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Local Lifeworld and Global Mental Health—Perspectives from Medical Anthropology

WVB

Zum Titelbild/Front picture *Curare* 38(2015)3
The cover picture shows an amulet against the evil eye, a worldwide popular practice to obtain mental health. Here it is an individually created "house blessing" in Modern Hebrew from a market in Jerusalem written on the "Hand of Miriam" (or hamesh hand). In similar way the "Hand of Fatima" (Hamsa hand) as a protective symbol is used in folk beliefs in Arabic Muslim societies in North Africa and the Near East (see fig. 1 in Schreier M. 2014. "Guter und böser Blick bei Immigranten in der Schweiz." *Curare* 35,4: 247–250).

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Curare 37(2014)4: AGEM und 60 Jahre „Interdisziplinäres Arbeitsfeld Ethnologie und Medizin", Teil I / AGEM looking at Six Decennia of Interdisciplinary Discourses in "Anthropology and Medicine," Part I

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Les résumés français *de ces articles se trouveront dans le dernier numéro du volume 38(2015)*

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7th International Symposium "Global Mental Health—Mental Health in Developing Countries," October 31, 2015, Munich*

Wolfgang Krahl

To create awareness about mental health issues in low income countries i.nez (International Network for Cooperation in Mental Health) initiated 10 years ago the 1st International Symposium on *Global Mental Health—Mental Health in Developing Countries*. Interest in this topic grew and now the Symposium is jointly organized by the Center for International Health, the Global Mental Health Group at the Department of Psychiatry, Ludwig Maximillians University of Munich and i.nez. It is supported by DAAD, BMZ and AGEM. The Symposium was held in the historic auditorium where Emil Kraepelin was Professor of Psychiatry and Head of The Department of Psychiatry. There he lectured about comparative psychiatry and presented the results from his research done in Java in 1904.

Almost 14% of the global burden of disease is attributed to mental disorders but in low- and middle-income countries, only 10 to 20% of these people receive treatment. A major problem is the poor quality of care for those receiving treatment. Despite their significance as a public health issue, mental- and substance abuse disorders did not find their way into the Millennium Development Goals. In 2010 the United Nations stated: "Including mental health as an integral part of development is relatively new to the United Nations and its development partners. There is growing recognition within the international community that mental health is one of the most neglected yet essential development issues in achieving the Millennium Development Goals."

The first speaker of the Symposium was Andrea Winkler, Department of Neurology, Munich, Global Neurology Group, Technische Universität München (TUM). In tropical countries there are a number of organic disorders which produce neuropsychiatric symptoms.

Therefore it is of primary importance to identify their causes to enable treatment and to take preventive measures. Andrea Winkler introduced the audience to a research project and showed that *Taenia solium* causing neurocysticercosis represents a neglected and potentially eradicable disorder in many countries of sub-Saharan Africa. She gave the audience an overview about the mode of infection, the clinical picture as well as of treatment options. "CYSTINET-Africa," a research network, will in the future investigate the prevalence of *Taenia solium neurocysticercosis* in almost 15,000 people in four cross-sectional community-based studies using a locally adapted mobile data collection system. In addition CYSTINET-Africa will conduct a comprehensive clinical/neurological, parasitological, immunological and radiological (CT scan) hospital-based work-up in people sero-positive for *Taenia solium*. Included are vulnerable groups such as children, people living with HIV/AIDS and people suffering from epilepsy that so far have not been investigated systematically. A total of over 100 members of staff and students will be trained at the African institutions either through access to university courses or training within the consortium itself (African and German partners). Great care will be taken that institutional capacity building does not happen in isolation, but that lateral transfer within and between countries of the CYSTINET-Africa consortium is guaranteed.

The following two presentations were about training in mental health in Sub-Saharan Africa.

Samuel Elstner from the Department of Psychiatry, Psychotherapy and Psychosomatics, Evangelisches Krankenhaus Königin Elisabeth Herzberge Berlin-Lichtenberg, gave an overview about Training of Mental Health Workers in Tanzania. Mental

* This report is devoted to Wolfgang Jilek on the occasion of his 85th birthday in late 2015, whom I owe much inspiration to work in Cultural Psychiatry.

Health care in Tanzania is mostly done by clinical officers, not by physicians. The reason is the shortage of medical doctors. Therefore an educational program in mental health for clinical officers was developed. In cooperation with the United Evangelical Mission a part time educational program was created which results in a Bachelor in Mental Health and Rehabilitation (BSc MHR). Certified by the Tanzanian Health Ministry the first intake started in spring 2012 at the Sebastian Korogwe University in Lushotu. Aims of the programme are: the trainee should be able to demonstrate compassionate, appropriate, and effective, evidence based psychiatric care, aimed at maximizing well-being and quality of life for patients with mental disorders; and provide care in collaboration with an interdisciplinary team. The trainee should learn interpersonal and communication skills that result in effective relationship-building, information exchange, emotional support, shared decision-making and teaming with patients, their patients' families, and professional associates. So far the results have been encouraging and the number of students is increasing each year. In 2014 about 40 students participated in the programme.

Rembrant Aarts, a psychiatrist from the Arq Psychotrauma Expert Group, Diemen, Netherlands, who is involved in teaching Mental Health at the Universidade Católica de Moçambique (UCM) Faculty of Health Sciences, Beira, presented a paper about *Global Mental Health and how to teach it, an example from Mozambique*. He stated that Mozambique has had challenging difficulties like colonization, a long lasting civil war, natural disaster and poverty. The country has shown significant economic growth during the last decade. Despite these developments, mental health services, -human resources, -budget and policies are lagging behind. Stigma related beliefs hinder patients from seeking help, and the harsh reality of mental health practices often have a demotivating effect on students. The UCM Health Science Faculty in Beira, Mozambique, is contributing to improvements by training future medical doctors and nurses in mental health. Due to the shortage of local human resources, the curriculum of the Medical School of Maastricht University (MU) was adopted. The medical curriculum uses the educational method Problem Based Learning (PBL). Mental health is taught in a 6 weeks' pre-clinical block in the 3rd year. The block features self-directed learning using predefined cases about the various topics in mental health. Twice a week small groups of students meet to analyse the cases, identify where their knowledge is lacking, and report after appropriate self-study. A tutor accompanies and facilitates the learning process. In addition, there are skills training on psychiatric history and mental state examination, visits to the central hospital psychiatry ward, as well as some supportive lectures.

Aditya Mungee who got his basic medical degree (MBBS) from Manipal University in India and who is presently a Clinical Resident at the Dept. of Psychiatry at the Charité, Berlin, reported some of his research sponsored by the German Academic Exchange Service: *Attitude towards psychiatrists—a comparison between two metropolitan cities in India*. Few patients in need of mental health care have access to psychiatrists in developing countries. Many patients seek help from faith healers and traditional medicine practitioners. Attitudes towards psychiatrists have not been adequately studied in these countries, e. g. India, where there is one psychiatrist for every 300,000 people. The aim of the research was to study attitudes towards psychiatrists in the general population in two metropolitan cities (Chennai and Kolkata) in India and to identify factors that could influence these attitudes in a country as large and diverse as India. Surveys in the context of public attitudes towards psychiatrists were conducted among randomly selected subjects from the general population in Chennai (n = 166) and Kolkata (n = 158). The populations were matched according to age, gender, education, religious beliefs, household size and income class. Comparing the two cities, a significantly higher proportion of negative attitudes towards psychiatrists was found in Chennai compared to Kolkata. Negative attitudes correlated with lower education levels and strong religious beliefs. Chennai and Kolkata, in spite of being two metropolitan cities in India with similar lifestyle and population size, but distinct linguistically and culturally, showed different attitudes towards psychiatrists. These results reflect the heterogeneity regarding the perception of psychiatry in a country as large and as diverse as India, where local cultural issues may play a more important role.

Yosef Zenebe from Axum, Ethiopia, was supposed to present his research: *Alcohol use disorders and its associated factors among psychiatric outpatients in Jimma/Ethiopia*. But though his flight

was already booked he did not get the visa from the German Embassy and therefore he was not able to attend the Symposium. Luckily Aron Zieger a psychologist from the Charité and the same Intercultural Research Group as Aditya Mungee was willing to step in with his talk about: "Mental Health in India and the Perception of Mental Illness Stigma in Chennai and Kolkata." To study the perceived stigma of mental illnesses in Chennai and Kolkata Link's 12-item Perceived Discrimination and Devaluation Scale was distributed to research subjects in Chennai and Kolkata (n = 324), matched for age, gender and education. A sum score of the scale indicated that Kolkata had higher perceived stigma than Chennai, lower education was associated with higher perceived stigma, and stronger religious devotion was associated with lower perceived stigma. Lower education being associated with higher perceived stigma is in line with previous studies. Stronger religious devotion is usually associated with higher stigma, so it was interesting to note, that in this study the opposite was found. This highlights the importance of the difference between "stigma" and "perceived stigma", and that people who themselves have stigmatizing views may have a different perception of their society. It also raises the interesting question of whether people with stronger religious beliefs have a more idealistic view of their society.

Annika Strauss, a medical anthropologist from the Institut für Ethnologie, Westfälische Wilhelms-Universität Münster, gave a critical account of Indian Psychiatry in her presentation: *What can a psychiatric patient tell us about psychiatric culture?—Reflections on anthropological fieldwork in two psychiatric institutions in Mumbai/India*. She described and analyzed the social structures of and the life in the institutions itself. Furthermore she showed how patients structure, perceive and make meaning of their institutional lives. She analyzed how psychiatrists, doctors, psychologists, social workers, attendants and sweepers perceive patients and how professionals understand and interpret their working lives. In a case study of a forensic psychotic patient she showed how the analysis of patients' narratives provides access to an alternative understanding of the respective "psychiatric culture" of institutions. Patients are often abandoned by their families and structure their lives within the institution and in this way manage to emancipate themselves from the rigid hierarchical structures. In contrast professionals often perceive the speech of patients as irrelevant and incomprehensible or at times even seem to simply ignore it. Finally she reflected on her personal experiences and reported that she felt continuously "patientized," while conducting research in psychiatric institutions.

Mathew Varghese, Professor of Psychiatry and Head, Dept of Psychiatry, National Institute of Mental Health & Neurosciences (NIMHANS), Bangalore, India, gave an overview about *Integrating Mental Health Care with Non-Communicable Disorders Prevention in a Developing Country-India*. He stated that countries around the world are facing the challenge of ageing populations, the rapid rise of non-communicable diseases (NCD's) and the continuing threats of viral diseases, tuberculosis, HIV/AIDS and other infectious conditions. The disproportionately higher rates of disability and mortality due to NCD's are possibly due to the presence of comorbid mental health conditions as people with major depression and schizophrenia have a 40% to 60% greater chance of dying prematurely. The WHO's Global Action plan for NCD's (2013–2020) coupled with the WHO Comprehensive Mental Health Action plan (2013–2020) is a positive call to action for nations around the world to urgently address these emerging and co-morbid health problems. India, a country with a population of over 1.2 billion, has less than 10,000 trained mental health professionals. The Indian Government has recognized the importance of the WHO call and is making attempts to integrate the management of mental disorders with the NCD's in the recently launched National Health Mission. The present 5-year plan proposes that mental health care delivery occurs in an integrated fashion with the launch of the NCD flexipool funds to all the States. In addition to the National Program for the Prevention of NCD's and the National Mental Health Program, the plan also includes many programs relating to mental health like the National Program for Health Care of the Elderly, National Tobacco Control Program, reduction of harmful use of alcohol and suicide prevention programs. In his presentation he looked also at how some of these ideas may be employed in other developing countries.

Somnath Chatterji from the Department of Health Statistics and Information Systems, World Health Organization, Geneva, presented *Monitoring the mental health of populations: illustrations from*

WHO's multi-country studies. He demonstrated that besides monitoring the burden of mental disorders globally, there is an increasing interest in understanding and monitoring the "mental health" of populations or their subjective well-being (SWB). An increasing body of evidence points to the bidirectional relationship between an individual's health and SWB and the ability to predict future fatal and non-fatal health outcomes based on an individual's SWB. The majority of research though comes from high income countries. The "Study on global aging and adult health" (SAGE) among adults aged 50 years and older is the first longitudinal study to simultaneously measure levels of health and emotional components in China, Ghana, Mexico, India, Russia and South Africa in a detailed and comparable manner. Behavioural risk factors such as tobacco use, unhealthy diet, insufficient physical activity and the harmful use of alcohol were amongst others identified as known and modifiable contributors to a number of NCDs and health mediators. China, Ghana and India had a higher prevalence of respondents with multiple risk factors than Mexico, the Russian Federation and South Africa. The occurrence of three and four risk factors was more prevalent in Mexico, the Russia Federation and South Africa.

Jibril Handuleh from Borama, Somaliland, is a young, enthusiastic medical doctor with a strong interest in mental health. A lively talk about *Experiences of a junior doctor setting up mental health services in Somaliland* found the interest of the auditorium. He first gave a short introduction about Somaliland, which is hardly known in Europe. Somaliland is a self-declared state in Northwestern Somalia. It has suffered civil war in late 1980s and early 1990s. Now that it is relatively stable, with a weak health system, mental health remains one of the most neglected but is a prevalent health problem in the country. It is estimated that 2 out of 5 residents in Somaliland suffer from a mental health disorder. Mental Health services are available only in major towns in the country. Borama, a town in Somaliland has unique mental health services compared to Somali standards. The mental health services in Borama are located in Borama Hospital, Teaching Hospital of the Amoud University School of Medicine and in the primary care settings within Borama district. The mental health services were established in January 2011. The program is the first in Somalia where a teaching hospital offers mental health service with teaching and service purposes. It also has home based and community mental health practice. Mental health services are in place for schools, prison, antenatal clinics and in the community. Community elders worked with the mental health team as advisors on the best approach to reduce stigma and maximize care.

Mental health services and awareness programs raised community awareness of mental health needs and treatment gap. The Diaspora community raised enough money to build an inpatient unit in 2012 with 26 beds for acute stabilization only. The approach of setting up a mental health service in a fragile post-conflict setting shows how mental health services can be established together with a public partnership. When mental health services are owned within the community, local people bring in expertise in service improvement. The improvements in the perception of the society empower them to take the lead in their health needs and this public health approach to mental health problem has a positive impact.

Kristina Adorjan from Department of Psychiatry, Ludwig-Maximillians University Munich, presented the first results of a study on khat use in Ethiopia *The Impact of Lifestyle on Mental Health among Young Men in the Gilgel Gibe Field Research Center, Ethiopia*. She gave a short introduction about Khat and its effects. Khat is a plant with a natural distribution limited to East Africa and countries on the Arabian Peninsula. Khat leaves are chewed for their stimulant and euphoric effects. Studies of the chemical constituents of khat have revealed that it contains different alkaloids such as norephedrine which have CNS stimulating effects. Jimma University in southwestern Ethiopia has a unique health and demographic surveillance system called "Gilgel Gibe Field Research Center" with a catchment area of about 50,000 people. In this setting, we studied the effect of Khat use as a risk factor for the development and the stability of psychotic symptoms as well as of symptoms of common mental disorders among young men in the community. So far a total of 126 urine samples were extracted by using solid-phase extraction (SPE) apparatus and analyzed by using HPLC. The results indicated that 81 (64.3 %) were positive and the remaining 45 (35.7 %) samples were negative for norephedrine. The last part of the study will be conducted in November 2015.

In the last lecture of the day, Wolfgang Krahl from the Department of Forensic Psychiatry, kbo-Isar-Amper-Klinikum München-Ost, reflected on *The Millennium Development Goals and Mental Health*. In the year 2000, a set of eight Millennium Development Goals (MDGs) were established following the Millennium Summit of the United Nations. These included eradication of extreme poverty and hunger, education, gender equality, reduction of child mortality, maternal health and to combat HIV/AIDS, malaria, and other diseases. Mental health was not even mentioned. Mental health–related conditions, including depressive and anxiety disorders, alcohol, drug abuse, epilepsy and schizophrenia, contribute to a significant proportion of disability adjusted life years (DALYs) even in poor countries. Mental illness is closely associated with social determinants, notably poverty and gender disadvantage, and with poor physical health, and poor maternal and child health. Not until 2010 did the UN state: "Including mental health as an integral part of development is relatively new to the United Nations and its development partners. There is growing recognition within the international community that mental health is one of the most neglected yet essential development issues in achieving the Millennium Development Goals". The MDGs are followed by the sustainable development goals (SDG) Mental health is specifically mentioned in Goal 3 of the agenda which seeks to ensure healthy lives and promote well-being for all at all ages. The future will show how mental health will be implemented.

The Symposium had about 110 participants, many of them from Africa, Asia, South America and Eastern European countries, and was also attended by postgraduates of the Center of International Health - LMU PhD-Program. The format of 20 minutes presentation and 10 minutes discussion helped to enable lively discussions after each presentation and gave the auditorium the chance to participate actively. The organizers received an enthusiastic feedback and were encouraged to organize the next symposium. The 8th International Symposium "Global Mental Health – Mental Health in Developing Countries" will take place end of October 2016 in Munich.*

Notes

* Details about the program of the symposium and the registration will be announced on the website of "Arbeitsgemeinschaft Ethnomedizin"/Working group medical anthropology (AGEM) and The Center for International Health (CIH-LMU) early in 2016.
http://www.agem-ethnomedizin.de/index.php/inez.html
http://www.international-health.uni-muenchen.de/index.html.

Wolfgang Krahl, *1947, Dr. med, Dipl. Psych., psychiatrist and psychologist. He worked as doctor with DED (German Development Service 1973–2011, now integrated into GIZ) from 1978–1981 in Malaysia, and once more from 1992–1997 as Associate Professor and Consultant Psychiatrist at the Department of Psychological Medicine, University Malaya in Kuala Lumpur, Malaysia. In Bavaria he contributed to the development of social psychiatric concepts in hospitals, and in forensic units (Munich). Areas of interest: chronic psychiatric disorders, addiction, transcultural psychiatry, mental health in developing countries, migration. He is co-founder and chairman of i.nez (2000–) and since 2009 chairman of AGEM.

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