

Global Mental Health

How Good Intentions & Bad Epidemiology are Fuelling Strategic Pharmaceutical Marketing

Melissa Raven

melissa.raven@flinders.edu.au

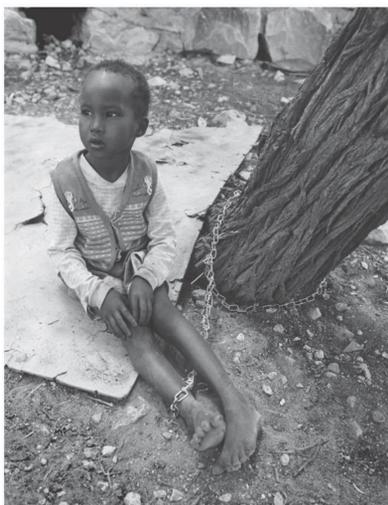
Background

Global mental health (GMH) is an increasingly prominent theme in the psychiatric/mental health field. However, there is little scrutiny of the evidence and assumptions it is based on, and little awareness or analysis of vested interests.

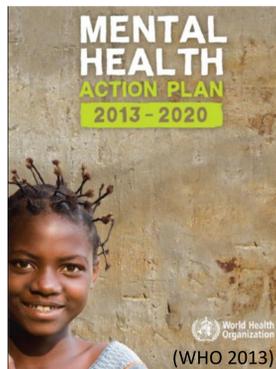
Advocates of global mental health

Leading advocates of GMH include the World Health Organization, the US National Institute of Mental Health, many psychiatrists, and pharmaceutical companies.

- About 14% of the global burden of disease has been attributed to neuropsychiatric disorders, mostly due to the chronically disabling nature of depression and other common mental disorders, alcohol-use and substance-use disorders, and psychoses. (Prince et al. 2007 [Lancet], p. 859)
- About four out of five people in low- and middle-income countries who need services for mental, neurological and substance use conditions do not receive them. (WHO 2010 [mhGAP], p. 1)



- Improving treatment for children with mental illness, like this girl in Somalia, is an urgent priority. (Collins et al. 2011)



Pharmaceutical industry opportunism

Depression awareness campaigns have been used to successfully export depression to Japan by GlaxoSmithKline (Kirmayer 2002), and to Thailand by Eli Lilly, assisted by public relations behemoth Burson-Marsteller (Hanpongpanth 2006).

GMH aims further: more countries and more disorders. GMH is the new frontier of industry-funded psychiatric disease awareness campaigns, marketing western-style psychiatric disorders to developing countries to enlarge pharmaceutical markets.

- Nine scholarships will be awarded through the Janssen Pharmaceutica Scholarship Fund, starting in the 2013-14 academic year. The fund was established through a gift of £295,335 to the Centre for Global Mental Health.... Janssen made the gift as part of its global 'Healthy Minds' programme to encourage collaboration among biotechnology, pharmaceutical and public-sector organisations to accelerate the discovery of new therapeutic solutions for neurologic and brain diseases. (London School of Hygiene & Tropical Medicine 2013)

References

- Brhlikova P et al. (2011) Global Burden of Disease estimates of depression – how reliable is the epidemiological evidence? *Journal of the Royal Society of Medicine*, 104(1), 25-34.
- Collins P et al. (2011) Grand challenges in global mental health. *Nature*, 475(7354), 27-30.
- Fernando S (2011) A 'global' mental health program or markets for Big Pharma? *Open Mind*, 168, 22.
- Hanpongpanth P (2006) Burson-Marsteller's Depression Awareness Campaign in Thailand. In MG. Parkinson & D Ekachai (Eds.), *International and intercultural public relations. A campaign case approach* (pp. 346-357). Boston: Pearson.
- Kirmayer LJ (2002). Psychopharmacology in a globalizing world: The use of antidepressants in Japan. *Transcultural Psychiatry*, 39(3), 295-322.
- London School of Hygiene & Tropical Medicine (2013). Gift establishes nine new scholarships for global mental health. http://www.lshtm.ac.uk/newsevents/news/2013/nine_new_scholarships.html
- Mills C. (2012). *Globalising disorders: encounters with psychiatry in India*. PhD thesis. Manchester Metropolitan University. <http://www.e-space.mmu.ac.uk/e-space/handle/2173/314032>
- Mills C. (2014) Psychotropic Childhoods: Global Mental Health and Pharmaceutical Children. *Children & Society*, 28, 194-204.
- Patel V et al. (2007) Mental health of young people: A global public-health challenge. *Lancet*, 369(9569), 1302-1313.
- Prince M et al. (2007) No health without mental health. *The Lancet*, 370 (9590): 1-19.
- Summerfield D (2008) How scientifically valid is the knowledge base of global mental health? *BMJ*, 337, 992-994.
- Timimi S (2011) A Reply to "Grand Challenges in Mental Health". *Somatosphere*. <http://somatosphere.net/2011/10/a-reply-to-grand-challenges-in-mental-health.html>
- WHO (2010) *mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: Mental Health Gap Action Programme*. Geneva: WHO.
- WHO (2013) *Mental health action plan 2013-2020*. Geneva: WHO.

Critics of global mental health

Leading critics of GMH include psychiatrists Suman Fernando, Derek Summerfield, and Sami Timimi, and social researcher China Mills.

- Most studies exhibit significant shortcomings and limitations with respect to study design and analysis and compliance with GBDep inclusion criteria. Poor quality data limit the interpretation and validity of global burden of depression estimates. The uncritical application of these estimates to international healthcare policy-making could divert scarce resources from other public healthcare priorities. (Brhlikova et al. 2011)
- 'within brain' explanations of distress seem to work to enable bio-psychiatry to travel globally, allowing it to encounter cultural differences as different expressions of an underlying physical component of mental distress (Mills 2014)
- A major assumption underpinning the programme is that mental illness is a result of disturbance of 'molecular and cellular mechanisms' in the brain – an extreme version of an outdated biomedical model.... What stands out is the lack of any attention to what users of services may think or to what communities where western psychiatric models of health are alien concepts may wish to see for improving their mental health and wellbeing. (Fernando 2011)
- the picture of a black girl chained to a tree gives a biased visual message that human rights violations are confined to non-western countries. Mental health service delivery has been fertile ground for human rights violations across the globe (e.g. use of seclusion, restraint, high dose medication). Protection of human rights, in line with the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), should be at the centre of developing mental health plans. (Timimi 2013)
- The assumption that a global norm for mental health exists and that deviations from this norm can be subsumed within a biomedical system is narrow and restrictive. Mental health services should reflect the needs of local communities and be sustainable without being tied to dependency on funding agencies driven by pharmaceutical and insurance industries. (Timimi 2013)
- The danger of the medicalisation of everyday life is that it deflects attention from what millions of people worldwide might cite as the basis of their distress – for example, poverty and lack of rights (Summerfield 2008)
- the hands being played into through the mobilisation of biochemical, 'within brain' explanations of distress, are the hands of the pharmaceutical industry, for whom LAMICs, such as India are an 'untapped market' for psychiatric drugs (Mills 2012)

Conclusions

Despite the good intentions of mental health professionals, policy-makers, and others who promote GMH, it is a problematic international health movement. It draws on methodologically flawed epidemiology, including the WHO mental health surveys, which use ethnocentrically Western instruments and diagnoses to measure psychopathology, and the Global Burden of Disease Study, which melds limited and unrepresentative data from developing countries with inappropriately generalised outcome studies from western countries.

Furthermore, there is clear evidence of pharmaceutical industry opportunism. As GMH initiatives proliferate, industry funding is likely to escalate, and being uncritically welcomed. The GMH movement is likely to have serious adverse effects in terms of overdiagnosis, unnecessary treatment, and opportunity costs.