

## Cfp: Globalising Mental Health or Pathologising the Global South?

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Call for Papers

Disability and the Global South:

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**Globalising Mental Health or Pathologising the Global South?**

**Mapping the Ethics, Theory and Practice of Global Mental Health**

Guest Editors: China Mills and Suman Fernando

Currently, the World Health Organization (WHO) and the Movement for Global Mental Health, are calling to 'scale up' psychiatric treatments, often specifically access to psychiatric drugs, globally, and particularly within the global South. Amid these calls, others can be heard, from those who have received psychiatric treatments in the global North and South, and from some critical and transcultural psychiatrists, to abolish psychiatric diagnostic systems and to acknowledge the harm caused by some medications. Furthermore, voices have also been raised advocating the need to address social suffering, personal distress and community trauma in the global South in a context of poverty, political violence and natural disasters; and calling for people given psychiatric diagnoses to have their human rights protected by disability legislation.

The Movement for Global Mental Health frames distress as an illness like any other, calling for global equality in access to psychiatric medication. However there is a growing body of research from the global North that documents the harmful effects of long-term use of psychiatric medication and questions the usefulness of psychiatric models (see Angell, 2011; and Whitaker, 2010). This raises concerns; about the 'evidence base' of Global Mental Health; about increasing access to psychiatric drugs

globally; about the promotion of psychiatric diagnoses such as 'depression' as an illness; and changes the terms of debate around equality between the global South and North. What are the ethics of 'scaling up' treatments within the global South whose efficacy are still hotly debated within the global North?

There are other concerns about Global Mental Health; that it exports Western ways of being a person and concepts of distress that are alien to many cultures, and imposed from the 'top down', potentially repeating colonial and imperial relations (Summerfield, 2008), and that psychiatry discredits and replaces alternative forms of healing that are local, religious or indigenous (Watters, 2010). Alongside this, many users and survivors of the psychiatric system argue for the right to access non-medical and non-Western healing spaces, and to frame their experience as distress and not to depoliticise it as 'illness' (PANUSP, 2012). Yet for the pharmaceutical industry – there is a huge financial incentive in both expanding the boundaries of what counts as illness, and expanding across geographical borders into the often 'untapped' markets of the global South. This marks a process of psychiatrization, where increasing numbers of people across the globe come to be seen, and to see themselves, as 'mentally ill' (Rose, 2006).

This is the context in which this special issue is situated. We would like to invite contributions that are inter-disciplinary and that ground rich conceptual work in 'on the ground' practice. We really welcome papers that try to grapple with the complexity and the messiness of debates around Global Mental Health. We hope to explore a range of issues and address some difficult questions, including (but not exclusively);

- Issues over access to healthcare and the right to treatment in the global South, and how these debates may be different for mental distress compared to physical illness and disability
- Critical analysis of the evidence base of Global Mental Health and the 'treatment gap' in mental health care between the global South and North
- Global mental health as a disabling practice
- Examples of mental health activism and lobbying within the global South as well as resistance
- Dilemmas and accounts of 'doing' mental health work in the global South, notably in contexts of poverty
- The globalisation of psychiatry; accounts of how psychiatry travels, and of whether counter-approaches to mental health (alternative or indigenous frameworks) may travel too
- Accounts of alternative ways of understanding health, distress and healing – counter-epistemologies and plural approaches from the global South and North.

- Issues around colonialism, imperialism and psychiatry, and of possibilities for decolonising psychiatric practises
- The role of the pharmaceutical industry and its connections with psychiatry – the global production, distribution and marketing of drugs – how drugs travel globally.
- An exploration of the ethical dimensions of Global Mental Health, and who has the power to set the Global Mental Health agenda.
- Should wellbeing and distress be addressed by health policy and medical funding, or be understood outside of a medical framework?
- What are Global Mental Health interventions claiming to ‘treat’?
- Is there a role for psychiatry within Global Mental Health?
- Critical approaches to the Movement for Global Mental Health; can and should mental health be global?

We particularly welcome contributions from those who have lived experience of a psychiatric diagnosis, or of distress, and those who work in the global South, or in contexts of poverty, on mental health issues.

Short reports and stories, are equally encouraged alongside longer theoretical papers. Papers should be no more than 8000 words, with an abstract of 150-200 words.

Those wishing to submit an article or express an interest in contributing, please email China Mills [china.t.mills@gmail.com](mailto:china.t.mills@gmail.com). Manuscripts will be sent anonymously for peer review, and comments and recommendations relayed to authors through the editors. Instructions on formatting for the journal can be found here: <http://dgsjournal.org/information-for-authors/>

All contributions should be submitted no later than: 21st July 2013

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