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

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<th>LOCATION</th>
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<td>Ibadan Nigeria</td>
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MENTAL HEALTH
RECENT UNIVERSAL DEFINITIONS

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

‘Mental heath 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

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

RECENT PUBLICATIONS

Books


WHO Publications


SOME RECENT PAPERS


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 or 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)


‘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

Extending from social care into mental health

ASHAGRAM

promoting community involvement of people identified by local communities as ‘ganda’ (chronically ‘mad’)

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
Colombo: Peoples Rural Development Association (PRDA)
CONTACT ME AT

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