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ADVOCACY

Advocacy and an advocacy column: more questions than answers

Peter Braunberger, MD PhD FRCPC[1]

Robert Sunley in "*Righting Wrongs: Advocacy Principles, Methods and Practice*" suggests advocacy, like truth and beauty, defies definition (1). But unlike truth and beauty, the Journal of the Canadian Academy of Child & Adolescent Psychiatry (JCACAP) has an advocacy column which warrants clarity of purposes as well as criteria for review of submissions.

CanMEDS, Canada's national framework for physician training, identifies "Health Advocacy" as a key physician competency. CanMEDS adds that "*as Health Advocates, physicians contribute their expertise and influence as they work with communities or patient populations to improve health. They work with those they serve to determine and understand needs, speak on behalf of others when required, and support the mobilization of resources to effect change*" (2). An enriched understanding of the directions of advocacy and an advocacy column might therefore follow more specific consideration of (i) expertise, (ii) speaking for others, and (iii) influencing and effecting change.

1. Expertise

To the extent that mental health advocacy is a matter of expertise (2, 3), its positioning in an academic journal might be thought to be a good fit. But what kind of expertise, and when and how is expertise recognized and agreed upon?

Medical expertise may be considered broadly or narrowly. When health advocacy is oriented towards general health and wellness goals (e.g. longevity or quality of life of the general population), political, economic, governance, and communications expertise must all be acknowledged. But even within a narrower conceptualization of medical expertise (e.g. considering any one illness or vulnerable population), biology and physiology, clinical experience, epidemiology, and public health should also be seen as both overlapping but also distinct areas of expertise.

What happens when the "expertise" or key components of arguments for an advocacy proposition or action are challenged as insufficient or even faulty? Well-meaning advocacy efforts or goals might then be compromised or delayed by premature or undeveloped arguments. One might at least ask advocates, particularly in a submission to an academic journal, to acknowledge gaps in understanding, and to anticipate the concerns of other stakeholders (including policy makers) with respect to incomplete or contradictory evidence.

The often passionate and persuasive nature of advocacy, which pairs expertise with wider ethical or value-based arguments, stands at least in part in contrast to the scientific method which is a sceptical process, and which might be at its most effective when testing the null hypothesis (4). Science sociologist Robert Merton's arguing that striving for an impossible objectivity is a part of the social contract of science (5) might also, in an academic journal, apply to

[1]Clinical Editor, Journal of the Canadian Academy of Child and Adolescent Psychiatry; Assistant professor, Northern Ontario School of Medicine University; Staff, The Hospital for Sick Children and Waypoint Centre for Mental Health, Ontario.

advocacy. To the extent that objectivity is indeed impossible, transparency with respect to possible biases should be applied to submissions to an advocacy column, as with other academic submissions.

One might ask should JCACAP have an advocacy column at all? Does the advocacy process fray the quality of science in a way that compromises original premises and, in the end, the usefulness of an academic journal? In contrast, the wider mandate of the practice of science and medicine includes social and ethical responsibilities including building robust bridges from science to policy (1). It might also then be anticipated that advocacy efforts, and advocacy submissions to an academic journal, should benefit from a high level of scrutiny with respect to expertise and evidence.

2. Speaking for others

If under the banner of advocacy, health and mental health professionals feel compelled to speak for those without voice or power (2), then efforts to communicate with and hear directly from others and the wider community of stakeholders must be clear. A more specific demonstration of participation or agreement or consent, if not also having made efforts towards self-representation, might also, in the advocacy process, be anticipated.

Bateman further differentiates "self advocacy" (including self advocacy taken on a collective basis) from "citizen advocacy" (3). A key feature of self advocacy includes a large majority of the membership standing to gain directly from the resolution of a grievance, whereas a key feature of citizen advocacy includes being free of conflict of interest. Advocacy like other steps in policy formation also requires declaration of potential conflicts of interest.

A clear understanding of who defines a problem is also an essential starting point for any advocacy initiative. Varying ways that different stakeholders see a problem might also then lead to different priorities or proposed solutions or next steps. Sunley argues for transparency with respect to "*modes of thinking*", including Problem-solving mode, Medical-public health mode (including disease models), Environmental mode, and Rights mode (1), each of which also present fresh perspective but also bias.

In contrast to CanMEDS' advocacy framework, more assertive or potentially intrusive definitions of advocacy, for example, "*planned, committed, forceful activity to overcome resistance to change on the part of those responsible for harmful social impact on individuals or groups, and with or on behalf of those affected*" (1), ask for a wider ethical framework than the basic tenets of free speech.

3. Influencing and effecting change

Advocacy goals and actions exist in a complex environment of many competing influences and values, as well as resource limitations which also represent historical and political priorities (1, 5, 6). To the extent that advocacy prioritizes values and re-allocates resources, a wide discussion of benefit and risk is essential. It might also be argued that advocates and JCACAP both have some responsibility for the effectiveness of advocacy efforts. This also involves a discussion of advocacy strategies which might also carry risks.

Consideration of advocacy types or strategies might also provide focus and clarity with respect to specific goals and actions. Sunley elaborates on five types of advocacy including (i) Witness advocacy, raising awareness of injustices without necessarily speaking to specific changes, (ii) Meliorist advocacy, small changes without necessarily addressing causes, (iii) Reformist advocacy, asserting significant systems changes, (iv) Militant advocacy, including confrontational actions, and (v) Movements, involving various kinds of groups unifying broad goals (1).

To mitigate the risks of advocacy including, for example, resource allocation towards untested policy or solutions, Witness advocacy might sometimes be proposed. Where advocacy efforts might be lost in a challenging political or legal landscape, small Meliorist proposals might be considered. With the potentially more dramatic impacts of Reformist advocacy, a higher burden of care and detail and science is expected.

Effective positioning of an advocacy proposal and communication should include clarity of audience or readership (1). An advocacy column submission to persuade the CACAP membership towards more active engagement, advocacy for advocacy, might be seen in a very different light than a discussion or synthesis for a broader audience. One might also ask when alternatives to JCACAP, for example direct campaigning, social media or mainstream media are more appropriate?

Not just what is our lane, but what are the rules of the road

A biopsychosocial and cultural formulation of child and adolescent mental health suggests a wide scientific and also advocacy mandate for child and adolescent psychiatrists and other mental health professionals and advocates. However, the expertise that health providers and the CACAP membership bring to advocacy and policy tables is shared with many partners including the patients and families for whom we provide care. The potential risks of weakly developed or a too narrow representation of the values and goals of stakeholders in advocacy actions and in submissions to an advocacy column in an academic journal warrant careful consideration.

Effective health advocacy needs more than values and facts. In contrast, advocacy, both generally but particularly in a scientific journal, presents an opportunity for a high standard of expertise, an ethical framework with respect to representing others, and careful reflection on influencing and effectiveness. It is hoped that further development and application of criteria for advocacy actions and communications will improve outcomes.

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