ARTICLES FOR COMPETENCIES

**COMPETENCY 1- Introduction to Global Mental Health**

* What is the current state of mental health in the world and the barriers to scaling-up services for mental health in the developing world.
* Educational Goals: An introduction to the field of Global Mental Health and the key articles that helped establish the field.

1. Saraceno, B., van Ommeren, M., Batniji, R., Cohen, A., Mahoney, J., Sridhar, D., Underhill, C. (2007). Barriers to Improvement of mental health services in low-income and middle-income countries. *The Lancet.*
   1. *Review*
   2. Barriers to scaling-up
2. Lancet Global Mental Health Group. (2007). Scale up services for mental disorders: a call for action. *The Lancet.*
   1. *Review*
   2. *Requirements for scaling-up. Resources, indicators, priorities.*
3. Colins, P., Patel, V., Joestl, S., March, D., Insel, T., Daar, A., (2011). Grand Challenges in Global Mental Health. *Nature.*
   1. *Comment*
   2. *Current (2011) situation and future goals.*
4. Eaton, J., McCay, L., Semrau, M., Chatterjee, S., Baingana, F., Araya, R., Ntulo, C., Thornicroft, G., Saxena, S., (2011). Scale up of services for mental helath in low-income and middle-income countries. *The Lancet.*
   1. *Systematic review*
   2. *Mental health in developing world. Scale-up.*
5. Lund, C., De Silva, M., Plagerson, S., Cooper,S., Chisholm, D., Das, J., Knapp, M., Patel, V. (2011). Poverty and mental disorders: breaking the cycle in low-income and middle-income countries. *The Lancet*
   1. Systematic review
   2. Poverty and mental health negative cycle
6. Patel, V. (2012). Global Mental Health: From Science to Action.
   1. Perspective.
   2. Developing countries, global mental health, scaling up

Additional Readings:

1. World Health Organization (2010). Mental Health and Development: Integrating Mental Health into all Development Efforts including MDGs.
   1. Policy Analysis
   2. Mental health as development issue
2. Chisholm, D., Burman-Roy,S., Fekadu, A., Kathree, T., Kizza, D., Luitel, N., Petersen, I., Shidhaye, R., De Silva, M., Lund, C. (2016). Estimating the cost of implementing district mental healthcare plans in five low- and middle-income countries: the PRIME study.
   1. Assessment
   2. Assess resources needed to scale-up in sub-Saharan Africa and south Asia. Cost of care.
3. World Psychiatry: Official journal of the World Psychiatric Association (WPA). (2017)
   1. Editorials, Perspectives, Forums, Research Reports, Reappraisal, Insights, Letters to Editor, WPA News.

**COMPETENCY 2- Cross-Cultural Global Mental Health**

* Criticisms of western model of mental health care, and the need to respect culture and the social determinants of mental health.
* *Education goal:* Learn about critiques of western model of mental health and studies that may show how other countries have better outcomes for schizophrenia.

1. Kirmayer, L, Pedersen, D. (2014). Towards a new architecture for global mental health.
   1. Perspective
   2. Social determinants of mental health, critique of GMH movement
2. Fernando, S., Weerackody, C. (2009). Challenges in Developing Community Mental Health Services in Sri Lanka.
   1. Perspective
   2. South Asia, community mental health, warning against western model
3. Keys, H., Kaiser, B., Kohrt, B., Khoury, N., Brewster, A. (2012). Idioms of distress, ethnopsychology, and the clinical encounter in Haiti’s Central Plateau
   1. Ethnographic study
   2. Idioms of distress in Haiti post-2010 earthquake
4. Luhrmann, T.M. (2007). Social defeat and the culture of chronicity: Why schizophrenia does so well over there and so badly here.
   1. Perspective
   2. Schizophrenia, social defeat and causation, ethnography of psychosis, homelessness
5. Jablensky, A., Sartorius, N. (2008). What did the WHO studies really find?
   1. Perspective
   2. Assessment of WHO International Pilot Study of Schizophrenia

**COMPETENCY 3- Human Rights, Policy & Law**

* Human rights violations and the reframing of human rights for people with psychosocial disabilities with the establishment of the Convention on the Rights of Persons with Disabilities (CPRD).
* *Education goal:* Understand human rights as proposed by the Convention on the Rights of Persons with Disabilities (CRPD) and Article 12 (legal capacity). Brief review of mental health law and policy.

1. United Nations (2008). Convention on the Rights of Persons with Disabilities and Optional Protocol.
   1. Human rights instrument for persons with disabilities
2. Freeman, M., Kolappa, K., de Almeida, J.M., Kleinman, A., Makhashvili, N., Phakathi, S., Saraceno, B., Thornicroft, G. (2015). Reversing hard won victories in the name of human rights: Critique of the General Comment on Article 12 of the UN Convention on the Rights of Persons with Disabilities. *Lancet*
   1. Personal view
   2. Legal capacity, as argued by General Comment, may be detrimental.
3. Drew, N., Funk, M., Tang, S., Lamichhane, J., Chavez, E., Katontoka, S., Pathare, S., Lewis, O., Gostin, L., Saraceno, B. (2011). Human rights violations of people with mental and psychosocial disabilities: an unresolved global crisis.
   1. Review, qualitative analysis
   2. Human rights violations in low- and middle-income countries
4. International Disability Alliance. (2008). Position Paper on the Convention on the Rights of Persons with Disabilities (CRPD) and Other Instruments.
   1. Position paper by organizations of/for disabled persons
   2. Uphold CRPD and how disability-related provisions should affect other human rights instruments and treaties.
5. Bartlett, P., Jenkins, R., Kilma, D. (2011). Mental health law in the community: thinking about Africa.
   1. Perspective
   2. CRPD and community care in Africa, Mental health law in Africa
6. Mackenzie, J. (2014). Global mental health from a policy perspective: a context analysis: Characterising mental health and recommending engagement strategies for the Mental Health Innovation Network.
   1. Report
   2. Challenges to mental health policy; framework, what needs to change, lessons from other fields for overcoming barriers

*Additional Reading*

1. Gostin, L., Gable, L. (2004). The Human Rights of Persons with Mental Disabilities: A Global Perspective on the Application of Human Rights Principles to Mental Health.
   1. Review
   2. International human rights law. Application and development of human rights of persons with mental disabilities.
2. UN Committee on the Rights of Persons with Disabilities. General Comment No. 1 (2014)
   1. UN document
   2. Comment on Article 12 of CRPD

**COMPETENCY 4: Special Populations**

* Child and adolescent, maternal, newborn, and elderly mental health and how to prevent and treat using task-sharing methods.
* *Education goals:* Firm understanding of multiple facets of maternal mental health, how prevention starts in perinatal period, newborn, and childhood to thwart adult mental disorders. Brief look at mental disorders among elderly.

1. Baker-Henningham, H. (2013). The role of early childhood education programmes in the promotion of child and adolescent mental health in low- and middle-income countries.
   1. Review of peer-reviewed journal articles
   2. Early childhood education (ECE) interventions can reduce loss of development potential of disadvantaged children in LAMICs.
2. Black, M., Walker, S., Fernald, L., Andersen, C., DiGirolamo, A., Lu, C., McCoy, D., Fink, G., Shawar, Y., Shiffman, J., Devercelli, A., Wodon, Q., Vargas-Baron, E., Mranthan-McGregot, S. (2016). Early childhood development coming of age: science through the life course.
   1. Review. Part of Series on early childhood development
   2. Review the link between early childhood development with adult mental health and wellbeing.
3. Reynolds III, C., Cuijpers, P., Patel, V., Cohen, A., Dias, A., Chowdhary, N., Okereke, O., Dew, M.A,m Anderson, S., Mazumdar, S., Lotrich, F., Albert, S. (2012). Early Intervention to Reduce the Global Health and Economic Burden of Major Depression in Older Adults.
   1. Randomized trials (?)
   2. Prevention, late life, task-shifting, LAMICs
4. Chowdhary, N., Sikander, S., Atif, N., Singh, N., Ahmad, I., Fuhr, D., Rahman, A., Patel, V. (2014). The content and delivery of psychological interventions for perinatal depression by non-specialist health workers in low and middle income countries: a systematic review
   1. Systematic review
   2. Content and delivery of treatment by non-specialist health workers for routine maternal and child health care in antenatal period and postnatal. Focus on involving mother with child, and other family members.
5. Rodriguez, J., Ferri, C., Acosta, D., Guerra, M., Huang, Y., Jacob, K., Krishnamoorthy, E., Salas, A. Sosa, A., Acosta, I., Dewey, M., Gaona, C., Jotheeswaran, A., Li, S., Rodriguez, D., Rodriguez, G., Kuman, P., Valhuerdi, A., Prince, M., 10/66 Dementia Research Group. (2008). Prevalence of dementia in Latin America, India, and China: a population-based cross-sectional survey.
   1. Cross-sectional survey
   2. Investigation of prevalence of dementia in LAMICs (China, India, Cuba, Dominical Republic, Venezuela, Mexico, and Peru) is lower than developed regions.
6. Field, S., Baron, E., Meintjes, I., van Heyningen, T., Honikman, S. (2014). Maternal mental health care: refining the components in a South African setting.
   1. Literature review
   2. Perinatal mental health disorders in South Africa, lessons for integration of maternal mental health care with primary care.
7. Meintjes, I., Field, S., Van Heyningen, T., Honikman, S. (2015). Creating Capabilities through Maternal Mental Health Interventions: A Case study at Hanover Park, Cape Town.
   1. Case Study
   2. Capabilities approach to maternal mental health care using case study of resource-poor women in South Africa. Poverty-mental illness cycle.

*Additional Reading:*

Tomlinson, M. (2014). Maternal mental health in the context of community-based home visiting in a Re-engineered primary care system: A Case Study of the Philani Mentor Mothers Programme

1. Case Study
2. Community health workers (CHWs) as potential vehicle for community care for maternal, newborn, and child health in Sub-Saharan Africa.

Coast, E., Leone, T., Hirose, A., Jones, E. (2012). Poverty and postnatal depression: a systematic mapping of the evidence from low and lower middle income countries.

* 1. Systematic mapping
  2. Postnatal depression and poverty in LAMICs using research from 17 countries, and implications of neighborhoods, communities and localities.

Ranande, K., Anjali – Mental Health Rights Organization. (2017). Sexual Rights of Women with Psychosocial Disabilities: Insights from India.

1. Thematic paper
2. Sexuality among women with psychosocial disabilities and their sexual rights in India.

**COMPETENCY 5- Treatment Gap, Task-sharing, Alternative models**

* Review of the limitations of current biomedical model and how alternative framework, task-sharing, and implementation science may be beneficial.
* *Educational goals:* Learn about different models for mental healthcare, and how alternative models may offer a solution. Be able to back up an argument on different models and where you stand.

1. Betancourt, T. (2016). Optimizing an Era of Global Mental Health Implementation Science.
   1. Perspective
   2. Research showing alternative systems of care such as evidence-based mental health services, such as task-sharing with school or primary care and mental health services by community health workers and other paraprofessionals in LMICs. Needs to be more research into effectiveness of implementation strategies.
2. Brett, D. (2013). The biomedical model of mental disorder: A Critical analysis of its validity, utility, and effects on psychotherapy research.
   1. Commentary
   2. Analysis of biomedical vs. biopsychosocial model for psychotherapy
3. Chowdhary, N., Anand, A., Dimidjian, S., Shinde, S., Weobong, B., Balaji, M., Hollon, S., Rahman, A., Wilson, T., Verdeli, H., Araya, R., King, M., Jordans, M., Fairburn, C., Kirkwood, B., Patel, V. (2015). The Healthy Activity Program lay counsellor delivered treatment for severe depression in India: systematic development and randomized evaluation.
   1. Systematic development and randomized evaluation.
   2. Treatment for patients with severe depression by lay counselors in primary care in India.

1. Becker, A., Kleinman, A. (2012). An Agenda for Closing Resource Gaps in Global Mental Health: Innovation, Capacity Building, and Partnerships.
   1. Review of literature
2. Rahman, A., Malik, A., Sikander, S., Roberts, C., Creed, F., (2008). Cognitive behavioiur therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial.
   1. Cluster-randomized controlled trial
   2. Treatment of perinatal depression using community-based primary health workers in rural Pakistan had impact on infant weight and height and maternal wellbeing.
3. Engel, G. (1977). The need for a new medical model: A challenge for biomedicine.
   1. Perspective
   2. History, limitations, and critique of biomedical model and call for biopsychosocial model for mental health.

**COMPETENCY 6- Mental Health, Climate Change, Disaster, Humanitarian Emergency**

1. Ventevogal, P., van de Put, W., Faiz, H., van Mierlo, B., Siddiq, M., Komproe, I., (2012). Improving Access to Mental Health Care and Psychosocial Support within a Fragile Context: A Case study from Afghanistan.
   1. Case Study from Afghanistan.
   2. How to deliver mental health interventions in shattered health system, by strengthening community care and resilience.

ADDITIONAL READINGS

Skeen, S., Kleintjes, S., Lund, C., Petersen, I., Bhana, A., Flisher, A., & The Menatl Health and Poverty Research Programme Consortium (2010). ‘Mental health is everbody’s business’: Roles for an intersectoral approach in South Africa.

* + Assesses South Africa’s progress in intersectoral collaboration for mental health, and generates lessons for other LAMICs. Uses WHO-AIMS, interviews and focus groups. Highlights importance of working with legislation, awareness-raising, and structural approach to intersectoral collaboration.

UN General Assembly. 70/1. Transforming our world: the 2030 Agenda for Sustainable Development.

* + Lays out SDGs for next 15 years.

Patel et al. (2015). Addressing the burden of mental, neurological, and substance use disorders: key messages from Disease Control Priorities, 3rd edition.

* + Increase in MNS disorders with grave consequences for excess mortality, social and economic loss. Looks at population, community, and hospital level care. Review of low priority of mental health in many LAMICs, both financially as well as a range of other barriers (such as paucity of human resources, weak governance, and stigma).

Raja, S., Underhill, C., Shrestha, P., Sunder, U., Mannarath, S., Kippen Wood, S., Patel, V. (2012). Integrating Mental Health and Development: A Case Study of the BasicNeeds Model in Nepal.

* + With the backdrop of poverty being a social determinant of mental health, the article looks at the example of Nepal, (where the government provides no services in remote areas) to examine the Mental Health and Development model (MHD), emphasizes user empowerment, community development, strengthening of health systems, and policy influencing.. Model has: capacity building, community, mental health, livelihoods, research, and management. Involves: individuals, their families, and communities in a program, as well as tapping into local resources, is essential to the success and sustainability of a program.