Global Mental Health: Friend or Foe?

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Projections by the World Health Organization (WHO) suggest that the global burden associated with mental health difficulties will increase in the coming years (Mathers & Loncar, 2006). It is widely recognised that there are marked inequalities in available resources to support mental health needs across the globe (WHO, 2008; 2010). The Global Mental Health movement has emerged as an area of study concerned with addressing inequalities in mental health provision. However, the attempt to bring coherence to the fight against mental health difficulties across the globe is not without its pitfalls. The WHO recently published the *zero-draft of the 2013-2020 Global Mental Health Action Plan* for consultation. Researchers and clinicians with an interest in Global Mental Health must reflect critically on such initiatives and ensure that opportunities for progress in the future are maximized.

The prominent role of the WHO in helping to coordinate the fight against mental health difficulties has led to biomedical explanations and classifications of mental health difficulties rising to the fore. Although psychotropic medications can provide service users with much needed alleviation from symptoms, an over-reliance on long-term use of medication may prove detrimental to individuals' physical and mental health (Luhrmann, 2007; Whittaker, 2010; Ho et al., 2011; Weinmann et al., 2009). Biomedical explanations of mental health difficulties may also conflict with local explanations for these difficulties. This may have a disruptive impact on local sources of support (Mensah & Yeboah, 2003). Consensus scientific opinion garnered from consortiums of experts can have a steam-rolling effect on local political mechanisms for questioning the merits of change (Edquist, 2011; Kitanka, 2011). Mental illness labels can create expectations of how individuals with mental health difficulties should behave (Hacking, 1995). The dynamic impact that this can have on how service users are treated, and indeed how they believe they should be treated, may change how mental health difficulties present.

The focus on mental illness that the WHO espouses has also served to divert attention and resources away from a focus on mental health and wellbeing. Further explorative work needs to be conducted into concepts such as wellbeing, resilience and *salutogenic* [i.e. health promoting] factors. Moreover, the traditional approach of making broad comparisons between countries on the basis of the World Bank income category may be insufficient. This approach negates cultural differences that exist between countries in the same categories (Fernando, 2012) and also important economic and cultural variations that can exist within particular countries. Generally speaking the importance of cultural factors in understanding global variations in mental health difficulties across the globe has been underplayed (Fernando, 2012; Summerfield, 2008). Cultural factors need to be considered when conceptualizing, classifying, and treating mental health difficulties. There is a particular need to ensure that measures used to assess mental health difficulties are valid for the cultural settings in which they are being used (Patel et al., 1997; Betancourt et al., 2009; Ungar, 2011).

More mental health related research needs to be conducted in low and middle-income countries, but it is important that this research reflects the priorities and needs of individuals living in these settings (WHO, 2007; Tol et al., 2012). A key issue will be to ensure that the findings that are derived from conducting research translate into changes in practice that will improve the lives of individuals experiencing mental health difficulties. The lack of consultation with service users has been a major failing of initiatives to improve mental health in low and middle-income countries. The involvement of service users will be an important step for helping to design, deliver and evaluate services that reflect the priorities

and values of the individuals who will be using the services. The lack of service user involvement in initiatives aimed at identifying research priorities for Global Mental Health has only served to exacerbate the sense that service users are unequal partners in this process. Service users can play a vital role in both identifying research priorities whilst also helping to ensure that research is conducted in as ethical and sensitive fashion as possible.

A final issue of concern relates to the lack of reciprocity between the focus that is allocated to improving mental health services in high-income countries relative to the focus allocated to improving mental health services in low and middle-income countries. Research has failed to conclusively show that outcome for complex mental illnesses (such as psychosis) in high-income countries are superior to outcome in LMIC (Hopper et al., 2007); Cohen et al., 2008; Alem et al., 2009). It will be important for clinicians and academics working in high-income countries to critically reflect on their own practice and question the accepted wisdom about mental health provision. Global Mental Health as a discipline will optimise its potential when there is reciprocity in the exchange of information across the globe.

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