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A Reply to "Grand Challenges in Mental Health"

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By Sami Timimi

Editor's note: in July 2011, Nature published "[Grand challenges in global mental health](#)," an article which summarized a list of research priorities intended to improve "the lives of people with mental illness around the world," based on the input of the [Grand Challenges in Global Mental Health Initiative](#)'s Delphi panel (the full list of panelists can be found [here](#) and their geographic and professional distribution [here](#)). The Grand Challenges in Global Mental Health Initiative is led by the U.S. [National Institute of Mental Health](#) and the [Global Alliance for Chronic Disease](#).

The following letter, written in reply to the [Nature article](#), was co-authored by [Moosa Salie](#), [Veena Shatrugna](#), [Suman Fernando](#), and [Sami Timimi](#).

While supporting the need to improve the lives of people in low and middle-income (LMI) countries by improving their mental health, we are concerned by the approach of 'Grand Challenges in Global Mental Health' ([Nature 475, 27-30: 2011](#)).

Progressive and global frameworks for mental health require active collaboration with local communities, especially those with personal experience of mental health problems and of using mental health services. The 'Delphi panel' as constituted was clearly not representative of all stakeholders. The focus on 'molecular and cellular mechanisms' in the brain as the main reason for complex problems of living, diagnosed in psychiatry as 'disease/disorder', ignores the experiences of ordinary people who access a variety of services including indigenous healing, social support networks, rights-based organisations and family support for these problems.

The assumption that a global norm for mental health exists and that deviations from this norm can be subsumed within a biomedical system is narrow and restrictive. Mental health services should reflect the needs of local communities and be sustainable without being tied to dependency on funding agencies driven by pharmaceutical and insurance industries.

Finally, the picture of a black girl chained to a tree gives a biased visual

message that human rights violations are confined to non-western countries. Mental health service delivery has been fertile ground for human rights violations across the globe (e.g. use of seclusion, restraint, high dose medication). Protection of human rights, in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), should be at the centre of developing mental health plans. The CRPD framework emphasises respect for personal autonomy and integrity, meaning that services have to be interactive and not imposed.

If US-NIMH is committed to improving the lives of people in LMI countries it should engage in dialogues with representative groups of stakeholders so there can be real participation in the discussions, and not merely an imposition of solutions to challenges identified by a non-representative group of experts from western agencies and social and psychiatric elites in LMI countries.

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