



# THREADING THE NEEDLE

A chat with Dr. Hillary McBride, RCC, about how to balance distributing information about psychology via media without flattening complexity

**T**hese days, information (and misinformation) is widely available through various media channels on every topic imaginable, including mental health. While this abundance of information means people have never before been able to learn so much so easily, it also increases the risk of misunderstanding or misuse. This can put clinical counsellors in a difficult position for a few reasons, starting with the longing to help.

“I have often felt tension in my relationship with doing media work, feeling the longing to share information with my community to improve their mental health and quality of life, and preferring to have more in-person, embodied relational experiences which I believe are more likely to create long-

term change,” says Dr. Hillary McBride, an RCC and Registered Psychologist who has worked with media on numerous occasions. “My theory of change — as connected to embodied relational experiences — impacts my theoretical framework and choices for interventions, but my desire to make health care accessible and destigmatize conversations about mental health makes me want to take risks to change a culture which still has so far to go in the conversation about mental health.”

Responsibility to society is one of the four core ethical principles of the Canadian Psychological Association.

“It is a feature of our work to reflect upon the way society impacts the welfare of an individual and their mental health, as well as exploring the

relationship in the opposite direction,” says McBride. “Historically, counselling has been most accessible to the most privileged, and various social groups have had a more difficult time accessing individual mental health care due to social stigma, financial concerns, or how (mental) health care has been used as an oppressive tool.”

She adds that when clinical counsellors explore the intersection of social and individual health and take seriously the justice orientation to give psychology away and dissolve the divisions in power and hierarchies created by inaccessible health care, they often feel compelled to educate the general public about psychotherapy practice and theory. This can provide more people with access to information

and strategies that can meaningfully and positively impact their mental health and quality of life and decrease stigma and social misunderstanding about mental health. For example, it can help parents learn to promote healthy attachment and emotional regulation or encourage sharing resources for attention regulation or normalize a wide range of neurodivergent presentations.

However, care is needed in how information is provided.

“When this is not done well, the phenomenological nature of diagnosis of psychological disorders is missed for easily communicated bite-sized pieces of information which reduce complexity,” she says, noting that appropriate and person-specific treatment recommendations that suit accurate diagnosis are also missed and distress resulting from inaccurate self-diagnosis can increase.

For example, sharing information about personality disorders may be helpful for flagging issues someone may notice in themselves or witness in their relationships, but this could easily lead to incorrect labelling, resulting

in pathologizing and stigmatizing that person.

“As therapists, we need to thread the needle: find a way to balance the important distribution of information without flattening complexity.”

McBride suggests sharing information in more extended forms and pointing people towards resources where they can seek diagnosis or speak with professionals directly.

“It may also help to share work with citations so consumers of media can read and learn more from direct sources, avoid sensationalizing information for the sake of making it appealing, and create opportunities for more thorough and interactive engagement with content,” she says.

In other words, information that encourages critical thinking, community dialogue, and connection over time — not a single post once from one person.

McBride also reminds us that diagnoses may seem stable and empirical but are influenced — even in their development and creation — by socio-cultural factors, history, and current cultural trends.

“Our categories of information and how we use that for diagnostic purposes is not as neat and tidy as we might think it is, and we need to be careful about how to wield information about it,” she says. “By contrast, tools which promote mental health are much more innocuous, and it is more difficult for them to do harm regardless of how they are used.”

But even seemingly harmless tools need to be distributed with the specificity and appropriateness of who they are for kept in mind. McBride uses deep breathing as an example: while most people benefit from deep mindful breathing, evidence shows it can induce panic states in some people.

“It can be complicated to engage with media and mental health, and it often requires courage, self-reflexivity, and humility,” she says.

But when it is done well, it can make a big difference.

“When more people know more information about mental health and well-being, I believe we can build better societies with more compassionate and skilful communities,” says McBride. ■

# NEW SUPPORT FOR FIRST RESPONDERS

## The BC Fire Fighter Occupational Awareness Training Program

**MATT JOHNSTON, RCC, HAS A DEEP UNDERSTANDING OF THE EXPERIENCES** of first responders and the culture of their team-based environment. In 2012, he left his position operating a counselling clinic for children and adolescents in downtown New Westminster and joined the fire service.

Less than three years into his fire service career, Matt’s organization experienced a cluster of fire fighter suicides that was echoed by several losses in other B.C. fire departments. Struck with his own grief, he wanted to do something to help other fire service members. His quest aligned with a new initiative led by then-president of the BC Professional



Fire Fighters Association (BCPFFA) and current Burnaby Mayor, Mike Hurley. In 2016, Matt was appointed to the BCPFFA Mental Wellness Committee.

“Looking back, this was the serendipitous path that I needed to follow to transform my complex feelings of confusion and loss into a meaningful career in the fire service,” says Matt.

The Occupational Awareness Training (OAT) program was established and, for the next three years, Matt and BCPFFA VP Steve Farina travelled throughout B.C., delivering training to health-care providers on how to enhance clinical outcomes with fire fighters and their families.

The OAT program reflects a new style of training that addresses some traditional challenges of previous mental health programs for this population.

“Projecting a trauma-based, disordered lens onto a pridefully stoic audience regarded for maintaining

resiliency is going to be met with poor program outcomes,” say Matt.

He adds that mental health initiatives need to follow a positive psychology approach prior to delving into the worst days of the profession.

“The early stages of the OAT program do not focus on trauma-reduction strategies, but instead, set out to define and normalize the acquisition of a psychological stress injury, while providing fire service personnel with evidence-informed strategies on how to restore optimal performance both on and off the job.”

While the OAT program has been very successful with mental health-care practitioners, the committee decided to expand and go direct to the people it aims to support. Four provincial fire associations were involved in building the OAT program to reflect the needs of all fire personnel in B.C. The result is a customized, modularized, bottom-up program built from the inside out. More than 5,500 personnel registered in the first eight weeks after it launched

in April 2023.

“There are only 12,000 fire fighters in B.C., so there is a demonstrated need by this population to receive relevant mental health training,” says Matt.

Discussions are underway to expand the program in four other provinces.

RCCs who are interested in serving this population or other similarly stoic service audiences may benefit from learning more about the approach taken in the OAT program.

“There is a widespread assumption in the first responder and clinician world that stoic members — typically men — do not reach out for care prior to crisis,” says Matt. “However, a decade of my experience has indicated that many do, only to find that many clinicians are not prepared to work with this audience, thereby, compounding the pain, isolation, and suffering.”

He adds that Canadian males are close to four times more likely to die by suicide than females.

“The rise in popularity of social media influencers regarding men’s mental health has also been a clear indication that a large segment of men has sought direction on mental health and optimal performance through non-traditional and highly unregulated means,” says Matt. “It is my belief that our profession and, in particular, our membership, needs to pivot the way we advertise our services if we want to better serve this demographic.” ■

Learn more about the program at <https://www.firstresponderhealth.org/bcfftat>. The BCPFFA is offering a subsidized training course for BCACC members on November 17 and 18: details and registration are available at <https://www.eventbrite.ca/e/occupational-awareness-training-understanding-fire-culture-tickets-663801587417>.