

Exploring Global Mental Health A Global Map for a Global Movement

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But the world is not so happy a place . . . Can we really offer justice and freedom from want to a mid-twenty-first-century earth of perhaps nine billion people, one-third of whom may live in squalor and desperation? . . . The only answer, as I can see it, is by trying . . . and not giving up. (Kennedy 2006, 289)

When was the last time you were lost—professionally? For me it was a few years ago. I was trying to better understand a vast, amorphous entity that has recently blossomed into a major social movement: the multisectoral and multidisciplinary field of global mental health (GMH). I wanted to explore this strategic health domain and its priority of improving and achieving equality in mental health for all people worldwide (Patel and Prince 2010).

I thought sorting out GMH would be pretty easy going, having lived and worked internationally as a consulting psychologist for nearly twenty-five years. But it reminded me of trying to grasp the multilayered reality in movies like *The Matrix*, *Syriana*, or *Inception*. It was as intriguing as it was daunting. And I was not alone in this mixed experience.

So I read, researched, attended conferences, listened to lectures, and met with some of GMH's remarkable movers and shakers. I figured that if I could at least identify some recent hallmarks and some major precursors, then I could begin to create a map of GMH. Eventually I developed this definition of GMH:

GMH is an international, interdisciplinary, and multisectoral domain which promotes human well-being, the right to health, and equity in health for all. It encourages healthy behaviors and lifestyles; is committed to preventing and treating mental, neurological, and substance use conditions; and seeks to improve policies and programs, professional practices and research, advocacy and awareness, and social and environmental factors that affect health and well-being.

Resources for Connecting and Contributing

My GMH mapping project clearly revealed both encouraging progress and enormous challenges. One cannot help but be fascinated by the advances made by the World Health Organization (e.g., Inter-Agency Standing Committee 2007; World Health Organization 2008, 2010a, 2011). Also intriguing are the landmark human rights documents from the United Nations protecting those with mental disabilities (United Nations General Assembly 1991; United Nations General Assembly 2006); special journal issues on the status of GMH in the 2007 and 2011 *Lancet* series; conferences replete with GMH topics including the 2011 American Psychological Association Convention in Washington, DC (for example, see Office of International Affairs 2011), and both the World Mental Health Congress in 2011 and the International Congress of Psychology in 2012 convened in South Africa respectively by the World Federation for Mental Health and the International Union of Psychological Science; and influential events like the annual celebration of World Mental Health Day beginning in 1992, the annual mhGAP Forums beginning in 2009 in Geneva, and the 2009 and 2011 Movement for Global Mental Health Summits (Athens and Cape Town).

Nonetheless, one can quickly become overwhelmed by the enormity of mental health needs: 450 million humans having some type of mental, neurological, or substance use disorder (MNS), accounting for about 13 percent of the global burden of disease; an estimated 1.71 million additional mental health workers needed in the 144 low- to middle-income countries by 2015; and the ongoing disparities of resources, priorities, and policies regarding mental health (World Health Organization 2008, 2011; Collins et al. 2011). Permeating the disconcerting data is the need to bolster mental health globally in three areas: human and financial resources; informed political will and evidence-based action; and public awareness to prevent stigmatization and discrimination for those with MNS conditions (World Health Organization 2009a, 2010a).

I thus ended up developing and refining with the help of many colleagues a “global resource map” (O’Donnell 2012). It is a core sampler of GMH resources, a primer that addresses key historical highlights from the last two decades with emphasis on the past five years. Take careful note though that the map is shaped by its focus on materials in English; organizations in North America and Europe; public health, human rights, and psychology fields; evidence-based approaches; and the World Health Organization. However, the inclusion of cross-cultural and indigenous mental health materials helps provide international perspectives, approaches, and sources to do justice to the “global” realities of GMH.

Touring the Terrain: The Sixty-Minute GMHer

This next section launches us into GMH via a quick overview. The ten concise resources—written and multimedia—can be reviewed in about sixty minutes. This overview can also be a tool for group discussion about connecting and contributing to GMH. These ten resources are free and can be accessed via their URLs in the References section. But one caveat bears repeating: it can be both inspiring and unsettling to journey into the heart of GMH and encounter the plight of millions of people with MNS conditions. Some we know courageously overcome their difficulties and lead productive lives via supportive communities and quality care (World Health Organization 2009a). Many others though live in misery, often marked with social isolation, discrimination, human rights abuses, and increased mortality (World Health Organization 2010a).

Resource 1. These two quotes on human health and human rights are foundational and worth memorizing.

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Mental health is a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. (World Health Organization 2010b)

All persons have the right to the best available mental health care, which shall be part of the health and social care system. All persons with a mental illness, or who are being treated as such persons, shall be treated with humanity and respect for the inherent dignity of the human person . . . Every person with a mental illness shall have the right to exercise all civil, political, economic, social and cultural rights. (United Nations General Assembly 1991)

Resource 2. Take a five-minute tour of GMH by viewing the *WHO: Mental Health* video produced by the World Health Organization (2009b).

Resource 3. Review the summary statistics about mental health from two fact sheets from the World Health Organization. The first is Ten Facts on Mental Health (2010d) and the second is Mental Health: Strengthening Our Response (2010b). These statistics are also worth remembering and form

a solid epidemiological basis for scaling up GMH interventions. For example, about 20 percent of the world's children are estimated to have some form of mental disorder or problem; depression is the leading cause of disability worldwide; an average of 800,000 people commit suicide each year, with over 85 percent coming from low- and middle-income countries.

Resource 4. Read the overview article in the *British Journal of Psychiatry*, “The Movement for Global Mental Health” (MGMH), by Patel et al. (2011). This article describes the formation and principles of the MGMH and concludes with a call for a “selfless moral struggle” in order to partner effectively together within the various GMH-related communities.

Resource 5. Read the brief article in the July 2011 issue of *Nature*, “Grand Challenges in Global Mental Health,” by Collins et al. The twenty-five top challenges are identified by over four hundred mental health professionals in sixty countries. The top five challenges (not in order) are: integrating mental health into primary health care, reducing the cost and improving the supply of medications, providing effective and affordable community-based health care and rehabilitation, improving children's access to evidence-based care by trained health providers in low-resource countries, and strengthening mental health training for all health-care personnel.

Resource 6. Advocacy for scaling up mental health resources along with the rights of people who have MNS conditions is a major part of GMH. See the *Joint Statement on Mental Health and the Scope of Noncommunicable Diseases* prepared for the United Nations General Assembly's High-level Meeting in New York (19–20 September 2011) by the NGO Forum for Health (2011) in Geneva and the NGO Committee on Mental Health in New York, as well as the *Cape Town Declaration* (16 October 2011) by the Pan African Network of People with Psychosocial Disabilities (2011).

Resource 7. There are hundreds of journalistic articles, interviews, and personal accounts of MNS conditions. Here is an encouraging example from Nepal in the *Kathmandu Post*: “An Uncharacteristic Happy Ending” by Jagannath Lamichhane (2011). Other stories and links are in the GMH Voices section at <https://sites.google.com/site/gmhmap/>.

Resource 8. Another primary concern in GMH is the relationship between mental health and vulnerable groups in low- and middle-income countries (LMICs). See the Executive Summary (xxiv-xxviii) of the World Health Organization report on *Mental Health and Development: Targeting People with Mental Health Conditions as a Vulnerable Group* (2010a).

Resource 9. The *mhGAP Intervention Guide for Mental, Neurological and Substance Use Disorders in Non-specialized Health Settings* (World Health Organization 2010c) provides evidence-based guidelines for assessing and treating nine priority conditions (depression, psychosis, epilepsy/seizures, developmental disorders, behavioral disorders, dementia, alcohol use disorders, drug use disorders, and self-harm/suicide). The Guide is especially oriented for those working in primary health-care settings, as these settings usually have substantial access to people with MNS conditions. For a quick overview, see the introductory materials on pp. 1–8.

Resource 10. One of the many organizations that have inspired me during my research is the Banyan in Chennai, India (<http://www.thebanyan.org/>). The five-minute video on their website about their work with homeless women with mental disorders is an aesthetic and encouraging reminder of the reason for our GMH efforts—promoting well-being and improving the lives of fellow humans, many of whom are in dire need.

Suggestions for Connecting and Contributing to GMH

The capacity to cause change grows in an individual over time as small-scale efforts lead gradually to larger ones. But the process needs a beginning—a story, an example, an early taste of success—something along the way that helps a person form a belief that it is possible to make the world a better place. Those who act on such a belief spread it to others. They are highly contagious. Their stories must be told. (Bornstein 2004, 282)

Would more people consider GMH as a career, or as a significant part of one's career, if the path were clearer? Definitely. Is it possible for people to get a better idea about how to access GMH-related updates and core resources? Definitely. Could GMH perspectives/practices be included more as part of health-related training programs, professional conferences, collegial interactions, and work activities? Definitely. And above all, would the well-being of the most vulnerable people drastically improve, as a result of the greater integration of GMH into the lives and practices of health-care workers, policy makers, and government leaders? Definitely! Here now are five items to help people from a variety of backgrounds and levels of experience to further connect/contribute to GMH.

1. Find your GMH passion(s). Review GMH via taking the time to explore several of the URLs and materials previously mentioned in this chapter. What are you already interested in or involved in, such as a specific disorder, population, language group, region, organization, network, issue, service, project, or media form? Stay current and focused in your GMH passion(s)—your global niche.

2. Stretch yourself. Be prepared to expand your personal and professional GMH boundaries. Take some risks and keep growing in your GMH mindset and involvement. Be open to the ongoing exploration of lifestyle choices, values, and barriers in our own minds including fears and prejudices in light of GMH realities. Continue to explore and refine this global map as you connect and contribute to GMH.

3. Get involved. Identify a few core newsletter updates and information places (websites) to which you want to regularly connect—GMH literacy. Join a GMH-related organization—join the Movement for Global Mental Health. There are GMH-related social networks, blogs, websites, and groups of which you can be part. Be part of World Mental Health Days in October. Introduce GMH-related items/topics into your setting. Conferences—yes! A part of a commitment to lifelong learning can be to take advantage of informal training available online.

4. Stay sane. Maintain your work/life balance and avoid being overwhelmed with the expansive and almost multi-everything nature of GMH. Consider a GMH involvement continuum, with its two reference points, to help identify the degree (depth) to which you want to connect/contribute to a specific area: informed on one end and immersed on the other end.

5. Persevere. It will take time and effort to find your flow in GMH. You may feel lost, unappreciated, or alone at times. This is certainly true of those who do GMH advocacy or pioneer new GMH areas. It's like learning a language—time, effort, and social contexts are needed to learn it well. Don't go alone but find a caravan of colleagues to help you on your journey. Keep going with GMH, in spite of obstacles.

Resources for Niche-working and Networking

This section offers additional materials (written and multimedia sources) that reflect important aspects of GMH. The materials are organized into ten overlapping “niche-net” areas that can be quickly reviewed. The goal is for colleagues in the health fields to relevantly participate in GMH by identifying and considering opportunities in various GMH niches (niche-working) and networks (networking).

As mentioned earlier, trying to make inroads into GMH can be a challenging and lonely experience. This domain is behemoth, and it is easy to get lost or discouraged in the effort to meaningfully connect and contribute. In addition, not every colleague, organization, or graduate program is oriented towards global issues and global applications of mental health. In spite of our increasingly globalized world, there are many challenges that keep us focused on our own immediate, nearby “worlds.” Making a living, paying off school loans, raising a family, keeping abreast of one’s own field, or meeting the demands of a rigorous academic program can seriously affect living our lives as “global citizens.”

Let me quickly balance the above comments with a far more influential, positive factor in light of having lived and worked internationally for twenty-five years as a consulting psychologist. During this time I have seen the increasing desire of mental health professionals and students around the world to be more meaningfully involved in international issues. Regardless of challenges, they want to use their training, passions, and resources to help make a positive difference in the quality of life for people.

To support these growing aspirations, I recently set out on a collaborative project called GMH-Map to further orient people to GMH through publications, presentations, and web-based resources. The materials listed in this article are an example. Have a look at the ten au courant areas below to see what interests you. Do so with others! They can help us go further into our GMH “niche-working and networking.”

Niche-net 1: Human Rights. Here are quotes from two foundational instruments that describe the rights of all humans and those with disabilities, including mental conditions. The first is from the *Universal Declaration of Human Rights* (UDHR) (United Nations General Assembly 1948; currently in over 380 languages). The second is from the *Convention on the Rights of Persons with Disabilities* (CRPD) (United Nations General Assembly 2006; currently in six languages).

All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood. (UDHR, article 1)

The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity. Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others. (CRPD, article 1)

Going further: See the website, United Nations Office of the High Commissioner for Human Rights (<http://www.ohchr.org/>), as well as the QualityRights Project by the World Health Organization (2012b; e.g., fact sheet and toolkit).

Niche-net 2: GMH Overview. The World Health Organization has produced several educational videos which overview GMH facts and issues. *Mental Health* (2011) is a seven-minute video presenting general GMH information along with examples of mental health improvements in Jordan (<http://www.youtube.com/watch?v=KBihf2R3Yzk&feature=related>).

Going further: Watch the six-minute video interview about GMH in 2011 by the Global Health Institute at Duke University. It is an interview with Vikram Patel, who highlights the serious issues in GMH, shares strategies for reducing mental health gaps, and argues for the global prioritization of mental health (<http://www.youtube.com/watch?v=ptnP-TWhKgY>).

Niche-net 3: Updates. The Movement for Global Mental Health (MGMH) is a premier network connecting the diversity of GMH colleagues. It was launched in 2008 and currently has nearly one hundred institutional members and over 1,800 individual members. The MGMH compiles regular newsletters with updates and information and offers various resources on its website. Have a look through the listed items/links on the home page to get a feel for what is happening in GMH (<http://www.globalmentalhealth.org/>).

Going further: Stay in touch via the newsletter updates from the WHO mhGAP Programme (http://www.who.int/mental_health/en/) and the news stories from the World Federation for Mental Health ([http://www.wfmh.org/01NewsStories.htm#Global Mental Health Information](http://www.wfmh.org/01NewsStories.htm#Global_Mental_Health_Information)).

Niche-net 4: GMH Research. The *Lancet's* special GMH issue (2011) has six articles summarizing research on mental health and poverty, child and adolescent mental health, mental health in humanitarian settings, scaling-up mental health services, human resources for mental health, and human rights. In addition see the special GMH issues of the *Harvard Review of Psychiatry* (Greenfield 2012) and *International Health* (March 2013).

Going further: Read the Executive Summary of the World Health Organization *Mental Health Atlas 2011* (2011, 10–11) on how mental health resources internationally continue to be “insufficient, inequitably distributed, and inefficiently utilized.” There is also a seven-minute podcast interview/transcript about the findings.

Niche-net 5: Humanitarian and Developmental Assistance. The *IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings* by the Inter-Agency Standing Committee (2007) is a landmark collaborative project worth reviewing and disseminating broadly. *Prioritizing Mental Health in Development Aid Programs* by the Global Initiative on Psychiatry (2010) is a sixpage overview for “improving psychosocial and mental health care in transitional and developing countries.”

Going further: Read the article “The Development and Maturation of Humanitarian Psychology” in the *American Psychologist* (Jacobs 2007). See also the Sphere Project’s *Humanitarian Charter and Minimum Standards in Humanitarian Response* that includes mental health assistance in emergency and humanitarian settings (2011, 333–36).

Niche-net 6: Training. The Centre for Global Mental Health (CGMH) in London has launched a Master of Science program in GMH in association with the London School of Hygiene and Tropical Medicine and the Institute of Psychiatry. Three other master’s programs in GMH are at Glasgow University, the New University of Lisbon, and the Massachusetts School of Professional Psychology. See the training section on the GMH-Map website (<https://sites.google.com/site/gmhmap>).

Going further: More examples of training include the international mental health courses at the University of Melbourne’s Centre for International Mental Health (<http://cimh.unimelb.edu.au/>) and GMH-related presentations at conferences such as the International Congress of Psychology (<http://www.icp2012.com/>). Noteworthy also are the GMH texts, edited by Eliot Sorel, *21st Century Global Mental Health* (2013), and edited by Richard Mollica, *Global Mental Health: Trauma and Recovery* (2011).

Niche-net 7: GMH Advocacy and Policy. Two major developments in the global effort to promote mental health and reduce the treatment gap are the resolution on *The Global Burden of Mental Disorders and the Need for a Comprehensive Coordinated Response from Health and Social Sectors at the Country Level* (World Health Organisation 2012a, 2013), from which has stemmed the

Development of a Global Mental Health Action Plan 2013–2020 (World Health Organization 2012a). These documents are especially oriented for member states (governments) yet call upon the active involvement of all stakeholders in civil society.

Going further: To get a better sense of the global issues and power structures that influence human health, see the summary and materials from the 2010 workshop on *Democratizing Global Health Governance*, organized by Global Health Watch and other international organizations (<http://www.ghwatch.org/who-watch/ghg-launch>).

Niche-net 8: Personal Stories. Patient Voices is a special part of the Health section in the online *New York Times* with audio and photos of people discussing their experiences with chronic diseases and mental health conditions. Listen to the short personal accounts (http://www.nytimes.com/interactive/2009/09/10/health/Patient_Voices.html?ref=healthguide).

Going further: Have a look at the stories from around the world in the GMH Voices section of the GMH-Map website (<https://sites.google.com/site/gmhmap/home/gmh-voices>).

Niche-net 9: Resources for Practitioners and Consumers. *Psychological First Aid: Guide for Field Workers* (World Health Organization et al. 2011) is an international effort to provide principles to help people support those affected by distressing events. Reading through the table of contents will give you a good idea of the approaches used, and looking over the three case scenarios at the end provides a good sense of how psychological first aid can be applied in natural disasters, violence, displacement, and accidents. See also the *Universal Declaration of Ethical Principles for Psychologists* (International Union of Psychological Science and International Association of Applied Psychology 2008), consisting of four broad principles and values related to each principle. The four principles are: respect for the dignity of persons and peoples, competent caring for the well-being of persons and peoples, integrity, and professional and scientific responsibility to society.

Going further: The National Institute of Mental Health is one of many organizations offering materials on mental health for the general public, including their four-minute video on major depression (symptoms, help, neuroscience research; <http://www.nimh.nih.gov/health/index.shtml>). Other examples based in the USA are Ahealth (<http://www.athealth.com/>), National Empowerment Center (<http://www.power2u.org/>), and National Alliance on Mental Illness (<http://www.nami.org/>).

Niche-net 10: Media Matters. Madness Radio has over 125 archived radio programs online for free. The programs are diverse both in the subject matter and the perspectives shared on mental health. One example: listen to the personal story and comments by Dr. Daniel Fischer, a psychiatrist who recovered from schizophrenia and who has been influential in the development of the consumer/survivor movement (aired 1 August 2011) (<http://www.madnessradio.net/>).

Going further: To explore the broader context for GMH involvement, watch a promotional video for the International Day of Peace on the homepage for the American Psychological Association's Division of Peace Psychology (<http://www.peacepsych.org/>) as well as the United Nations Year in Review from the United Nations News and Media (<http://www.unmultimedia.org/tv/webcast/2011/12/un-year-in-review-2011.html>).

Staying the Course in GMH

I want to encourage all of us in the various health fields to take the time to explore the GMH domain. A great way to do this is by reviewing the materials in this chapter: to use the material as a GMH map for connecting and contributing and for niche-working and networking.

GMH involvement is not always easy. Persevere as you seek to connect and contribute, knowing that GMH involvement is part of a lifelong journey that many mental health professionals around the world are undertaking together.

Seek to integrate GMH materials into training curriculum, coursework, and research at academic institutions; topical themes, presentations, and interest groups at conferences; your areas of professional practice; and above all, as part of a lifestyle that reflects commitments to equality, justice, and well-being for all.

Ultimately GMH is not about our own fulfilment but about the fulfilment of others. It is about resolutely rallying on behalf of vulnerable people and populations around the world, such as the estimated 450 million people currently struggling with MHS conditions, often exacerbated by stigma and discrimination, poverty and despair, and inadequate resources to help.

Through it all, diligently maintain your work/life balance as you stay the course in GMH. Celebrate life in spite of its hardships.

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Editors' Notes

For perspectives and resources related to “mental health as mission” (mhM) see the Resource Update, September 2012, archived at <http://www.membercareassociates.org>. Here are some of the summary thoughts in this Update on the relevance of mental health for mission and vice versa.

“mhM extends member care’s core emphasis of well-being/effectiveness for mission/aid workers and embodies the joint efforts to serve humanity via supportive resources in the mental health sciences/disciplines. It involves increasing mhM awareness and skills . . . One of the main applications of mhM is to further equip/support mission/aid workers who themselves are helping people/communities in areas like domestic violence, depression, substance abuse, traumatic stress, and emergency settings. Another application involves trained member care workers and health workers who provide and develop direct services for people/communities needing mental health and psychosocial support.”

For more information about Member Care Associates: <http://membercareassociates.org/>.

Sources

O’Donnell, K. 2011. Global mental health: A resource map for connecting and contributing. *Psychology International* 22, no. 2 (July): 4–6.

<http://www.apa.org/international/pi/2011/07/global-health.aspx>.

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All three of the source articles for this chapter are part of a collaborative project to research, organize, and share important GMH resources, including the GMH-Map website:

<https://sites.google.com/site/gmhmap/>

Related Resource

Videos: Centre for Global Mental Health (see the materials at the GMH Media Resources section).

<http://www.centreforglobalmentalhealth.org/global-mental-health-video-resources>.

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<http://www.plosmedicine.org/article/info%3Adoi%2F10.1371%2Fjournal.pmed.1001434>.