

Global Child and Adolescent Mental Health A Culturally Informed Focus



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KEYWORDS

• Global • Mental health • Children • Culture • Collaboration

KEY POINTS

- There is a significant burden of mental illness in children and families across the globe.
- Despite heightened awareness of the significance of global mental health and its determinants on public health, there is an increased need for innovative interventions, research, resources, and efforts devoted to this area.
- It has been clearly established that culture is at the heart of this labor.
- In order to integrate culture into global mental health advocacy and solutions, a collaborative approach with flexibility in thinking and implementation must exist.

The Global Burden of Disease (GBD) was first published in 1996 by Murray and Lopez.^{1,2} One of its key findings was that mental disorders were among the major causes of disability in high-income countries and low- and middle-income countries (LMICs). The investigators of the GBD study estimated that depression alone caused more disability than either nutritional problems or human immunodeficiency virus (HIV), which were then the prime foci of US health-related international programs.¹ At present, the World Health Organization (WHO) rates depression as the single greatest cause of disability worldwide, affecting at least 350 million people.¹ The 2010 GBD study showed that mental disorders account for 7.4% of the world's burden of health conditions in terms of disability-adjusted life years and nearly a quarter of all years lived with disability, more than cardiovascular diseases or cancer.³ The global economic costs of mental disorders were estimated at \$2.5 trillion in 2010 and are projected to reach \$6 trillion by 2030.³ Based on the above-mentioned findings, the WHO Action Plan recognized mental health as a global priority in May 2013. As a result of this pledged action, mental health is now discussed at the highest level policy forums devoted to global health and development. On the scientific side, after more

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than a decade of sustained efforts to build knowledge, more innovations are evolving to successfully address the health and social needs of people with mental disorders.³ Although mental illness is still striving for parity with all other medical illnesses, there is a global movement in the right direction.

Culture is defined as a shared dynamic system of values, beliefs, and lifestyles and evolves as needed to adapt to changing environmental conditions. Culture plays a clear role in its impact on the advancement of global mental health. If ignored and unaddressed, it acts as a barrier to change. On the other hand, if thoughtfully integrated, and if resources, engagement, and treatments are sensitized to cultural contexts, it can act as a powerful promoter of positive change, affecting the life trajectories of children and adolescents across the globe.

There is a steady stream of literature supporting the need for consideration of culture at every level of development—from needs assessment to implementation and sustainability, an individualized approach to the country, region, and village must ensue. The acceptability and use of mental health services are governed strongly by cultural attitudes, beliefs, and practices.⁴

CULTURE AND CULTURAL COMPETENCY

Culture is the integrated pattern of human behaviors including thoughts, communication, actions, customs, beliefs, values, and institutions of a racial, ethnic, religious, or social nature.⁴ Cultural competence is a set of congruent behaviors, attitudes, and policies found in a system, agency, or professionals that enables them to work effectively in a context of cultural differences.⁴ Although many traditional cultural values and beliefs are a source of strength and support for diverse children and families, some can act as barriers to mental health services. Stigma, belief systems as it pertains to symptoms and treatment, language, as well as resources are some of the most important elements to consider when addressing culture and global mental health.

Stigma can be a powerful barrier to timely access to treatment. In many cultures, mental illness has strong negative connotations, leading to the fear of double discrimination, preventing families from accessing services.⁴ In some cultures, the stigma of mental illness extends far beyond the individual with the illness and to the family as a whole. For instance, in some cultures, it may be more difficult to marry if diagnosed with a mental disorder.¹ Stigma carries multiple layers of complexity. Children and adolescents in particular, in certain global areas plagued by violence, war, and illness (HIV/AIDS), may endure both the stigma of mental illness and the added stigma of having lost their family of origin to violence or HIV/AIDS, which ironically is more often the primary cause of their emotional distress and dysfunction.

Expressions of psychological or emotional distress differ across cultures. Idioms of distress are linguistic or somatic patterns of experiencing and expressing illness and/or general stress. Idioms of distress at times correlate with Westernized psychopathology but more often are unique psychological expressions of a given culture, which may actually be perceived as normative within that cultural context.⁴ In some cultures, somatic manifestations of illness and/or symptoms are more prominent than others. More complex expressions of illness or distress are termed cultural syndromes.⁴

Language links connect us to our cultural roots. In health care, there is the physical examination that requires observations, touch, and medical instruments. But clinical examination would not be complete without the therapeutic engagement of the doctor/patient in which essential information is gleaned from the history taking and eliciting of pertinent signs and symptoms. Oral communication is essential in clinical

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