

Chapter Proposal for Global Agenda for Social Justice 2022

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Title: Global Mental Health

Section I.

Global mental health, ranging from depression and schizophrenia to substance abuse, is an area of research, policy and practice aimed at reduction of mental health-related morbidity and mortality, through improvement of healthcare, particularly in low- income and middle- income countries (Maldonado and Moreira, 2019).

Like other domains of evidence-based healthcare and policy-making, its problem-core centers on who gets to decide what constitutes priority intervention areas, which interventions/ policies to implement, and how to evaluate their impact. Since global mental health has only recently emerged as a strategic program among global health stakeholders, this problem-core is energetically contested (Lovell, Read and Lang, 2019).

For example, despite WHO/ World Bank/Gates Foundation leadership (or perhaps because of it), sociologists, anthropologists, transcultural psychiatry, social studies of science researchers, among others, raise concerns that although a global mental health paradigm aims at ameliorating morbidity and mortality, and their socioeconomic precursors, in low- and middle- income countries, it paradoxically re-establishes western hegemony by way of, for instance, universalist biomedical nosologies and metrics-driven implementation science, counteracting the benefits that otherwise accrue to global public health campaigns (Bemme 2019; Clark 2014; but cf. e.g., Kohrt and Jallah, 2016 in Lovell, Read and Lang, 2019:533).

Importantly, while critics such as these inveigh against hegemonic systems of metric -driven decision-making and evaluation, turning to anthropological studies of local practices and institutions to critique top-down global mental health, the extent and effectiveness (or lack thereof) of this so-called audit culture remains understudied.

As Lovell, Read and Lang (2019) note, the “degree to which global mental health policies and interventions are metric-driven [...] remains an empirical question” (p. 524). Similarly, WHO methodologists, the Reference Group on Global Health Statistics would agree: “In many countries, civil registration and administrative data systems are fragmented and inadequate to report meaningful and timely data” (<https://www.who.int/data/data-collection-tools/world-health-survey-plus> / retrieved 3/31/21).

Section II.

To assist stakeholders in policy formation, this study investigates the degree to which global mental health policies are metrics- oriented (e.g., WHO 2018 a/b, WHO 2017 a/b, and WHO 2011), and, more centrally, the extent to which western mental health classification and intervention templates are adopted and effectively applied by member countries (see e.g., WHO’s 2017 mhGAP intervention guide, and the World Health Survey Plus).

To assess adoption and effectiveness of metrics’ templates, we conduct interviews with methodologists from the Reference Group, and combine these narratives with country-by-country analyses of actual metrics use and effectiveness (rather than rhetorical deployment). The data are culled from WHO’s *Standards and Tools*’ learning modules and templates which country/regional/local health officials use as the evidentiary basis for interventions (WHO 2019; Special Initiative for Mental Health, 2019-2023).

Section III.

These data address gaps in studies of global mental health policy by showing the extent of countries’ adoption and use of metrics-oriented practices; compared to analyses of rhetorical deployment of policy-claims or critics’ ethical qualms vis-à-vis top-down policy-making. Analyses of use and effectiveness directly impacts policy formation. For example, this study urges greater use of GATHER protocols (Stevens et al. 2016) and Theories of Change- ToC (Bemme 2019), which highlight strengths and weaknesses of regional/sub regional and local level administrative apparatuses and knowledge. While both GATHER and ToC approaches are already under consideration by WHO and other stakeholders, like many mental health policies, they lack the kind of focused empirical support the analyses in this study can provide.

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