Global Mental Health and Cultural Psychiatry

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It is estimated that at least ten percent of the world's population has a mental illness, and the global economic costs are estimated at $2.5 trillion.[1] Mental disorders account for 7.4% of the world's burden of health and almost 25% of all years lived with disability. Despite the overwhelming impact to societies worldwide, many individuals have limited or no access to mental health services. Many child and adolescent psychiatrists feel compelled to help but become overwhelmed by obstacles and cultural differences. In this article, we review two sometimes-contrasting programs designed to overcome perceived obstacles in providing mental health treatment at the global level, namely, the global mental health movement and cultural psychiatry.

The Global Mental Health Movement

The idea of helping with medical care in other countries, particularly of lower socioeconomic status, has existed since at least colonial times. Initially popularized as "tropical medicine," mental health was not a priority, and some even believed that people in these non-Western countries were not sophisticated or modernized enough to have mental illness. The reach of tropical medicine expanded, eventually rebranding as "international health," in part to separate itself from its history of colonialism. In the 1980s, the World Health Organization (WHO) broadened the ethos to "global health," with an increasing focus on social equity and the biological and economic aspects of health that transcend national boundaries. Over time, global mental health became a discrete movement, supported by promotion from the WHO and by *The Lancet*'s global health series in 2007.[2] Today, the global mental health movement aligns itself with universality, equity, access to care, and health (rather than illness) and mental health (rather than psychiatric illness).

Politics, pop culture, and world economics have contributed to the advancement of global mental health.[3] Bemme and D'Souza write that global mental health has gained some of its power from the creation and use of Disability Adjusted Life Years (DALYs), a measure by which mental and neurological disorders have a relatively high burden, with a corresponding high economic burden.[2] Furthermore, they suggest that global mental health gains authority by using the assumed universality of evidence-based medicine, as well as a moral imperative to help others in our globalized world. Whitley posits that the movement's ascension also relates to the rising concern for non-communicable diseases and an ever-increasing capacity for global thinking in younger generations.[4]

How Does Cultural Psychiatry Differ From Global Mental Health?

Cultural psychiatry differs in concept from global mental health, although there are overlapping goals. Cultural psychiatry became a formalized academic discipline in 1955 with the formation of the Division of Social and Transcultural Psychiatry at McGill University.[5] Rather than a public health mission, cultural psychiatry is interested in anthropology and academic considerations of culture within psychiatry. Cultural psychiatry focuses on questions such as the relativity of psychiatric diagnoses, treatments, and priorities; the provision of culturally sensitive care at the population and individual level; and the relationship between psychiatry and social power dynamics. The inclusion of a cultural formulation in the *DSM* is intended for practitioners to consider the role of culture in their understanding and treatment of patients. Cultural psychiatry views psychiatry as a cultural institution. For example, cultural concepts of distress, such as *ataque de nervios* or *koro*, serve as evidence of both the limitations of psychiatry's diagnostic categories and the role of culture in the expression of emotions.[6] Notably, cultural psychiatry has included critiques of global mental health, as detailed below.

Cultural Psychiatry's Perspective of Global Mental Health

Leaders in cultural psychiatry have voiced criticism of the global mental health movement. Kirmayer and Pedersen, in particular, have outlined multiple concerns.[7] They believe that global mental health priorities for local communities are often set by outside, wealthier countries, thus limiting the local voice.[7] Summerfield has referred to global mental health as "medical imperialism."[8,9] He questions the validity of *DSM* psychiatric diagnoses in other cultures, suggesting that we are medicalizing normal reactions to difficult living conditions and that ameliorating these living conditions would be more helpful than providing psychiatric treatment. There has also been concern that the strong advocacy of medication use is in part to benefit the pharmaceutical industry, and that collaborations between local and Western universities are primarily for the latter's prestige.[4]

Another critique of global mental health is the focus on "scaling up" existing evidence-based treatments, rather than emphasizing the need for tailoring standard interventions to each local scenario. One poignant example is the cessation of antipsychotics by patients in rural Ghana who acknowledged that the medications alleviated their hallucinations, but they felt too weak and, by extension, unhealthy.[10] Evidence-based medicine is inherently biased, as many studies are completed in specific populations, often with limited considerations of culture. Furthermore, negative trials are sometimes left undisclosed, and less lucrative interventions not always studied. In addition, prioritizing scaling up may lead to the preferential use of interventions that are easier to scale, rather than the most appropriate for the local culture. For example, a current popular strategy is the integration of mental health into the existing healthcare system, but it is unclear if this is the best approach for all cultures, especially given the limitations to existing infrastructure of many countries' primary health care systems.[5]

As such, there is criticism that global mental health principles use local community health workers as a resource primarily to deliver "western" psychiatric interventions without having their own voice.[2] There may be some situations in which local healers, who may have deeper knowledge of local social dynamics, may be able to better address a local mental health crisis. The balance of power between global mental health and local healers has been critiqued as a major shortcoming.[2]

Some suggest that global mental health allying with biology increases the credibility and general reception of mental illness.[11,12] However, a consequence of global mental health aligning with biology is that it prioritizes the individual and limits the social.[12] Global mental health believes that social injustice is related to disruptions in mental health, but the movement has been critiqued for prioritizing treatment based on the prevalence and economic burden of mental illness, whereas it may be more important to focus on social determinants of health, such as social inequality and unemployment.[11] Global mental health's focus on scaling up interventions has been criticized for making it easier to avoid more complex psychosocial solutions, i.e. a biomedical public health approach may draw attention away from social and structural determinants of health, as well as from more socially and culturally informed community-based strategies. Kirmayer and Pedersen point out potential consequences of the global mental health approach, including inappropriate diagnoses and interventions, missing social problems, undermining local knowledge, increasing stigma, and poorer health outcomes.[7]

Global Mental Health's Response to Critiques

Patel, one of the key champions of global mental health, addressed some of cultural psychiatry's critiques.[13] First, the priorities of global mental health are based on the burden of disease. To some extent, it can be difficult to determine disease versus a normal range of human suffering within a local culture, in part due to a lack of the objective measures more commonly found in other fields of medicine. Nonetheless, there is strong research support for psychiatric diagnoses using standardized measures, regardless of the availability of universally accepted biomarkers. In addition, most research funding has come from governmental sources, and notably the pharmaceutical choices tend to be generic, thus limiting

the assertion that the global mental health movement is advancing the pharmaceutical industry.

Advocates for the global mental health movement feel the approach is culturally sensitive; for example, they will work with community-based organizations and have performed substantial research to ensure that interventions are adapted to the context. Miller, meanwhile, criticizes cultural psychiatry, suggesting that those in western countries put too much emphasis on preserving other cultures rather than allowing them to change and seem unwilling to criticize or test traditional healers' methods.[14] Bemme and D'Souza point out that there is some circular reasoning in the critique that global mental health does not pay attention to "culture," in that simply by being global, it cannot then be local or cultural.[2]

Future Directions for Global Mental Health

Many of the suggestions for global mental health to become more culturally sensitive include greater involvement of local communities and stepping back by mental health professionals in other nations. For example, Campbell and Burgess propose a model in which communities take the lead in addressing mental health needs by being given the knowledge to recognize illness and how to access services but leaving it up to them to implement services.[11] Support would be available but optional, and locals could create a safe space in which to have a dialogue about mental health and its treatment within their community. Another example comes from Gureje et al., who advocate for the use of traditional healers who can be trained in psychiatry or have the option of making referrals, allowing patients to choose their preferred type of treatment.[15]

Future considerations in global mental health include considering how to increase the overall validity of psychiatric diagnoses to improve applicability across cultures. For example, DeJong advocates for a new diagnostic system, either using a dimensional or network approach that would better address the question of the universality of existing psychiatric diagnoses.[5] He also suggests that more research should be done on the efficacy of traditional healers. Sonuga-Barke recommends increasing research capacity in other countries and encourages researchers to take a more self-reflective stance on the influence of personal values and culture on their research.[16]

Toward a Solution

Ultimately, the controversy between cultural psychiatry and global mental health has fostered thoughtful discussion towards a common goal. All parties agree that addressing the social determinants of health is critical, although the extent and methodology is less clear. On the one hand, by virtue of global mental health's focus on the global, there is a space to advocate for changing "social stressors" rather than just providing treatment. On the other hand, greater involvement in government and international markets might threaten other countries' autonomy. Ongoing discussion and research will help delineate the boundaries and purview of global mental health. For example, a comprehensive approach to alleviate mental distress could address multiple levels of etiologies and solutions, including conflict resolution, poverty alleviation, social inequality, psychiatric interventions, traditional healers, etc. Through ongoing discussion and blending of initiatives, the ultimate goal of improving mental health worldwide can be achieved.

What Does This Mean for Child Psychiatrists in the United States?

In an increasingly globalized world, it is important to understand how our field is being practiced and disseminated. The debate between cultural psychiatry and global mental health is important to understand because the challenges of implementing western-based diagnoses may help us better understand the etiology, and thus treatment, of mental illness. Both cultural psychiatry and global mental health remind us to listen to patients and focus on their goals, which may or may not prioritize symptom reduction. We should strive to better engage our patients and communities in discussions about culture and mental health and treatment. We should advocate for the social determinants of health in our patients, rather than accepting the limitations of the status quo. We should consider the political, pharmaceutical, economical, and institutional influences on

diagnosis and treatment. We might question our field, including the limits and biases within research and diagnoses. We must challenge ourselves: the next time you see a patient, an interesting exercise might be to pretend as if you are in another country and consider how you might do things differently. We suspect the result would be to take a more critical stance of our work and further engage the patient and his or her community.

Take Home Summary

Cultural psychiatry and global mental health movements both advocate for improvement in mental health worldwide. Collaborative efforts are ongoing to increase access to services for our most vulnerable patients: children and adolescents.

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