

Master Classes

Mental Health, 'Race' and Culture

3. Mental Health around the globe: Different approaches to developing mental health in communities and individuals

PROBLEMS OF (CROSS-CULTURAL) INTERNATIONAL RESEARCH

HOW TO MEASURE?

‘CATEGORY FALLACY’ (Kleinman, 1977) IS BIGGEST PROBLEM

**i.e. IMPOSITION OF A CONCEPT / CATEGORY DERIVED IN ONE SOCIAL AND CULTURAL SETTING
INTERNATIONALLY ACROSS CULTURES**

This is because the meaning of ‘mental health’ and mental illness / disorder’ is culture-specific so one cannot be sure about identifying the same ‘thing’

BUT

There is overlap due to similarities in / sharing of culture

Globalisation and imperialism has resulted in imposition of psychiatric system to varying extent

OBSERVER BIAS

COMMUNICATION PROBLEMS

VARYING HELP-SEEKING PRACTICES AND ILLNESS BEHAVIOUR

VARIATIONS IN SERVICE PROVISION AND WHAT IS ACCESSED

WHO STUDY OF OUTCOME OF 'SCHIZOPHRENIA' FIVE-YEAR OUTCOME

LOCATION	OUTCOME	
	% BEST	% WORST
Aarhus Denmark	6	40
London UK	5	14
Moscow Russia	6	21
Prague Czechoslovakia	9	23
Washington USA	17	23
<u>Agra India</u>	42	10
Cali Columbia	11	21
<u>Ibadan Nigeria</u>	33	10

Jablensky, A., Sartorius, N. Ernberg, G. et al. (1992) *Schizophrenia: Manifestations, Incidence and Course in Different Cultures..* Psychological Medicine (Monographs Supplement 20). Cambridge University Press, Cambridge

MENTAL HEALTH

RECENT UNIVERSAL DEFINITIONS

Health is ‘a state of complete physical, mental and social well-being’ (WHO, 1988)

‘Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO’s definition of health’ (WHO, 2008)

CURRENT SCENE

STATUTORY (STATE FUNDED)

mainly mental hospitals, sometimes outpatient clinics, rehab services, occasional community programs e. g. guardian-ship networks in China

PRIVATE PSYCHIATRISTS / PSYCHIATRIC HOSPITALS

very expensive, located in towns and cities

INDIGENOUS PRACTITIONERS

e.g. mainly private but few hospitals such as Ayurvedic mental hospital in North Kerala & General Ayurvedic Hospital in Colombo. Sometimes in locations such as Buddhist temples in Sri Lanka,

‘RELIGIOUS HEALING’

e.g. Temples, mosques, & churches e.g. in India & Sri Lanka; shrines with reputation for healing; and individual practitioners

NGOs

Often funded by western sources, mainly foreign controlled; enormous variety often not specifically for ‘mental health’

HUMANITARIAN AGENCIES

Especially in areas of conflict and disaster; ‘psychosocial services’

FAMILY INVOLVEMENT IS STRONG

See Fernando, S. (2010) Mental Health, Race and Culture. Basingstoke; Palgrave Macmillan p. 141

HEALING SYSTEMS ACCESSED BY PEOPLE SRI LANKA

Western (allopathic) medicine

Ayurvedic medicine

Healing rituals: *Thovil, pujas etc.*

Astrological consultation,

**Practical advice based on Dhamma, pirit rituals,
meditation**

Family / community support is important

Ref: Vogt, B. (2005) *Skill and Trust. The Tovil Healing Ritual of Sri Lanka as Culture-specific Psychotherapy* Amsterdam: VU University Press.

RECENT PUBLICATIONS

Books

- **(1995)** Desjarlais, R., Eisenberg, L., Good, B. & Kleinman, A. *World Mental Health. Problems and Priorities in Low-Income Countries* Oxford University Press, New York & Oxford.
- **(2002)** Cohen, A., Kleinman, A. & Saraceno, B. *World Mental Health Casebook. Social and Mental Health Programs in Low-Income Countries* Kluwer Academic / Plenum Publishers, New York.
- **(2003)** Patel, Vikram & Thara, R. *Meeting Mental Health needs of Developing Countries. NGO Innovations in India* Sage Publications, New Delhi & London.

WHO Publications

- **(2001)** *The World Health Report 2001. Mental Health: New Understanding, New Hope* Geneva: WHO
- **(2002)** *Working with Countries: Mental Health Policy and Service* Geneva: WHO.
- **(2008)** *Mental Health Gap Action Programme. Scaling up Care for Mental, Neurological, and Substance Abuse* Geneva: WHO.

SOME RECENT PAPERS

- Raguram, R., Venkateswaran, A., Ramakrishna, J. and Weiss, M. (2002) 'Traditional community resources for mental health: a report of temple healing from India.' *British Medical Journal*, 325, 38-40.
- Haliburton, M. (2004) 'Finding a fit: Psychiatric pluralism in South India and its implications for WHO studies of mental disorder.' *Transcultural Psychiatry*, 41(1), 80-98.
- Fernando, S. (2005) 'Mental Health in Low Income Countries. Challenges and Innovations' *International Journal of Migration and Social Care*, 1(1), 13-18.
- Fernando, and Weerackody, C. (2009) 'Challenges in Developing Community Mental Health Services in Sri Lanka.' *Journal of Health Management*, 11(1), 195-208.

HOME-GROWN SYSTEMS

Based on how mental health and 'illness' are constructed locally

Not simply transferring systems from HICs

Mixture / plurality of models or 'hybrid' systems

Western diagnostic systems are of limited use but bio-medical knowledge need not be rejected totally

Note (as example)

Better outcomes for 'schizophrenia' in WHO studies

Building mental health services in developing countries

(Based on table in Fernando, S (2010) *Mental Health, Race and Culture* (Basingstoke: Palgrave Macmillan) p. 149

CHALLENGES

Cultural acceptability
De-institutionalisation
Community-based, accessible
**Adaptation of western systems where
necessary**
**Incorporation or support of indigenous
medicine & healing systems**
Sustainability and affordability
**Link to general rural development and
poverty reduction (lack of welfare
networks)**

LIMITATIONS

Economic restraints
Low political priority for mental health
Paucity of social welfare networks
Shortage of trained professionals
Brain drain of trained professionals
**Little or no regulation of indigenous medical
practitioners**
**Stigma arising from medical model for
'madness'**
Foreign control and inappropriate agendas

SOME PROJECTS in Sri Lanka (personal knowledge)

‘NEST IN SRI LANKA’ (Local-controlled NGO)

Houses in community as centres of community work and short term residence
plus support of women in Mulleriyawa long stay hospital

(<http://nestsrilanka.com>)

Ref: Fernando, S. (2002) ‘Promoting Happiness’, *Openmind*, 114, 18

‘BASIC NEEDS IN SRI LANKA’ (International NGO)

Providing medication to ex-patients

Counteracting stigma by education & rehabilitation

Resource centres in South

Horticulture program at Angoda mental hospital

Group work in villages to counteract stigma and empower people

(<http://www.basicneeds.org.uk>)

Some innovative developments in Statutory Sector in Sri Lanka (personal knowledge)

Batticaloa Hospital Services

**Carers resident with in-patients
Close links with communities
Developing *local* training**

Services at Kalmunai

**Carers resident with in-patients,
Outreach services in remote areas
Interface with religious healing
Liaison with community workers
Employment and micro-credit schemes**

Bottom-up development

SHANGHAI MODEL (1958 onwards)

Three-tier system - beds at centre, clinics in primary care centres and local networks for 'community care' (Chang et al., 2002) – e.g. 'Guardianship networks

Guardianship networks

'volunteer' committees of neighbours, retired workers, primary care staff and community officials supporting, supervising & representing patients interest

Reference

Chang, D. F. Yifeng, X., Kleinman, A. & Kleinman, J. (2002) 'Rehabilitation of schizophrenia patients in China. The Shanghai Model. In A. Chen, A. Kleniman & B. Saraceno (eds.) *World Mental Health Casebook. Social and Mental Health Programs in Low-income countries*. New York: Kluwer Academic.

Extending from social care into mental health

ASHAGRAM

promoting community involvement of people identified by local
communities as '*ganda*' (chronically 'mad')

Ref: Chatterjee, S., Chatterjee, A. & Jain, S. (2003) 'Developing Community-based services for serious mental illness in a rural setting.' In V. Patel & R. Thara (eds.) *Meeting the Mental Health Needs of Developing Countries. NGO Innovations in India*. New Delhi: Sage Publications. pp. 71-90 .

Stakeholders for developing mental health services in the community

- 1. Mental health practitioners or various disciplines – psychiatry, psychology, social work, counselling and community work.**
- 2. Religious organisations – churches, mosques and temples**
- 3. Community organisations and / or representatives of communities**
- 4. People who are / have been patients – usually called consumers, survivors or service users**
- 5. Carers of patients or ex-patients**
- 6. Indigenous healers working in the community**
- 7. Non-governmental agencies that are working in psychosocial care or welfare**
- 8. International organizations such as WHO**

Reference

**Weerackody, C and Fernando, S. (2011) *Introduction to Mental Health for Social Workers in Sri Lanka*
Colombo: Peoples Rural Development Association (PRDA)**

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