

9th Int. Symposium “Global Mental Health—Mental Health in Developing Countries,” in Munich, October 27–28, 2017.

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The 9th International Symposium “Global Mental Health—Mental Health in Developing Countries” end of October 2017 in Munich was hosted by The International Network for Cooperation in Mental Health (i.nez), the Global Mental Health Group from the Department of Psychiatry and Psychotherapy of the Ludwig-Maximilians-Universität (LMU) Munich and the Center for International Health CIH-LMU. Since 2005 I have attended all the international symposia on “Global Mental Health – Mental Health in Developing Countries.” I enjoyed them all, but this year the organizers introduced a new format in two half days. This time the symposium was performed mostly interactive with workshops and poster presentations and gave space for a lot of exchange between the participants and everyone could be active.

About 120 physicians, psychiatrists, medical anthropologists, psychologists, researchers, occupational therapists, nurses, students and further interested persons from around the globe followed the invitation.

After a short introduction by *Peter Falkai* (Department of Psychiatry and Psychotherapy, LMU), *Matthias Siebeck* (Center of International Health, LMU), *Andrea Jobst* from the LMU-Global Mental Health Group and *Wolfgang Krahl* (i.nez e.V.) offered a warm welcome to the participants.

The first **keynote lecture**: *Mental Health Service Development in Low Income Countries—What is needed*, was presented by DAVID M. NDETEI¹. He is a Professor of Psychiatry at the University of Nairobi, Kenya, and the Founding Director of the Africa Mental Health Foundation. He stressed that in Kenya, like in most Low and Middle Income Countries, the treatment gap in mental health is about 85%. With only about 90 psychiatrists, for a population of about 44 million and less than 40 clinical psychologists, mostly based in urban settings, there is little hope that communities living in rural areas will have access to the specialized care. However, there are numbers of other healthcare providers available in those communities. These include those working in the formal health system (nurses, clinical officers and com-

munity health workers) and in the informal health system (traditional healers and faith healers). The traditional and faith healers are highly patronized by people seeking health services for various reasons. He pointed out that workshops were conducted to enhance access to mental healthcare. The government was lobbied to allocate funds for psychotropic drugs to the primary healthcare clinics. Support was gathered for continuous training and supervision of staff on psycho-social interventions using the WHO Mental Health Treatment Gap Intervention Guidelines. The findings suggest that it is possible to reduce the treatment Gap. There was a lively discussion after this keynote address.

A **poster session** followed, the presenters had 15 minutes time to present and discuss their posters about “Strengthening Evidence for the Scaling of Psychological First Aid in Humanitarian Settings” by *Kimberly Stam* et al. (Netherlands), “Teaching Mental Health—Dimensions of Reproductive Health in Low Income Settings” by *Rembrant Aarts* (Netherlands), “Mental Health care in Adumasa, Ghana” by *Kojo Koranteng* (Switzerland and Ghana), “Out-patient Addiction Rehabilitation Services in Mekelle/Ethiopia: Implementation and Preliminary Results” by *Etsdingl Hadera* et al. (Ethiopia), “Promoting Mental Health at Community Level” by *Beate Jakob* (Germany), “The MSc Course: Integrated Clinical and Community Mental Health” by *Kristina Adorjan* et al. (Germany). The new format of the poster session was well received by the presenters as well as the participants accompanied by lively discussions.

After the coffee break **workshops** about “Mental Health Service Implementation” (*Mohan Isaac*, India/Australia), “Addiction Services” (*Jessica Wong-Preuss*, Eschenburg, Germany), “Medical Education in Mental Health” (Rembrant Aarts, Netherlands), and “Trauma and its consequences (PTSD)” (*Andrea Jobst*, Munich) were well attended. In the workshop “Medical Education in Mental Health” we discussed different aspects of prevention on the whole and especially concerning women, who will teach and which skills are important. The day ended with workshop presentations moderated by Matthias Siebeck.

The next morning started with the **keynote lecture** by Professor WILLIAM S. SAX „Traditional Healing and Mental Health—A Medical Anthropologist’s View.” William has taught at Harvard, Christchurch, Paris, and Heidelberg, where he is Chair of Cultural Anthropology at the South Asia Institute. He pointed out that the term „traditional healing“ is problematic for many reasons. The first thing to note about forms

of “traditional healing” is that they are not isolated, monolithic “systems.” Almost everywhere they understand themselves—and should be understood as being—in a dialectical relationship with cosmopolitan medicine. The impressive spread of cosmopolitan medicine around the world has many causes, but surely one of them is its success in identifying and curing somatic ailments. The same cannot be said of the sub-field of psychiatry, which has been beset since its beginning by still-unresolved controversies regarding the nosology and aetiology of “mental illnesses,” and the best ways to treat them. By contrast, many forms of “traditional healing” for what we can provisionally call “mental illnesses” have relatively clear ideas about their causes and how to treat them, and there is much evidence that their methods are at least as effective as psychiatry. In any case, and unlike its somatically-oriented siblings, psychiatry has found little resonance outside the areas where it originated, and in this sense, it has remained “western,” and never become cosmopolitan. In Sax’s view, the Movement for Global Mental Health represents nothing less than an attempt to export (western) psychiatry to the countries of the South, despite its internal controversies. He argued that “traditional healing” should be taken seriously, and indeed valued, as an important resource for treating “mental illness.” He suggested that its value derives from the fact that it is embedded in and responsive to local contexts. An interesting partially controversial discussion followed.

“Traditional healing and mental health—A psychiatrist’s view” was the title of the *keynote lecture* by Professor MOHAN K. ISAAC from The University of Western Australia, Perth, and the National Institute of Mental Health and Neurosciences, Bangalore, India. Mohan has worked clinically for about three decades in India. He stressed the important role played by traditional healers in mental health care and that traditional healers form a major part of the “global mental health work force.” Traditional healers are filling the mental health “treatment gap,” particularly in low and middle income countries. Mohan explored the possibilities of collaboration between traditional healers. The unique skills and specific advantages traditional healers possess in managing certain types of mental disorders in specific cultural settings have been recognized for long. Mohan discussed critically the major barriers and challenges in collaboration between traditional healers and psychiatrists. Again a lively discussion followed exchanging different and controversial views.

After the coffee break the following *workshops* were offered: “Traditional Healing and Mental Health” (Martina Bungert, Kempten, Germany), “Mental Health Care Centre Adumasa—Tradition and Psychiatry: A practical approach” (Kojo Koranteng, Switzerland and Ghana), “Film: Ceremonial Spirit Possession—Subramaniam Temple Festival (Malaysia)” (Wolfgang Krahl, Munich) and “Ethics in Mental Health” (Herbert Steinböck, Munich). The participants in the workshop “Ethics in Mental Health” discussed different ethic problems like low resources, the role of corruption, the role of authorities and politics. The discussions were intense and lively. The Symposium ended with workshop presentations by the participants moderated again by Matthias Siebeck.

WOLFGANG KRAHL from *i.nez e.V.*² and main organizer of the symposium ended the symposium with a strong call for more cooperation between the countries in developing regions, especially the south-south cooperation. He pleads for giving mental health issues the adequate recognition and demands more clinical and context oriented research in developing regions. Such research should focus on cultural, economic, historical, psychological and social dimensions rather than involving in neurobiological research.

The 10th International Symposium “Global Mental Health—Mental Health in Developing Countries” will be held end of October 2018 in Munich³.

Notes:

1. David M. Ndeti has already published in *Curare*: NATO J., DECH H. & NDETEI D.M. 1997. “Psychiatric Morbidity in Gynaecological Out-patients in Kenya.” *Curare* 20, 2: 195–199.
2. <http://www.agem-ethnomedizin.de/index.php/inez.html>.
3. The programme will be announced on the AGEM website: www.agem-ethnomedizin.de



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