Patel V, Minas H, Cohen A, Prince JM (2014). GLOBAL MENTAL HEALTH. Principles and Practices. Oxford University Press.

Pau Pérez-Sales

Since the 80s the World Health Organization and the Pan American Health Organization have promoted the development of mental health systems from a public health approach. Governments, policy makers and civil society have proposed numerous strategies to make mental health accessible to the broadest possible sectors of the population in countries where specialized services are scarce and concentrated in towns. By the late 90's these strategies seemed to have reached an impasse. Models based on volunteers from the community proved unsustainable and it seemed very difficult to create public mental health systems without high economic resources and strong political commitment.

In reaction to this impasse appears the movement of Global Mental Health (GMH). which has become popular and defines an area of research and practice that places a priority on making mental health available worldwide by trying to challenge and change classical paradigms in the provision of services

The book by Patel, Mine, Cohen and Prince is more than an update on this young but rapidly growing process. The editors have managed to place on the table most of the pieces of the puzzle by commissioning reviews of each key aspect. The reader has at times the feeling of old wine in new bottles, but this is somehow unavoidable in a process that is just starting. The book contains real gems. Chapter 3 clearly outlines the cultural challenges of a future GMH and especially the complex relationship between culture and social determinants of mental health. The authors ask, not without certain scepticism, if this move will be another manifestation of homogenizing capitalist globalization or if it will be part of the construction of a new scenario of equity of access and social justice. They and others in the book sketch the paradox of GMH: to respond to unmet needs on a large scale policy makers need standardized evidence-based processes, yet the processes are only possible if communities and users are involved through participatory actions that are based on culture, local conceptualizations of mental illness and resilient resources of communities, families and individuals.

The book reviews in-depth data on the prevalence of severe mental disorder and the burden of mental disease (chapters 5-6), social determinants of mental health (7) and the status of mental health services in the world (chapter 9). These are necessary chapters, excellent as a source of data –mostly around the comparative studies of WHO.

The next group of chapters enters in theoretical considerations. Lund, Stansfeld and De Silva debate, for instance, the inconsistent relationship between poverty and common mental disorder. .Data show that the best way to break the cycle poverty-mental illness-poverty is by providing treatment and rehabilitation for people with mental illness rather than targeting poverty as a risk factor..

Chapter 9 and 10 describe resources in Global Mental Health: the WHO Atlas and the WHO AIMS Projects that provide a macro-level view of services around the World, and the Human Resources for Health Action Framework as Applied to MH on how to scale up human resources. Chapter 11 is one of the little gems of the book offering ideas on the prevention of adult mental disorders with early childhood interventions that foster emotional and neurocognitive development and resilience. The chapter offers a theoretical framework, data and ideas that might inspire field workers.

The first section of the book ends with a review of evidence based interventions for common mental health disorders according to mhGAP Best Evidence Reviews and Packages of Care published in the PLOS Medicine Series. As the authors point out, there is strong evidence of the cost benefits of these interventions but the recommendations are still consensus-based and data on the most effective, equitable, feasible, acceptable and affordable interventions in different health systems and socio-cultural settings are scarce.

The second section of the book addresses practical aspects in the delivery of care. Chapter 13 on Mental Health Development policy reflects the ideal situation in which a government wishes to implement a national mental health policy, allocates funds and is open to advice from international experts. The chapter describes the process in post-tsunami Sri Lanka as a model of cooperation between government, iNGO's and WHO that managed to downsize large psychiatric hospitals in Colombo and lay the foundations of a decentralized system of community mental health across the country. This chapter could be read jointly with chapter 20 on generating commitment for mental health system development in Belize.

The experiences of Sri Lanka and Belize show the need to jump from local pilot experiences to nationwide programs. This is addressed in Chapter 14 on Scaling Up services. The approximately 40 pages of this chapter, with some more developments, could have been published as a small book in itself. Step by step, with numerous diagrams and examples, the authors thresh in a clear and didactic way most of the challenges and decisions that stakeholders must face for scaling pilot experiences to plans and programs. A great compilation of good ideas, extremely useful for those working in the field.

Finally four specific cases are addressed: programs for children and adolescents (Chapter 15), programs targeting specific problems of women (chapter 16), working in emergency and disasters (17) and working with the stigma attached to mental illness (Chapter 18). Especially interesting to me was Chapter 16 in which the authors analyse the challenges of Global Mental health from a gender perspective, including social determinants and risk factors and special violence (trafficking, genital mutilation, rape etc). The Chapter shows the need to specifically target human rights issues linked to gender discrimination and gender violence.

These chapters are the core of a section devoted to proposals and programs, consisting of data and lists of problems and challenges. May be it is precisely in this second section where it is more evident where the GMH movement is: too young yet to make recommendations to health planners

The volume has an encyclopaedic structure and could becomea young classic, as much for the relevance of the authors as the depth and extent to which the topics are covered. The nearly 500pages have unfortunately been published in a very small typography and the text sometimes is hard if not impossible toread. Overall it masterfully manages to collect information and data that are dispersed in multiple sources, and make a coherent product in which the reader can easily perceive the excellent editing work of Patel, Minas, Cohen and Prince.

There are criticism that Global Mental Health is about the globalization of a western model of psychiatry and the scaling up of . the pharmaceutical industry[12]. At the end the reader is clear that this is not the position of this book. The editors make a clear commitment to a global reduction of inequalities and to address the causes of mental health problems. There is a strong focus on human rights and the book leads the reader to conclude that we need to develop methodologies for local reality based approaches, with strong cultural, social and political components.

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1 Fernando, S (2014). Mental Health Worldwide: Culture, Globalization and Development. Palgrave Macmillan.
2 Mills C (2013) Decolonizing Global Mental Health: The psychiatrization of the majority world Concepts for Critical Psychology Series. Routledge.