SYMPOSIUM.

Title: Culture and Ecological Context in Global Mental Health: Comparative Studies from Mexico, Haiti, Italy, and the U.S.

Abstract.

This symposium draws on state-of-the-art theorizations of culture as the foundation for clinical-ethnographic research on contemporary understandings of and treatments for psychiatric conditions. The papers address the subjective experience and cultural interpretation of commonly occurring conditions of illness, forms of care and intervention, and the ways in which social, cultural, economic and political contexts shape these processes. The studies presented on this panel are drawn from diverse transcontinental settings (Mexico, Haiti, Italy, and the U.S.) and represent a range of perspectives, including specialized and non-specialized health care providers, and their relationships with persons afflicted with mental health conditions as well as their families. Taken together, the papers provide an evidence-based approach to global mental health that is informed by ethnographic and health implementation sciences as well as mixed methods approaches that incorporate surveys, clinical assessments, ethnographic interviews and naturalistic observation techniques. The papers suggest the necessity of close collaboration between anthropology and psychiatry in the service of evidence-based approaches that are substantively efficacious over time in a manner that can move us closer to the goal of “no health without mental health” and the culturally valid and clinically effective “scaling up” of mental health services worldwide.


Learning objective 1.

Analyze the interrelation between Culture and Mental Health in the processes of understand, experience, care and address Mental Health problems.

Learning objective 2.

Assess the resources and limitations to address Mental Health problems in contemporary society.

Symposium References.


Jenkins, Janis H., Ellen E. Kozelka. 2017 Global Mental Health and Psychopharmacology in Precarious Ecologies: Anthropological Considerations for Engagement and

Category of submission.

Research; Theoretical or conceptual; Education and Training.

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Title Paper.
How culture and other contextual factors influenced the development and success of a mobile mental health clinic in rural Haiti

Abstract.
Background
There is a high burden of mental disorders in low- and middle-income countries (LMICs) and limited access to mental health care.

Objectives
We adapted a framework for global health delivery to address the mental health treatment gap in rural Haiti. The result was a mobile mental health clinic. We evaluated how well the mobile clinic addressed one of the Grand Challenges in Global Mental Health: providing access to safe, effective, and culturally sound mental healthcare in a community setting.

Methods
A retrospective chart review of 318 unduplicated during the mobile clinic's first two years (January 2012 to November 2013) supplemented data with a quality improvement questionnaire, illustrative case reports, and a qualitative interview with the mobile clinic's lead community health worker.

**Results**

Contextual factors, including local notions of illness, unfamiliarity with biomedical treatments, and challenges to obtaining medical care in Haiti, influenced the decision to provide mobile services and the development of our clinical program. Employing task-shifting and supervision, mental healthcare was largely delivered by trained, non-specialist, Haitian health workers instead of specialists. The team evaluated an average of 42 patients per clinic session. Higher follow-up rates were seen among those with diagnoses of bipolar disorder and neurological conditions, while those with depression or anxiety had lower follow-up rates. Persons with mood disorders who were evaluated on at least two separate occasions using a locally developed depression screening tool experienced a significant reduction in depressive symptoms.

**Discussion**

The mental health mobile clinic successfully treated a wide range of mental disorders in rural Haiti and provided care to individuals who previously had no consistent access to mental healthcare. Efforts to address these common barriers to the provision of mental healthcare in resource-limited settings might wish to consider a similar approach.

**Learning Domain (select up to two)**

Application
Evaluation

**Learning Objectives.**

**Learning Objective 1:** To apply an implementation model to the global mental health care delivery

**Learning Objective 2:** To evaluate the effectiveness of a mobile clinic approach to improve access to mental health care in a resource limited setting

**Citations/References.**


PRESENTER 2.

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Title Paper. Adolescent Mental Health in a Mexican Border City: Experience, Cultural Meaning, and Sociopolitical Context

Abstract.

This paper is based on an ethnographic study of adolescent mental health in a high school (ages 14-17) in Tijuana, B.C., México. A focal area of the study is the investigation of how the sociocultural context shapes adolescents’ experience of anxiety and depression and how adolescents develop strategies to manage these experiences. The aims also include examination of cultural perceptions of emotional wellbeing and help-seeking from multiple perspectives, including teachers and parents. For the past two years, we have conducted focus groups and semi structured interviews, including individual students (N=35 students). The interviews included assessments of depression (PHQ-9 modified for teens) and anxiety (GAD-7). The results of the study highlight the relevance of an interdisciplinary approach of anthropological and psychiatric research to understand the subjective experience, cultural meaning, and the social, cultural, economic and political contexts of contemporary life for adolescents in the border region of Mexico and the United States. Daily life situations faced by those adolescents, such as family interactions, peer relations, and neighborhood characteristics in terms of security and violence, are key elements that we discuss in relation to adolescent mental health.

Learning Domain. Basic Knowledge and Analysis.

Learning Objective 1. Identify the adolescents’ subjective experience on anxiety and depression and the strategies used to manage these experiences.
Learning Objective 2. Analyze the sociocultural context impact on the adolescents’ mental health.

Citations/References.


PRESENTER 3.

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Title Paper. Culture and Psychiatry in Catholic Exorcism

Abstract. (1) Background. This paper is based on a comparative ethnographic study of contemporary Roman Catholic exorcism in Italy and the United States. (2) Aims/Objectives/Issues of Focus. The aim is to provide a perspective on culture in psychiatry using material on psychiatrists who not only integrate religious commitment in their practice but actively participate in healing rituals (3) Methods/Proposition. Ethnographic interviewing and observation, and analysis of both printed and audiovisual material are the basis of the presentation. (4) Results/Potential Outcomes. The result of the analysis is a new perspective on the interface between psychiatry and religion in contemporary society. (5) Discussion/Implications. Psychiatrists and other mental health professionals should be prepared to encounter not only patients who explicitly endorse the
reality of evil spirits and the possibility of possession, but also colleagues who share the same world view. Psychiatrists who entertain the possibility of demonic possession have a distinctive approach to a mixed idiom of affliction and distress as well as healing and recovery.

Learning Domain: Basic Knowledge, Analysis

Learning Objective 1. Describe the professional stance of psychiatrists collaborating with exorcists from the standpoint of “faith and reason.”

Learning Objective 2. Distinguish the difference between possession and pathology as contradictory/competitive or as coexisting/complementary categories in practice.

Citations/References.