles and the diverse foci of special issues and supplements, CJCMH has successfully pursued a broad view of community mental health. In this regard, CJCMH contrasts sharply with the American *Community Mental Health Journal*, which has tended to focus more narrowly on services for and issues pertaining to adults and children with *DSM* diagnoses.

THE MISSION: TOPICS AND CONTENTS

The mission statement of CJCMH, unchanged since the first issue in 1982, is to publish articles pertaining to theory, research, and practice related to several topic areas in community mental health (e.g., program evaluation, social action). Fortin-Pellerin and her colleagues used the topic areas of the mission statement to code the subject focus of articles published in CJCMH. They note that 25% of the articles could not be coded into the existing topic areas. Moreover, they suggested that a more in-depth content analysis “would make it possible to re-examine the boundaries of the expression of community mental health and to suggest a more modern definition,” which could result in “closer agreement between CJCMH’s content and its mission statement.” I agree that the topics listed as study areas in the mission statement do not provide the best fit for the focus of articles published in CJCMH. For example, while prevention and promotion are not on that list, the first sentence of the mission statement underscores “interest in the promotion of positive mental health and the prevention and treatment of mental health problems in community settings.” By not including prevention and promotion in the content analysis of the journal, we do not know the extent to which these core community mental health concepts are receiving attention in work published in CJCMH.

There are other problems which arise from using the areas of interest listed in the mission statement as a means of codifying content analysis. The existing areas specify research strategies (e.g., program evaluation, needs assessment), intervention strategies (e.g., consultation, social action), and settings (e.g., social service organizations). This categorization can, however, be problematic. How, for example, does one code an article that examines an intervention program with an evaluation component that is conducted within a social service organization? Another problem arises from changes to

the definitions of key concepts within the field. The definition of social action in the mission statement includes community development, but social action and community development now have been distinguished in the literature (Rothman & Tropman, 1987). Further, advocacy is listed as a separate category, but now is typically considered a key social action strategy. Moreover, the fact that there were no articles dealing with consultation may reflect changes in language in the field: In the 1970s and early 1980s, there were many books written about different approaches to consultation but, since that time, the term *consultation* has given way to the more encompassing term *intervention*.

THEORY, RESEARCH, AND PRACTICE

I have four comments about issues regarding the types of articles that are published in *CJCMH*. First, Fortin-Pellerin and her colleagues note a sharp decline in the publication of theoretical articles and a concomitant increase in empirical articles. While it is a healthy sign that more high-quality research is making its way into *CJCMH*, I find the recent loss of theoretical articles disconcerting. Science does not advance simply through the accumulation of facts gathered through empirical methods. Theorization and interpretation play a vital role in knowledge construction. Canadian community mental health researchers need to be reminded of Kurt Lewin's dictum, "there is nothing so practical as a good theory," lest the constructs that they study become under-theorized.

Second, there has been a decrease in the number of quantitative articles over time and an increase in the number of qualitative articles, such that equal numbers of quantitative and qualitative research articles were published over the past 5 years. Martin, Lounsbury, and Davidson (2004) also found a recent increase in qualitative articles published in the *American Journal of Community Psychology*, although that increase was not as substantial as the increase noted in *CJCMH*. I believe that the emergence of qualitative research is a welcome addition to the field of community mental health which, like other health and social sciences, has been steeped in logical positivism and dominated by quantitative methods. There is a growing recognition of the value of qualitative research in that it: (a) gives voice to research participants; (b) promotes understanding of their experiential realities, lived experiences, and social contexts; and (c) balances objective and subjective approaches to knowing. This recognition is clearly evidenced in the growing numbers of qualitative research books, journals, and conferences since *CJCMH* was founded 25 years ago.

Third, in an earlier review of *CJCMH*, Peirson and Walsh-Bowers (1993) found that, in spite of editorial prescriptions to describe the relationship between researchers and participants, most authors do not provide much information about this relationship. While Fortin-Pellerin and her colleagues did not examine this issue, I believe that it would be useful to have such information to determine the extent to which researchers use participatory action research (PAR) approaches.

Finally, a very small percentage of articles have been devoted to practice issues. Practitioners, professors, and students might find articles that focus on innovations in practice and practice dilemmas to be particularly useful.

FUTURE DIRECTIONS

For the future, I believe that it is important to maintain the vision of CJCMH and to continue to ensure that senior editors, members of the editorial board, and authors represent appropriate balances of francophones and anglophones, men and women, and professionals from different disciplines. In this regard, it would be helpful to know the gender and disciplinary backgrounds of authors and board members. Maintaining a broad view of community mental health is also desirable.

With regard to the mission of the journal, I agree with Fortin-Pellerin and her colleagues that there is a need for further analysis of the topics and contents of CJCMH. In a narrative review of the areas of research and action of community psychologists in Canada, Francine Lavoie, Terry Mitchell, and I identified a number of areas that could be useful in constructing a template for coding topic areas for CJCMH (Nelson et al., 2007). Some possible themes include: (a) values and ethics; (b) prevention and promotion; (c) services and supports for people with serious mental illness; (d) social networks, social support, and mutual aid; (e) promotion of inclusion and diversity; (f) health and human service organizations; (g) power/empowerment; (h) concepts of community and community capacity building; and (i) social analysis and intervention, including social policy and social action. However, any such template quickly becomes complicated when put into practice because these themes are inter-related with populations, settings, and types of analysis (theory, analytic research, and intervention evaluation research). Thus, a challenge for future analysis of CJCMH and other community-oriented journals is to develop a complex, multi-dimensional coding scheme.

I have a few suggestions regarding the Journal's attention to theory, research, and practice. First, in view of the decline in theoretical articles, it might be worthwhile to devote a special issue to theoretical advances in community mental health. As well, the editors of each special issue could be encouraged to include one or two theoretical papers. Second, I think the senior editors could encourage authors to more fully describe the relationships between and among the researchers, participants, and other stakeholders in their research. PAR is an important methodology for community mental health research because of its emphasis on both stakeholder participation in all phases of the research and using the research findings to create social change. Knowing the extent to which PAR methods are used in research published in CJCMH could be quite informative. Finally, it might be useful to have a section of each issue of the journal devoted to practice issues ("Voices from the Field") in which practitioners are encouraged to write not only about innovations in practice but also about some of the ethical, political, and practical issues that they face. Since practice is constrained or enhanced by mental health policy and other social policies (Nelson, 2006), this section also should include mental health policy analysis, such as reviews of the recent Standing Senate Committee on Social Affairs, Science and Technology report (2006).

NOTE

1. The federal government did publish *Canada's Mental Health* at that time. This periodical was widely circulated for free to a broad audience, including lay persons, and published relatively short articles. However, it did not have the stature of traditional, peer-reviewed academic journals. *Canada's Mental Health* was eliminated in the 1990s.

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