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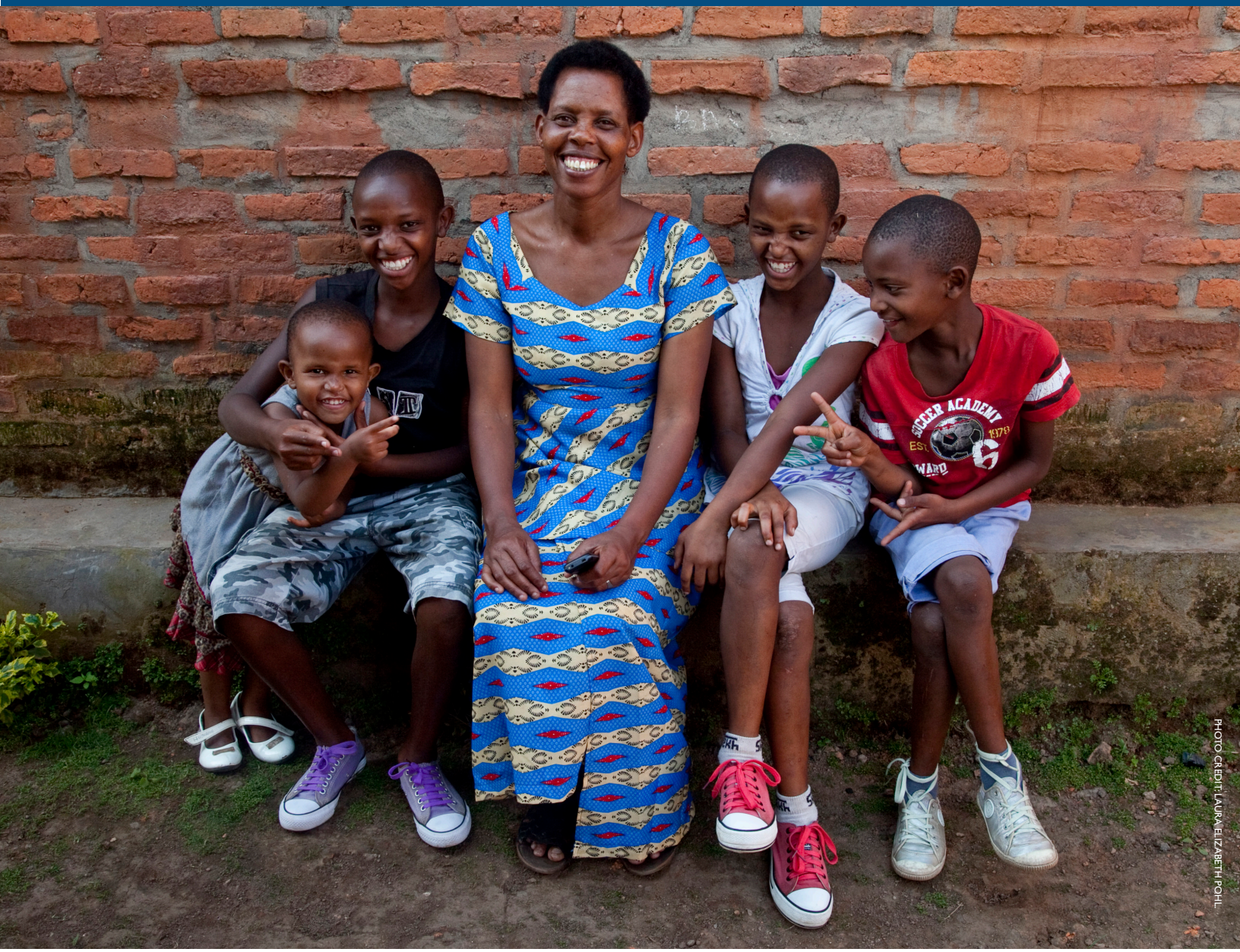
# CONCEPTUALIZATION OF MENTAL HEALTH

## How is mental health conceptualized across the regions and contexts USAID works?

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The Research Technical Assistance Center (RTAC) is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of contract no. 7200AA18C00057. This brief was produced by Jenna Muller, Tara M. Powell, and Benjamin J. Lough. The contents are the sole responsibility of RTAC and NORC at the University of Chicago, and do not necessarily reflect the views of USAID or the United States Government.

September 2023

# Key Takeaways

- ✔ Culturally tailored interventions improve the efficacy of mental health service engagement and treatment.
- ✔ Biomedical, psychosocial, and traditional healer paradigms offer unique approaches to mental health with some embodying a larger gap between Western and local conceptions of mental health than others.
- ✔ Variations in cultural factors of emotional expression, shame, power dynamics between social groups, collectivism, mind-body connection, and spiritual beliefs comprise major distinctions between cultural ideas around mental health conditions.
- ✔ Outreach, assessment, and adaptation of mental health services in different delivery settings are needed to adequately meet the needs of target populations.

# Promising Approaches

The findings from this review suggest that global mental health practitioners and organizations more explicitly acknowledge, integrate, and build on indigenous/local knowledge and practices. For a comprehensive approach, the following considerations and actions for policy and practice working in global mental health contexts should be adopted:

**Recognize local mental health approaches** that extend beyond Westernized individual-level psychological or psychiatric treatment. This may involve recognizing the cultural and historical importance of traditional healing methods and incorporating local practices into mental health guidance documents as recognized forms of treatment. Additionally, global mental health guidance documents should consider acknowledging both traditional healers and established approaches that emphasize community and family participation as part of the healing journey.

**Invest in research to strengthen the evidence base** of mental health approaches that extend beyond the biomedical model. Expanding our understanding of the effectiveness of indigenous/local practices, somatic therapy, and collectivist mind/body practices is particularly relevant given that these locally supported approaches may be highly effective yet are vastly understudied. Research should also focus on examining the underlying mechanisms and factors (e.g., therapeutic alliance) that influence the effectiveness of indigenous/local approaches.

**Provide guidelines and training for staff** and other mental healthcare providers working in international settings. Training is particularly needed in healing methods used regularly in cultures and contexts staff serve, but that may be far outside of the scope of methods learned by staff trained in the West. Training for integrative healthcare could greatly increase access to less common forms of interventions such as acupuncture, herbalism, yoga, meditation, spiritualism, and other traditional remedies, making mental health care more available to patients in medical healthcare establishments and settings.

**Foster collaborations between a diverse set of mental health experts** such as traditional healers, faith healers, psychologists, social workers, and psychiatrists, as well as those with lived experience to support treatments consistent with local beliefs and practices. Working with and acknowledging the expertise of indigenous practitioners can upend the power dynamic and provide a stronger voice to underrepresented approaches.

**Support education and awareness initiatives** (i.e., social marketing) to expand knowledge of local conceptualizations and approaches to mental health for the wider public. Promotion of education and awareness of less streamlined methods by well-respected agencies or organizations can engender heightened understanding and acceptance of traditional practices among health care professionals and the public. The agency should ensure its staff and partners have the capacity to approach cultural differences with curiosity, respect, and humility to build trust and collaboration.


**Follow cultural adaptation best practices.** Back approaches that respond to the cultural milieu of target populations, involving stakeholders from all levels of planned intervention, and adapt interventions according to diverse cultural needs, paying attention to factors including emotional expression, shame endemic to particular cultures, mind-body dualism, collectivism, and spiritual beliefs.


# Introduction

## Background

The prevalence of mental health conditions has steadily increased over the past 30 years, standing among the top ten global burden of diseases.[1] The mental health treatment gap in low- and middle-income countries (LMICs) leaves many individuals without access to care. Calls for greater investment in mental health interventions and infrastructure development have increased in the global health sector, and cultural and contextual modifications to the delivery of mental health interventions must be considered. In addition to gaps in treatment caused by factors such as lack of mental health infrastructure and accessible, trained mental health professionals, differences in conceptions of mental health across cultural contexts have been highlighted as major barriers to treatment.[2] Cultural variations that shape local ideas around mental health can greatly impact the engagement of populations with mental health services, and it has been shown that culturally tailored interventions and interventions developed from within areas of service delivery have greater treatment efficacy than non-adapted interventions.[3–5] It is, therefore, important to understand how mental health is conceptualized across regions and cultures to improve service acceptability, relevance, and access in a variety of geographical and cultural environments.

## Search Strategy

A review of the literature was conducted via Google Scholar, PsycINFO, PsycARTICLES, PubMed, and Social Work Abstracts. Search terms included "cultural differences concepts of mental conditions," "concepts of distress across mental health professions," "cross-cultural," and "mental illness in (region)." Grey literature from sources such as the WHO was also reviewed and included as necessary. The search yielded 27 resources with many primary authors from regions where USAID works including Ghana, Pakistan, Ethiopia, Tanzania, Chile, the Philippines, and Turkey. Articles published in Arabic and Spanish were also included in this brief.

# MODELS OF MENTAL HEALTH

## Western Approaches

The ***biomedical model*** was historically established as the backbone of modern-day mental health research, policy, and treatment. This model emphasizes mental health struggles as brain diseases caused by chemical imbalances and largely treatable with psychotropic medications.[6] Many mental health professionals around the world continue to rely heavily on this model and its definitions of disorders in global mental health settings. Commonly used diagnostic tools such as the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) and the International Classification of Diseases (ICD) are informed by the model's epistemology.[7] These explanations of "mental illness" persist in professional practice in all countries, despite criticism that this model often fails to accurately address the varied mental health needs of many populations. Critiques and skepticism of the biomedical model are more pronounced in LMICs than in more wealthy countries. These concerns tend to drive some communities away from professionals who adopt the biomedical model.[8]

***Psychosocial models*** of mental health examine the settings in which an individual or community is situated and take into account that mental health conditions are heavily influenced by both individual psychological makeup and social factors, such as socioeconomic status, interpersonal relationships, and conflict present in social and political power dynamics.[9,10] Global public health practitioners, social workers, and community healthcare workers tend to approach mental health from this viewpoint. In addition, many NGOs, and international humanitarian organizations strive to deliver psychosocial support services informed by this lens.[11–13] Many global mental health organizations and practitioners also view mental health conditions through a combination of biological, psychological, and social factors, so named the biopsychosocial model.[14]

## Non-Western Approaches

***Traditional healing models*** encompass a wide array of beliefs around mental afflictions; these tend to lie in stark contrast to the predominant biomedical model primarily espoused by psychiatric and medical professionals. Definitions of traditional healing may include health practices, approaches, knowledge, and beliefs that utilize plant-based medicines, spiritual therapies, somatic techniques, and body exercises to treat and prevent poor mental health and promote wellness. Many traditional explanations and healing techniques for mental health challenges include elements of spirituality and religion, herbalism, and/or supernaturalism.[15] Several studies have reported that patients prefer to utilize traditional healers over other mental health professionals due to cultural preferences for treatment approaches, in addition to other factors such as accessibility and affordability.[15,16] Traditional healing approaches are more commonly used in LMICs than in high-income countries.

# ETIOLOGY OF MENTAL HEALTH CONDITIONS

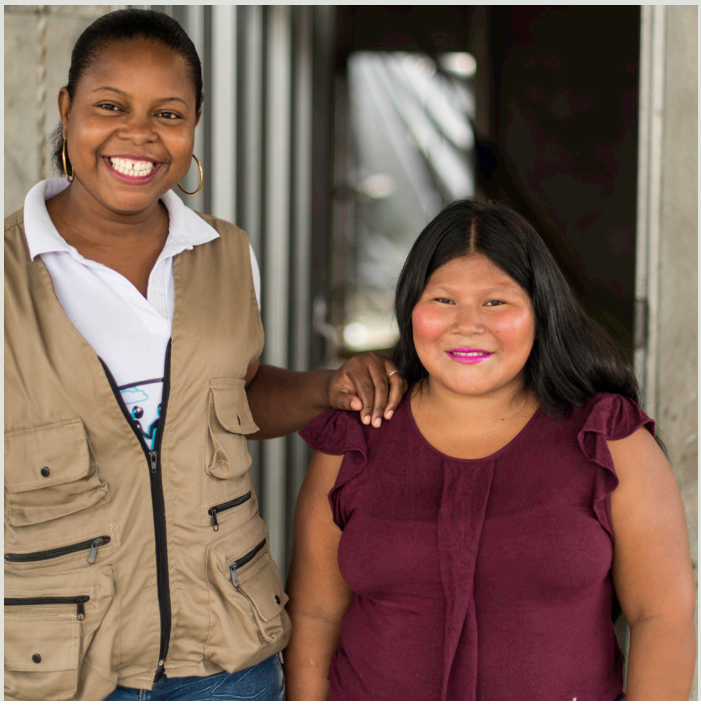
A variety of underlying causes of poor mental health overlap within development and humanitarian contexts. The following section briefly summarizes common etiologies of mental health conditions found in most areas of the world, but each may be more pronounced in a specific region. Although care must be taken to develop a nuanced understanding of the causes of mental health conditions within the specific communities where programs are taking place, understanding these broad types of variations is a helpful first step toward accurately incorporating local cultural beliefs in the implementation of mental health policies and interventions.

***Spirituality and/or religion*** is closely aligned with causes of mental health conditions across regions served by USAID. In some areas of Asia, these conditions are commonly attributed to spiritual shortcomings. In some regions of the Caribbean and Latin America, mental health conditions are also seen as personal or spiritual weaknesses or failures, and suffering individuals risk ostracization from their families and the broader community if their mental health concerns are discovered.[17–20] Similarly, in some parts of Sub-Saharan African communities, mental health conditions are thought to occur due to lacking sufficient faith in God, and individuals with mental health conditions are considered to be "possessed by the devil" or to have been cursed. Spirituality is also related to recovery from mental health conditions. Many people view faith as part of the healing process.[20] Having strong religious faith is also commonly viewed as a deterrent to mental health conditions.[19]

***Socially,*** many regions around the world have collectivist cultures that prioritize group needs over those of the individual. Thus, mental health and well-being are perceived to be influenced by social factors, and well-being is conceptualized through interdependence, such as the fulfillment of social duties and expectations.[21] This view of mental health and well-being is in stark contrast to those of individualistic societies such as North America and Europe, which tend to focus on the individual, such as personal growth and self-acceptance.

***Moral failure*** is associated in many cultures with weak spiritual beliefs believed to cause mental health conditions. Many communities view the absence of spirituality as leading to weak morals, and thus to the development of mental health conditions.[19] Socially accepted moral values are also associated with well-being in these communities. For example, in Ghana, "good living", which is an interpretation of "well-being", is attributed to an individual living a "morally upright way of life."[21]

***Emotional and Physical*** conditions often influence cultural norms towards mental health, with many cultures viewing mental health conditions as being caused by excessive or unbalanced emotions.[20] The body and mind are widely viewed as a singularly integrated system, unlike the dualistic view of mental and physical processes common in the West. Mental health conditions may be viewed as attributable to physical or emotional imbalances. In several African communities, for example, mental health conditions are often described as deviations in social and emotional behavior.[22] While the conditions themselves may differ, each may be categorized via symptoms such as "thinking too much."[22]



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# MENTAL HEALTH APPROACHES

Mental health treatment approaches differ between countries. These approaches tend to address the perceived causes of mental health conditions outlined above. In Asian countries, commonly used treatments directly link physical interventions, such as acupuncture, dietary changes, yoga or meditation, and personal cleanliness, to spiritual health.[18] In some African communities, prayer camps, herbalists, and traditional healers are used to address "spiritual illness," a local term for mental health conditions.[23] In the Middle East, faith and traditional healers who practice "Unani" or "Islamic" medicine are often the first line of contact to support individuals experiencing mental health issues. Faith healers use spiritual techniques, whereas those who practice Unani medicine use herbal remedies to address mental health conditions. The use of faith and Unani techniques are widely accepted within the Middle East, and often used in tandem to address mental health challenges.[24,25] Table 1 summarizes conceptualizations of mental health stratified by cause, cultural view, and corresponding approaches to treat mental health conditions.

Additional insights regarding treatment approaches in the Global South are available in a separate brief.

### Stigma and Mental Health

Stigma surrounding mental health conditions varies significantly across cultures. Individuals exhibiting outward signs of emotional distress or culturally abnormal behaviors may risk losing social status. This may discourage those struggling with mental health challenges from being open to or seeking treatment, although more traditional forms of remedy may be deemed more acceptable.[26,27] For example, in some regions of Asia and the Middle East, individuals often do not seek professional help for mental health conditions because they:

- Fear of being labeled "crazy,"
- Do not want to damage their family's reputation, or
- Feel uncomfortable opening up to a stranger.

An added consideration in these regions are values related to gender: females experience higher stigma related to mental health conditions than males, and higher risk of losing social status if they seek treatment, with potential damage to marital prospects or relationships. Other power relations between social groups, including gender, race, ethnicity, caste, and class may be important considerations in other regions for service delivery (more on this in a separate brief).

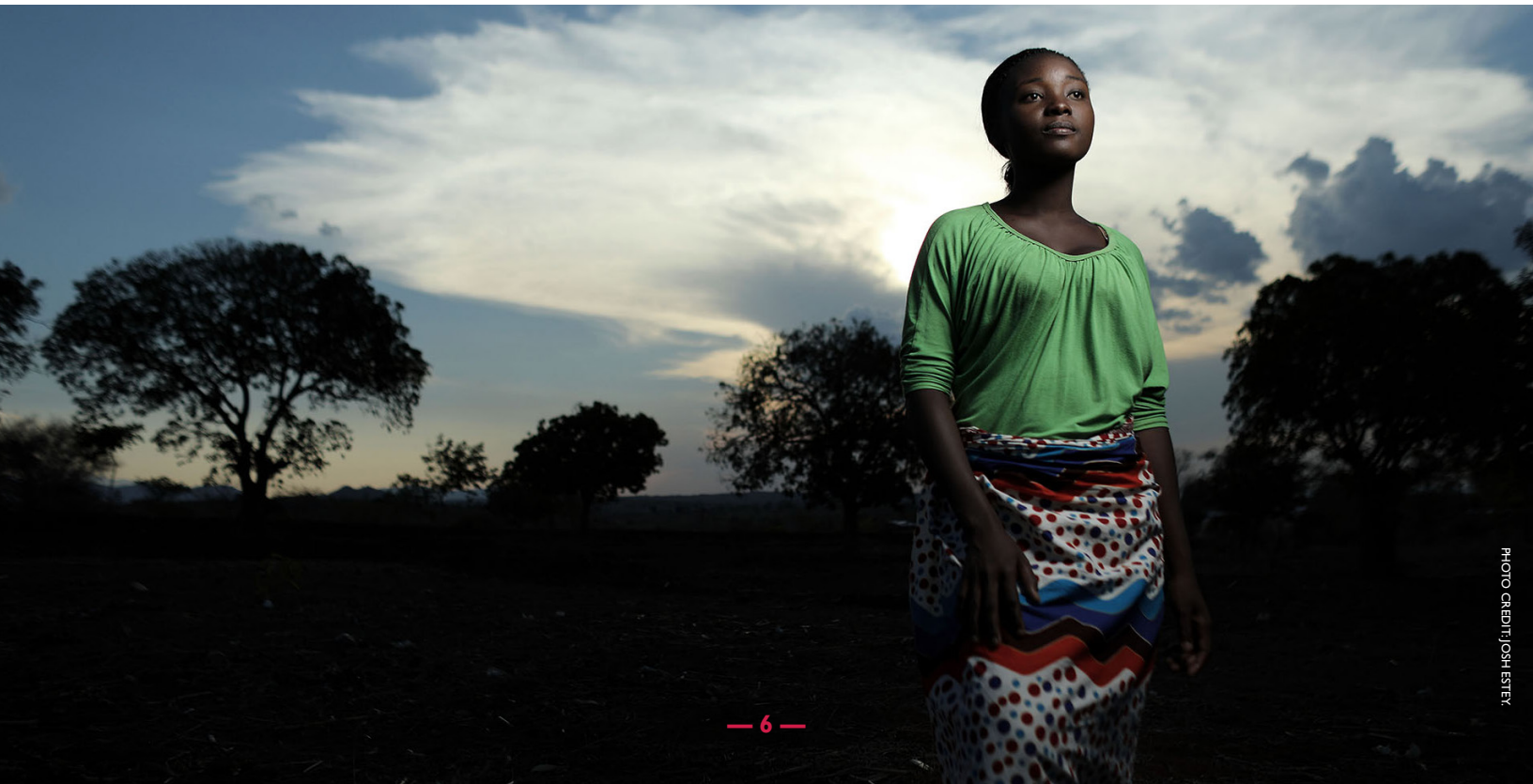

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**Table 1: Summary of common cultural views and approaches to mental health**

| EXPLANATION FOR MENTAL HEALTH CONDITIONS | | | | |
|---|---|---|---|---|
| | **MORAL/PERSONAL** | **SOCIAL** | **EMOTIONAL PHYSICAL** | **RELIGIOUS/ SPIRITUAL** |
| **Cultural view on cause of mental health conditions** | Condition is a result of morals, laziness, selfishness[21]<br><br>Personal shortcomings or failures to maintain own health (more prevalent in some areas of Latin America) | Lack of fulfillment of social obligations (can be intertwined with moral/ personal failings) | Emotional imbalances, struggles, or deficits may contribute to mental health conditions, commonly from loss or death[24]<br><br>Some cultures in Asia may attribute physical imbalances to development of mental conditions | Neglect/disrespect of one's creator/God, neglect of spiritual obligations (common in some places in Asia and Africa)[24]<br><br>Originates from evil spirit, demons, black magic, or God's punishment (more common in some African and Middle Eastern regions)[18,23] |
| **Corresponding approaches to addressing mental health challenges** | Behavioral modifications, possible religious recommendations | Prayer, adherence to social obligations | Medical/psychiatric services, religious/spiritual, and traditional healing[24]<br><br>Acupuncture, herbalism, yoga, meditation, other physical or spiritual practices to rebalance inner environment | Prayer, use of talismans to ward off evil spirits, other spiritual practices to restore religious fulfillment[23] |

Muller, Jenna, Tara M. Powell, and Benjamin J. Lough. "Conceptualization of Mental Health." Evidence Brief. Research Technical Assistance Center: Washington, DC, 2023.

The Research Technical Assistance Center is a network of academic researchers generating timely research for USAID to promote evidence-based policies and programs. The project is led by NORC at the University of Chicago in partnership with Arizona State University, Centro de Investigación de la Universidad del Pacifico (Lima, Peru), Davis Management Group, the Duke Center for International Development at Duke University, Forum One, the Institute of International Education, the University of Notre Dame Pulte Institute for Global Development, Population Reference Bureau, the Resilient Africa Network at Makerere University (Kampala, Uganda), the United Negro College Fund, the University of Chicago, and the University of Illinois at Chicago.

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