Power and misconceptions

The World Health Report in 2001[1] was devoted entirely to mental health, and at the same time a listing of resources for mental health issued by the World Health Organisation showed huge disparities across the world, with 'low-income, developing countries having extremely meagre resources'.[2] As they demonstrate, we can no longer ignore the rest of the world – especially the so-called 'Third World' – or the multicultural nature of our own British society. This new column on international/transcultural perspectives ventures into a field fraught not least by of our own fears and misconceptions. In this article I present some of the issues we must face.

The concept of the 'mind' itself is culturally determined. So figuring out what it means to have a 'disorder' of the mind depends very much on one's cultural background, perception of the 'self' and so on. Western psychology is just one of many systems for interpreting and studying the human condition – in this case, the 'mind' part of the 'self'. Buddhist psychology, Sufi psychology and African systems of religion and medicine are examples of very different approaches. These (and other) non-Western systems underpin thinking about mental health in many parts of the world. And one important difference between them and Western psychology is around the significance of spirituality.

Although the idea of madness is present in all societies, the degree to which it has come to be seen as a medical issue varies. In the West, this medicalisation began in the 18th and 19th centuries. Now, not only madness but also many human problems identified as being 'in the mind' are thought of in medical terms (usually as 'entities' amenable drug or other physical treatments). In many non-Western cultural traditions, the mind–body dichotomy is not held so strongly, and a 'mind problem' cannot be separated easily from a 'body problem'. There, thinking about health and illness is 'holistic'. But so-called globalisation, spearheaded by international pharmaceutical companies linked to narrow psychiatric models of 'mental illness', threatens to engulf this way of thinking.

We also need to grasp the limitations of language when we discuss mental health from a transcultural and international perspective. We are nowhere near the point of having a universal language: the model of Western psychiatry may have a part to play, but worldviews of non-Western cultures are still active despite Western domination, not just in Asia and Africa but in Europe as well.

What happens in real life to people in low-income countries with so-called 'mental health problems'? Beginning with the building of asylums in British and French colonies, the (Western) psychiatric approach to mental health has been aggressively imposed across cultural and national boundaries for hundreds of years as a result of power and influence. Economic exploitation by rich countries has meant that help or care of any kind for people with mental health problems in countries devastated by poverty is unlikely. They may access Western-type psychiatric services, indigenous medical services, non-medical 'religious' healing and various forms of psychosocial support – whatever is possible and affordable – but most go without anything very much. The governments of these countries, on the whole, give very low priority to mental health care. Whatever innovative services are operational are often dependent on non-governmental organisations funded by Western agencies. The World Health Organisation advises and supports, especially in developing policies, programmes and legal systems.

The challenge today for low-income countries is to develop mental health services based on principles and practices that are both consistent with their indigenous traditions and worldviews but also call on methods and experiences of value from Western 'scientific' knowledge and practice. They must do this in a context where resources are scarce, poverty often endemic and social welfare minimal. A tall order indeed! In future articles I hope to look at some of the work being done in low-income countries and what the rest of the world can learn from them.

Suman Fernando's column will next appear in issue 127 of *Openmind*.
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1. WHO (2001) *The World Health Report 2001. Mental Health: New Understanding, New Hope*, Geneva: World Health Organisation.
2. WHO (2001) *Atlas: Mental Health Resources in the World 2001*, Geneva: World Health Organisation.