Essentials of Global Mental Health

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To my departed parents, sisters, uncles and aunts, who always had confidence in me and supported my dreams

Contents

Section 4 – Systems of development for special populations

Section 5 – Gender and equality

Section 6 – Human resources and capacity building

Section 7 – Depression, suicide, and violence

Section 8 – Research and monitoring the progress of countries

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Preface

Modern globalization refers to a one-world system that has been triggered by a telecommunication revolution, quicker air travel, and mass migration. It implies the presence of some dominant factors which are influential in the field of economics, politics, culture, ideology, and public health. In their article "Global health law: a definition and grand challenges," Gostin and Taylor define globalization thus:

> Globalization can be broadly understood as a process characterized by changes in a range of social spheres including economic, political, technological, cultural and environmental. These processes of global change are restructuring human societies, ushering in new patterns of health and disease and reshaping the broad determinants of health. Indeed, the globalization of trade, travel, communication, migration, information and lifestyles has obscured the traditional distinction between national and global health. Increasingly human activities have profound health consequences for people in all parts of the world, and no country can insulate itself from the effects. Members of the world's community are interdependent and reliant on one another for health security.
>
> (Gostin & Taylor 2008)

No matter the derivation and background, globalization cannot be divorced from issues of international trade, commerce, communication, and politics. Hence, global health cannot be seen in isolation from such considerations, or divorced from such a contextual framework.

The world is a smaller place, and the individual and community relationships in this shrunken place have been significantly affected by radio, television, cell phones, and the internet. These technological innovations bring world events to living rooms and offices worldwide. Evidence the 2010 rescue of 33 miners in Chile who were trapped underground for 64 days. The international collaboration which brought about their rescue along with the worldwide attention paid to the dramatic events is just one example of our new-found interconnectivity. State borders and barriers are shifting. We are witnessing the rise of transnational corporations, and globalization studies are mushrooming in many universities. There are calls for universities to shift their traditional roles and pay greater attention to global issues, community development, and research. Non-governmental organizations (NGOs) such as the Gates Foundation and the Wellcome Trust are playing a significant role in the eradication of poverty and disease. In this respect, discourse on human rights and the eradication of poverty has taken a global perspective. Needless to say, the word *global* has replaced *international*. This world view signifies new dynamic approaches and attitudes which have relevance for global health and global mental health. The World Health Organization (WHO) has a slogan, "There is no health without mental health" (Prince *et al.* 2007). I would go further, and suggest that if we perceive human activities as a hierarchical pyramid, the apex of the pyramid is mental health, followed by physical health, and then other human priorities. An individual's will, motivation, self-esteem, and perceptions are dependent on his or her psychological state and well-being. These then influence physical health, relationships to family and caregivers, workplace functioning, creativity, and productivity. In other words, one's mental health is paramount. From a clinical point of view, depression often affects the natural history and outcome of many physical illnesses.

So what is meant by global health and global mental health? In the preamble to its constitution, the WHO defined health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO 1946), and in 2001 the WHO stated that:

> Mental health is as important as physical health to the overall well-being of individuals, societies and countries. Yet only a small minority of the 450 million people suffering from mental or behavioural disorders are

> receiving treatment . . . like many physical illnesses, mental and behavioural disorders are the result of a complex interaction between biological, physiological and social factors. While there is still much to be learned, we already have the knowledge and power to reduce the burden of mental and behavioural disorders worldwide.
>
> (World Health Organization 2001)

The Global Initiative in Psychiatry group conceptualized the WHO message thus:

> Mental health problems are the result of the complex – and still not fully understood – interaction of biological factors such as heredity and birth trauma, physiological factors such as lack of care and love, and social factors such as social exclusion. By contrast, intellectual disability is most commonly present at birth. Both nevertheless place affected individuals and their immediate care-givers in an extremely vulnerable position in terms of their basic human rights, social integration and access to educational and economic opportunities.
>
> (Global Initiative on Psychiatry 2008)

From my perspective, the mere substitution of the term *global mental health* for *international mental health* will be no more than window dressing if there are no innovative strategies for a clarion call for greater attention to the core values of autonomy, equality, empowerment, advocacy, and respect for diversity and human rights. Therefore, global mental health should be seen as a new approach to the ideals of mental health services and research worldwide. It is a movement with both a humanitarian and a philosophical basis. Our experiences from unwanted consequences of the community mental health movement and the increase of mentally ill individuals in prisons, or the rise of homelessness, should alert us to the need for careful articulation, planning, and execution of the movement for global mental health.

Similarly, there is some strenuous criticism of the term *global mental health*. The globalization trend has not gained universal acceptance. We can recall the confrontations which heralded the International Monetary Fund meetings in Seattle and Toronto, and the more recent Occupy Wall Street movement. There are fears of neo-colonialism or neo-liberalism and capitalism, with the potential for the rich to get richer and the poor to get poorer.

New Partnership for Africa's Development (NEPAD), an African Union strategic framework for pan-African socioeconomic development, while addressing the challenges of globalization says,

> In the absence of fair and just global rules, globalisation has increased the ability of the strong to advance their interests to the detriment of the weak, especially in the areas of trade, finance and technology. It has limited space for developing countries to control their own development, as the system makes no provision for compensating the weak. The conditions of those marginalized in this process have worsened in real terms. A fissure between inclusion and exclusion has emerged within and among nations.
>
> (NEPAD 2001)

In the same context of challenges of globalization the ex-World Bank President Wolfensohn stated, "We cannot turn back globalisation. Our challenge is to make globalisation an instrument of opportunity and inclusion – not of fear and insecurity. Globalisation must work for all" (Wolfensohn 2001).

The marketplace and capitalism are not perfect. These criticisms should not be dismissed but should be fully confronted. For example, it is true that global activities have now become a way to justify career paths, and to increase research funding and salaries. All this, however, should pale against the moral basis and humanitarian ideals of international cooperation. It is not difficult to make a moral case for global mental health. We are all in this together. There is widespread suffering in many developed and developing countries. In many countries manpower and infrastructure are very limited. There are countries with fewer than 10 psychiatrists. Therefore, global mental health underscores our interconnectivity and interconnectedness. Witness the enthusiasm of young professionals and students who participate in exchange programs, the dedication of aid workers, and the contribution of NGOs.

Nevertheless, there is a cautionary note from D. Summerfield, who argues that Western definitions and solutions cannot be routinely applied to problems in developing countries. He also challenges the claim that, for example, every year up to 30% of the global population will develop some form of mental disorder (Summerfield 2008). His point of view has to be fully addressed. This implies the need for attention to diversity, cultural relevance, and local conditions. There is an urgent need for capacity building and sustainability, as funding tends to occur in cycles. Trust between donors and recipient entities has become a sine qua non.

Furthermore, there is always a need to explore the mutual benefits of international collaboration. No nation can produce enough mental health professionals to meet her needs. Poverty, which is a major cause of illness and depression, is worldwide, even in the United States, as shown by the latest study conducted by the Urban Institute (Nichols 2012). There are slums in New York City, London, Mumbai, Rio de Janeiro, and Lagos. Human suffering is ubiquitous. Knowledge from the low-income and middle-income countries can also contribute to mental health services and research in high-income countries. There is an advantage to a more plural knowledge base in mental health against a background of diversity. Research findings and service delivery systems in low- and middle-income countries can provide alternative models of service delivery in the developed countries.

In 1986, I participated in an international conference in Kenya where some African psychiatrists lamented the lack of opportunities for research in their home countries. From my vantage point as a United States resident I was able to observe the numerous opportunities in African countries to address some fundamental issues in mental health. One good example is the application of traditional approaches to post-conflict reconciliation in Rwanda, the Congo, and their extensions to European and American liturgy. Another example is the relative success of integration of mental health services into primary care in developing countries.

There are many competitive definitions of global health. However, I choose to use the definition by Koplan and colleagues, who defined global health as:

> an area of study, research and practice that places a high priority on improving health and achieving equality in health for all people worldwide. Global health emphasizes transnational health issues, determinants, and solutions; involves many disciplines within and beyond the health sciences and promotes interdisciplinary collaboration; and is a synthesis of population-based prevention with individual-level clinical care.
>
> (Koplan *et al.* 2009)

Generally, in definitions of global health there are no specific references made to mental health and illnesses. Usually, references are made to such major public health burdens as HIV/AIDS, tuberculosis, maternal and infant mortality. Even the Millennium Fund does not make any specific reference to mental health and illness. This is in spite of the relationship between behavior and lifestyle and their role in the causation of diseases. In fact, mental illness contributes directly to about 14% of the burden of disease, and indirectly much more so (Prince *et al.* 2007). This contribution of mental illness to the burden of diseases was underscored by the *World Development Report* (World Bank 1993) and the influential *Global Burden of Disease* report (Murray & Lopez 1996). These reports and the concerns they generated led to additional high-level reports. They mobilized further interest and a call to policy makers to act on this problem. These reports with their recommendations included those from the World Federation for Mental Health, the Institute of Medicine, and the WHO (World Federation for Mental Health 2009). Essentially these reports emphasized the need to pay attention to the well-being of those afflicted by mental disorders. More specifically, they made recommendations to expand and improve the current systems of mental health delivery, provide cost-effective interventions, and provide care in the primary care setting of each country.

Other recommendations included:

- the establishment of linkages with other systems
- strengthening the workforce to provide effective care
- enhancing the human resources
- creating medical centers for research and linking these with institutions in high-income countries
- establishing national health policies, legislation and programs
- encouraging families, communities and users to be involved
- engaging in reduction of stigma and discrimination

The above provides a background to the founding of a global mental health movement. Again, for clarity, I have chosen to adopt Dr. Vikram Patel and his colleagues' definition of global mental health as

> the area of study, research and practice that places a priority on improving mental health and achieving equity in mental health for all people worldwide.
>
> (Patel & Prince 2010)

A major objective of this volume is to define the domain of global mental health and draw the boundaries of the field. The underlying philosophy of this international vision is to make cost-effective, evidence-based treatment services available to those potentially

ill individuals worldwide, but more especially to individuals in low- and middle-income countries.

The Movement for Global Mental Health has identified five priorities. These are global advocacy, systems of development, research programs, capacity building, and monitoring progress of countries.

These areas are addressed in the pages that follow, as are the barriers and challenges that stand in the way of achieving these complex tasks. The volume also showcases some best practices that have worldwide applications, and it contains discussions about ethical practices in service delivery and research, including the role of donor countries and NGOs. This volume is therefore targeted at students and trainers in relevant mental health and related disciplines, professionals of these fields, administrators, policy makers, and libraries. It should be a useful foundation book for individuals interested in global mental health.

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Acknowledgments

There is some inscrutability about the impulses that drive an individual to edit a volume. Nevertheless, upon reflection I seem to have been driven by several influences.

One influence is the unique experience of my career. My interest in culture and society, which made me choose psychiatry over neurosurgery or immunology, seems to have persisted. That interest very often propels me to express an African opinion on issues.

Second influence – as an African who has never had the privilege to work in Africa, I have a diasporic need, indeed an Adlerian need, to contribute something, no matter how small, to scaling up mental health services in Africa and elsewhere in the developing world.

Third influence – as an African, I am forced to empathize with the suffering of the poor and mentally ill in low- and middle-income countries. All that stigmatization of the mentally ill is universal, and it takes on a greater depth in developing countries. Witness the mentally ill and their treatment in Kenya and India, as depicted by CNN in a TV series in 2010.

Lastly, any volume that discusses global themes and issues of necessity has to be highly selective. Otherwise it will require a large canvas and the exercise will be chaotic.

In summary, then, my interest in this area derives from my background as a citizen of Nigeria and the USA. This places me in a unique position to empathize with local, national, and international mental health issues. My goal, therefore, was to select what I consider the most relevant issues in global health and recruit experts in these fields to contribute to the volume. Furthermore, the editor generally is a bandmaster and has to rely very much on the contributors. So I would like to express my intense gratitude to all the contributors to the volume.

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Introduction

This volume was conceived in an attempt to give some voice to mental health, as the movement for global health and global health diplomacy mushrooms. In spite of the ubiquity of mental illness and the demand for relief, mental illness continues to be ignored in policy and practice. This is despite the evidence that there are possibilities for the promotion of mental health and the prevention of mental illness. The practice of these disciplines does not require expensive instruments and technology, but rather the training and availability of skilled personnel and adequate public health information.

The volume is divided into eight sections.

Section 1: History and background of global mental health

In this section, the terms *globalization* and *global mental health* are defined. The origin of modern global health diplomacy is traced. The role of the United Nations and its specialized agencies are mentioned. A typology of sponsorships of global health initiatives is undertaken. The worldwide burden of mental illness and the gaps between needs and services are addressed.

Section 2: Advocacy and reduction of stigma

Stigma leads to discrimination, and to the exclusion of individuals with mental illness and their families. This section has two chapters written by service users/survivors. Their perspectives serve to underscore the magnitude of the plague of stigma and demonstrate attempts to deal with it. Their chapters are buttressed by a number of chapters written by mental health professionals, analyzing the issues surrounding stigmatization and exclusion, and describing some initiatives in the area of advocacy on behalf of individuals with mental illness.

Section 3: Systems of development

This section addresses salient features of integrating mental health into the general health systems. The challenges of human resources in low- and middle-income countries is addressed, as is the need to recognize and encourage collaboration between traditional and Western practitioners.

Section 4: Systems of development for special populations

Individuals with special needs tend to be overlooked. These groups include children, individuals with intellectual disability, and adolescents with substance abuse problems. This section addresses the special needs of these groups. The problems of child soldiers and child abuse are discussed. Poverty is a major factor in both adult and child mental health illness. The role of poverty as a social determinant and precursor of mental illness is mentioned. The task of developing interventions in a low-resource context is addressed.

Section 5: Gender and equality

The place and role of women in society have been emphasized by various UN declarations and national policies. Women, by their empowerment, their civic rights, and their influence, contribute immensely to a community's development. Their potentials in education and economic empowerment cannot be overstated. The reduction of violence toward women and girls is addressed.

Section 6: Human resources and capacity building

The delivery of efficient mental health services relies on well-trained personnel, education, and communication. The issues of delivery of service become more critical in special contexts, such as in conflict areas and disaster zones – manmade or natural. This

section addresses these issues. Additionally, because of the plethora of stakeholders and the need for efficiency, transparency, and accountability in the delivery of services, the issue of good governance is discussed.

Section 7: Depression, suicide, and violence

There are indications that there is a rise in the prevalence of depression worldwide. An associated phenomenon is the risk of suicide. The twin phenomena of depression and suicide are given a place in view of the increasing recognition of the disability and other consequences of depression. The same consideration applies to violence as a public problem. It appears that the world is witnessing greater violence, with reports of terrorism, mass murders, and gun trafficking. The war on drugs in the USA and Central America has failed. This section deals with the implications of increasing depression, public violence, and failed wars on drugs.

Section 8: Research and monitoring the progress of countries

This section addresses the issues of scaling up the mental health services, entailing education, research, and monitoring the progress made in different countries. The challenge of limited infrastructure, human capacity, and material resources is great in developing countries. Research, education, and monitoring progress can contribute to improving service delivery by evaluative studies and their implication for relevant local best practices.

It is anticipated that this volume will provide a foundational reading for scholars, students, practitioners, and policy makers in understanding the potentials and challenges of global mental health. Readers are encouraged to reflect on the relevance of these chapters to their practice or research settings, and on how they can further contribute to the global alleviation of suffering due to mental health.