

Global Mental Health: a special issue of Transcultural Psychiatry

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By

This [special issue of Transcultural Psychiatry](#) addresses the growing field of Global Mental Health. As the organizers state in their introduction to the issue,

“Over the past decade, efforts in Global Mental Health (GMH) have significantly evolved in parallel with critical commentary on its claims and interventions. The initial debate between global and local, universalist and culturalist, emic and etic perspectives on mental health has given way to more collaborative conversations and complex interventions that consider issues of cultural and epistemological diversity in many ways. [...] The articles in this thematic issue stem, in part, from the 2016 McGill Advanced Study Institute in Cultural Psychiatry, *Psychiatry for a Small Planet: Ecosocial Approaches to Global Mental Health*. Other papers have been received by the journal as independent submissions.”

(Bemme & Kirmayer 2020)

Open-access articles in this issue are indicated with (OA).

[Global Mental Health: Interdisciplinary challenges for a field in motion \(OA\)](#)

Dörte Bemme, Laurence J. Kirmayer

In recent years, efforts in Global Mental Health (GMH) have evolved alongside critical engagement with the field’s claims and interventions. GMH has shifted its agenda and epistemological underpinnings, increased its evidence base, and joined other global policy platforms such as the Sustainable Development Goals. This editorial introduction to a thematic issue traces the recent shifts in the GMH agenda and discusses the changing construct of “mental health” as GMH moves away from a categorical biomedical model toward dimensional and transdiagnostic approaches and embraces digital technologies. We highlight persistent and emerging lines of inquiry and advocate for meaningful interdisciplinary engagement. Taken together, the articles in this special issue of *Transcultural Psychiatry* provide a snapshot of current interdisciplinary

work in GMH that considers the socio-cultural and historical dimensions of mental health important and proposes reflexive development of interventions and implementation strategies.

[Owning our madness: Contributions of Jamaican psychiatry to decolonizing Global Mental Health](#)

Frederick W. Hickling

The contentious debate on evidence-based Global Mental Health care is challenged by the primary mental health program of Jamaica. Political independence in 1962 ushered in the postcolonial Jamaican Government and the deinstitutionalization of the country's only mental hospital along with a plethora of mental health public policy innovations. The training locally of mental health professionals catalyzed institutional change. The mental health challenge for descendants of African people enslaved in Jamaica is to reverse the psychological impact of 500 years of European racism and colonial oppression and create a blueprint for the decolonization of GMH. The core innovations were the gradual downsizing and dismantling of the colonial mental hospital and the establishment of a novel community mental health initiative. The successful management of acute psychosis in open medical wards of general hospitals and a Diversion at the Point of Arrest Programme (DAPA) resulted in the reduction of stigma and the assimilation of mental health care into medicine in Jamaica. Successful decentralization has led to unmasking underlying social psychopathology and the subsequent development of primary prevention therapeutic programs based on psychohistoriographic cultural therapy and the Dream-A-World Cultural Therapy interventions. The Jamaican experience suggests that diversity in GMH must be approached not simply as a demographic fact but with postcolonial strategies that counter the historical legacy of structural violence.

[History, violence and collective memory: Implications for mental health in Ecuador](#)

Manuel Capella, Sushrut Jadhav, Joanna Moncrieff

National histories of violence shape experiences of suffering and the ways that mental health professionals respond to them. In Ecuador, mental health literature addressing this crucial issue is scarce and little debated. In contrast, local psychiatrists and psychologists within the country face contemporary challenges that are deeply rooted in a violent colonial past and the perpetuation of its fundamental ethos. This paper critically reviews relevant literature on collective memory and historical trauma, and focuses on Ecuador as a case study on how to incorporate history into modern mental health challenges. The discussion poses key questions and

outlines possible ways for Ecuador to address the link between history and mental health, including insights from countries that have struggled with their violent pasts. This paper contributes to ongoing international debate on the role of cultural history in mental health with implications for social scientists and practising clinicians in former colonised nations.

[Mental wellbeing in the Anthropocene: Socio-ecological approaches to capability enhancement](#)

Ross G. White

There is growing recognition that “human development” frameworks, such as the Capabilities Approach (CA) with its emphasis on the promotion of justice, offer promise for guiding efforts aimed at enhancing mental wellbeing. This article explores challenges that might arise when there is a need to arbitrate among the competing demands of different parties in their efforts to enhance capabilities. Particular tensions can arise when the efforts of particular individuals to enhance their capabilities exert pressure on scarce resources, or threaten the safety and security of people living in precarious environmental contexts. Consideration is given to the need for “an ethos of restraint” to balance the consumption of resources aimed at facilitating human development on the one hand, with the need to promote environmental justice on the other. The paper highlights research that has investigated how environmental factors can impact on mental wellbeing, including rapid urbanization, climate change related issues (such as weather systems, drought, food insecurity and rising sea-levels), and access to “green/blue spaces”. As such, the paper explores the important links that can exist between people and the ecosystems in which they live (including the way in which particular cultural beliefs and practices of indigenous groups can be tethered to the land). Elinor Ostrom’s “design principles”, derived from her work investigating the sustainable use of pooled resources, are presented as a helpful means of assisting members of communities to negotiate and apply “functioning constraints”, which can promote environmental justice whilst not compromising efforts aimed at promoting mental wellbeing.

[Challenges for implementing a global mental health agenda in Brazil: The “silencing” of culture](#)

Francisco Ortega, Leandro David Wenceslau

Since its emergence in 2007, Global Mental Health has been a growing and polemic area of study, research and practice in mental health worldwide. Despite having a significant endogenous academic production and innovative policy experiences, the Brazilian mental health field and its actors make few references to, and scarcely dialogue with, the Global

Mental Health agenda. This article explores an aspect of this divergence between Global Mental Health initiatives and public mental health care in Brazil regarding the role of culture within mental health policies and practices. Our hypothesis is that part of this difficulty can be attributed to the low relevance of the cultural dimension for the Brazilian mental health field, here referred to as the “silencing of culture.” We examine the possible historical roots of this process with reference to theories of “anthropophagy” and “cultural uniformity” in the context of Brazilian cultural matrices. We then describe two recent experiences in public mental health care that incorporate cultural competence through the work of community health workers and the example of community therapy. We argue that the development of cultural competence can be decisive in enabling an improved dialogue between research and practice in Brazilian mental health and global mental health initiatives.

[Barriers to care and psychopathology among Bolivian migrants living in São Paulo, Brazil](#)

Lineth Hiordana Ugarte Bustamante, Raphael Oliveira Cerqueira, Fernanda De Marzio, Keila Pereira Leite, Thatiane Dal Picolo Cadurin, Emilie Leclerc, Angel Olicer Rojas Vistorte, Sara Evans-Lacko, Elisa Brietzke

The objective of this study was to investigate barriers to appropriate mental health care in a sample of Bolivian migrants living in São Paulo and to examine the association between barriers of care and the presence of symptoms of non-psychotic psychiatric disorders in this population. Considering that treatment usually reduces symptoms, it could be hypothesized that individuals reporting more barriers to care also will report more symptoms. The sample comprised 104 individuals born in Bolivia, with Bolivian nationality and living in São Paulo for at least 30 days prior to enrolling in the study, between 18 and 80 years of age and able to read and write in Spanish or Portuguese. The symptoms of mental disorders were assessed using the Self-Reporting Questionnaire (SRQ-20) and barriers to appropriate mental health care were evaluated using the Barriers to Assessing Care Evaluation (BACE). A multiple linear regression analysis was performed to determine the predictive effect of the BACE total score (independent variable) in the SRQ-20 score (dependent variable), including in the model, and the variables that were significantly correlated with the BACE total score or SRQ-20. Our results indicate that more than a half of the sample of Bolivian migrants living in Sao Paulo, Brazil, especially females, presented significant non-psychotic psychopathology. Individuals reporting more barriers to care, especially instrumental and attitudinal barriers, also have a higher risk of psychiatric symptoms, independently of sex, age and family income. Our results suggest that actions to increase availability of mental health services,

especially culturally sensitive services, could reduce barriers to care and improve mental health among migrants.

[Drug adherence, medical pluralism, and psychopharmaceutical selfhood in postreform Vietnam](#)

Allen L. Tran, Trần Văn Tâm, Hà Thúc Dũng, Nguyễn Cúc Trâm

This article examines drug adherence in relation to changing patterns of medical pluralism and neoliberal reforms among psychiatric patients in postreform Ho Chi Minh City, Vietnam. We conducted 39 in-depth interviews and 21 follow-up interviews with individuals prescribed psychiatric medication on an outpatient basis in 2016 to identify patterns of nonadherence, which was operationalized as taking medications according to doctors' prescriptions at the three-month follow-up interval. Patients adapt or reject their medication prescriptions due to (1) concerns about biomedical drugs and adverse drug reactions, (2) local concepts of psychic distress and selfhood, and (3) the social context of medicine taking. The dominant theoretical models of drug adherence focus on individual-level predictors. However, situating drug adherence in its political-economic context highlights the relationship between medicine and neoliberal modernity that underlies adherence. Examining the intersection of multiple medication regimens and political regimes, we argue that nonadherence is rooted in a complex layering of medical traditions and modernist projects of the self. The reception of new biomedical drugs in Vietnam is shaped by not only folk theories of illness but also a changing cultural politics of the self.

[Traditional healers' and biomedical practitioners' perceptions of collaborative mental healthcare in low- and middle-income countries: A systematic review](#)

Bethany Green, Erminia Colucci

Access to mental healthcare in low- and middle-income countries (LMICs) is one of the greatest challenges in public health today. One suggestion for improving accessibility is through collaboration between biomedical practitioners and traditional healers. This paper reviews studies of traditional healers' and biomedical practitioners' perceptions of collaboration. We conducted a systematic review of online databases, selected journals, and reference lists for relevant studies. Eligible papers were assessed using a tool designed for this review for quality and study characteristics, and qualitative data demonstrating participants' views were extracted. A total of 14 papers from seven countries were included. The published literature on this topic is relatively homogenous and studies are of variable quality. The findings suggest that, despite differing

conceptualisations of mental illness causation, both traditional healers and biomedical practitioners recognise that patients can benefit from a combination of both practices and demonstrate a clear willingness to work together. There are concerns about patients' safety and human rights regarding traditional methods and some healers are sceptical about the effectiveness of Western psychiatric medication. Despite keeping the inclusion criteria open to all LMICs, 13 of the studies were conducted in Africa, seven of which were in South Africa. This limits the applicability of the findings of this review to the wider LMIC context. The paper concludes with recommendations for research and practice.

[Using a person-generated mental health outcome measure in large clinical trials in Kenya and Pakistan: Self-perceived problem responses in diverse communities](#)

Melissa Harper Shehadeh, Edith van't Hof, Alison Schafer, Mark van Ommeren, Saeed Farooq, Syed Usman Hamdani, Phiona Koyiet, Parveen Akhtar, Aqsa Masood, Huma Nazir, Katie Dawson, Emiliano Albanese

Health care should be informed by the physical, socioeconomic, mental, and emotional well-being of the person, and account for social circumstances and culture. Patient-generated outcome measures can contribute positively to mental health research in culturally diverse populations. In this study, we analysed qualitative responses to the Psychological Outcome Profiles (PSYCHLOPS) Questionnaire—a patient-generated outcome measure based on open-ended questions, and compared the qualitative responses gathered to conventional, nomothetic measures used alongside the PSYCHLOPS in two studies. Data were collected as part of outcome research on a psychological intervention in Pakistan ($N = 346$) and Kenya ($N = 521$). Two researchers coded the qualitative responses to the PSYCHLOPS and identified overarching themes. We compared the overarching themes identified to the items in the conventional, nomothetic outcome measures to investigate conceptual equivalence. Using the PSYCHLOPS, the most frequently reported problems in Kenya were financial constraints, poor health, and unemployment. In Pakistan, the most frequent problems were poor health and emotional problems. Most of the person-generated problem concepts were covered also in nomothetic measures that were part of the same study. However, there was no item equivalence in the nomothetic measures for the most frequent PSYCHLOPS problem cited in both countries. Response bias and measurement bias may not be excluded. More research on the use of PSYCHLOPS alongside conventional outcome measures is needed to further explore the extent to which it may bring added value. Use of a PSYCHLOPS semistructured interview schedule and efforts to minimise response biases should be considered.

[Mechanisms and perceived mental health changes after a livelihood intervention for HIV-positive Kenyans: Longitudinal, qualitative findings](#)

Abigail M. Hatcher, Emiliano Lemus Hufstедler, Kathryne Doria, Shari L. Dworkin, Elly Weke, Amy Conroy, Elizabeth A. Bukusi, Craig R. Cohen, Sheri D. Weiser

While food insecurity and poverty worsen mental health outcomes among people living with HIV/AIDS (PLHIV), few intervention studies have targeted poverty and food insecurity as a way to improve mental health. Among HIV-positive patients, addressing such upstream determinants may prove crucial to ensure better mental health and HIV clinical outcomes. We integrated longitudinal, qualitative research into a randomized trial of a livelihood intervention to understand processes and mechanisms for how the intervention may affect mental health among HIV-infected Kenyan adults. In-depth interviews were conducted with intervention participants ($n = 45$) and control participants ($n = 9$) at two time-points (after intervention start and upon intervention end). Interviews ($n = 85$) were translated, double-coded, and analyzed thematically using an inductive-deductive team approach. Participants reported numerous mental health improvements post-intervention including reduced stress, fewer symptoms of anxiety, improved mood, lower depressive symptoms, fewer repetitive and ruminating thoughts, and more hopefulness for the future. Improvements in mental health appear to occur via several mechanisms including: 1) better food security and income; 2) increased physical activity and ability to create fruitful routines around farm work; and, 3) improved sense of self as an active member of the community. Qualitative, longitudinal interviews may help identify intervention mechanisms for improved mental health, but additional research is required to confirm self-reports of mental health changes. These findings suggest that livelihood interventions may improve mental health in multi-faceted ways, and help PLHIV better integrate with their communities.

[Including culture in programs to reduce stigma toward people with mental disorders in low- and middle-income countries](#)

Franco Mascayano, Josefina Toso-Salman, Yu Chak Sunny Ho, Saloni Dev, Thamara Tapia, Graham Thornicroft, Leopoldo J Cabassa, Akwatu Khenti, Jaime Sapag, Sireesha J Bobbili, Rubén Alvarado, Lawrence Hsin Yang, Ezra Susser

Stigma is one of the main barriers for the full implementation of mental health services in low- and middle-income countries (LMICs). Recently, many initiatives to reduce stigma have been launched in these settings. Nevertheless, the extent to which these interventions are effective and

culturally sensitive remains largely unknown. The present review addresses these two issues by conducting a comprehensive evaluation of interventions to reduce stigma toward mental illness that have been implemented in LMICs. We conducted a scoping review of scientific papers in the following databases: PubMed, Google Scholar, EBSCO, OVID, Embase, and SciELO. Keywords in English, Spanish, and Portuguese were included. Articles published from January 1990 to December 2017 were incorporated into this article. Overall, the studies were of low-to-medium methodological quality—most only included evaluations after intervention or short follow-up periods (1–3 months). The majority of programs focused on improving knowledge and attitudes through the education of healthcare professionals, community members, or consumers. Only 20% (5/25) of the interventions considered cultural values, meanings, and practices. This gap is discussed in the light of evidence from cultural studies conducted in both low and high income countries. Considering the methodological shortcomings and the absence of cultural adaptation, future efforts should consider better research designs, with longer follow-up periods, and more suitable strategies to incorporate relevant cultural features of each community.

[Perceptions of HIV-related trauma in people living with HIV in Zimbabwe's Friendship Bench Program: A qualitative analysis of counselors' and clients' experiences](#)

Ruth Verhey, Dixon Chibanda, Aquila Vera, Ethel Manda, Jonathan Brakarsh, Soraya Seedat

This study investigated the experience of lay health workers (LHWs) delivering problem-solving therapy (PST) for common mental disorders (CMD) as well as clients' views of the PST program referred to as the Friendship Bench (FB). Semi-structured interviews were conducted with LHWs ($n = 5$) and clients living with HIV (PLWH) ($n = 10$). Data were analyzed using thematic content analysis. LHWs described a severe form of CMD amongst PLWH with a history of trauma, naming it *kufungisisa kwe njodzi* (excessive thinking due to trauma), a local cultural equivalent of PTSD. The term *kufungisisa* (thinking too much) has been used as the local equivalent for CMD. Trauma or *njodzi* was seen both as a circumscribed event and as linked to ongoing pervasive experiences such as living with HIV, stigma, and poverty. Although LHWs recognized symptoms of PTSD such as intrusion, avoidance, and hyper-arousal, they did not know how to address these specifically and chose to address them as a severe form of *kufungisisa*. There is a need to integrate aspects of PTSD management within care packages for CMD delivered by LHWs.

[The Secret History method and the development of an ethos of care: Preparing the maternity environment for integrating mental health care in](#)

[South Africa](#)

Simone Honikman, Sally Field, Sara Cooper

South Africa, like many low-and-middle-income countries, is integrating mental health services into routine Primary Health Care (PHC) through a task-shifting approach to reduce the gaps in treatment coverage. There is concern, however, that this approach will exacerbate nurses' abuse of patients currently common within PHC in the country. To address this concern, the Perinatal Mental Health Project developed its Secret History method, a critical pedagogical intervention for care-providers working within maternity settings. This article describes the method's theoretical underpinnings and practical application amongst nurses. Drawing on Augusto Boal's Theatre of the Oppressed and contrary to traditional nursing training in South Africa, the method creates a space for nurses to interrogate and reimagine nurse-patient relations. By introducing nurses to a counter ideology of empathic care, the method seeks to prepare the maternity environment for mental health task-shifting initiatives and ensure these initiatives are more democratic, responsive and humane.

[Life after armed group involvement in Nepal: A clinical ethnography of psychological well-being of former "child soldiers" over time](#)

Emilie Medeiros, Prabin Nanicha Shrestha, Himal Gaire, David M. R. Orr

Little is known about the longitudinal effects of early age involvement of young people in armed groups and their well-being as they return to strongly affected, politicised communities. Current research and policy are often driven by the assumption of a causal relationship between participation in this war experience and psychological damage. This article explores the role of young people's armed group experience during the Nepal People's War, compared with post-conflict stressors, in shaping intra-psychoic impact and distress, and which processes enable well-being and resilient functioning. Findings are reported from an 18-month clinical ethnography of a cohort of 17 Nepalese young subjects, where participant-observation methods were used to explore their daily lives after exiting the armed group and follow-up research conducted six years later. The findings highlighted limited evidence for on-going intra-psychoic impact and distress related directly to their armed group experience; when such distress occurred, it appeared to be generated more by the structural violence of their environments. The key constituents determining their well-being included: a sense of closeness through emotional connectedness with their family, ideological proximity with the values of the armed group, closeness in their bond with the community, and the social-emotional-economic capital available to them to navigate the harsh structural constraints of post-conflict life. These data further challenge the

prevailing assumption that this war experience inevitably leads to psychological damage, and the article argues that structural violence often plays a predominant role in cases where psychological distress does arise.

[Adolescents' perspectives on the psychological effects of natural disasters in China and Nepal](#)

Elizabeth A Newnham, Xue Gao, Jessica Tearne, Bhushan Guragain, Feng Jiao, Lajina Ghimire, Emily YY Chan, Jennifer Leaning

Adolescents are disproportionately represented in nations vulnerable to humanitarian crises. The mental health effects of exposure to trauma are significant, but evidence concerning the experience of disaster-affected adolescents in Asia is limited. The current study aimed to investigate expressions of psychological distress and behavioral effects of exposure to natural disasters among adolescents in China and Nepal. Key informant interviews and focus group discussions were conducted with adolescents, caregivers, teachers and experts in disaster-affected districts of Yunnan Province, China (n = 79), and Kathmandu Valley, Nepal (n = 62). Open coding and thematic content analysis were employed to examine themes within the data. Indicators of distress were categorized in four domains that reflected expressions of anxiety and stress, mood difficulties, somatic complaints, and behavioral changes for adolescent disaster survivors. Differential reports of psychological concerns by gender were evident in Nepal but not China. Post-traumatic growth and strengthened connections between adolescents and their families were described in both settings. The findings complement similar reports from disaster-affected populations globally that have highlighted cross-cultural elements manifest in adolescents' descriptions of distress. Sustainable mental health services that are sensitive to adolescents' experiences of trauma and their unique capabilities will be a necessary component of long-term rehabilitation following disasters.

[Perceptions of the psychological experiences surrounding female genital mutilation/cutting \(FGM/C\) among the Izzi in Southeast Nigeria](#)

Olayinka Omigbodun, Tolulope Bella-Awusah, Danielle Groleau, Jibril Abdulmalik, Nkechi Emma-Echiegu, Babatunde Adedokun, Akinyinka Omigbodun

Evidence about psychological experiences surrounding female genital mutilation/cutting (FGM/C) remains weak and inconclusive. This article is the first of a series that deploys qualitative methods to ascertain the psychological experiences associated with FGM/C through the lifecycle of women. Using the *free listing* method, 103 girls and women, aged 12 to 68 years from rural and urban Izzi communities in Southeastern Nigeria,

produced narratives to articulate their perceptions of FGM/C. Sixty-one of them had undergone FGM/C while 42 had not. Data was analysed using thematic analysis and the emerging themes were related to experiences and disabilities in the psychological, physical, and social health domains. While physical experiences were mostly negative, psychological experiences emerged as both positive and negative. Positive experiences such as happiness, hopefulness, and improved self-esteem were commonly described in response to a rise in social status following FGM/C and relief from the stigma of not having undergone FGM/C. Less commonly reported were negative psychological experiences, e.g., shame when not cut, anxiety in anticipation of the procedure, and regret, sadness, and anger when complications arose from FGM/C. Some participants listed disruption of daily activities, chronic pain, and sleep and sexual difficulties occurring in the aftermath of FGM/C. Most participants did not list FGM/C as having a significant effect on their daily living activities. In light of the association of FGM/C with both positive and negative psychological experiences in the Izzi community, more in-depth study is required to enable policy makers and those campaigning for its complete eradication to rethink strategies and improve interventions.

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