Global Mental Health: A Reflection and Analysis from a Ghanaian Perspective

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Abstract

The concept of Global Mental Health (GMH) necessitates an inclusive approach that acknowledges the impact of cultural beliefs on an individual's wellbeing. To truly embrace the idea of GMH, Western ideals must be relinquished to accommodate the influence of culture on mental health. This entails understanding symptomology within specific cultural contexts and allowing space for culturally relevant definitions of health and wellness. Access to mental health services globally remains a significant challenge. While progress has been made in some countries with community-based mental health agencies, much work is needed to improve access and funding in others. Advocacy efforts and legislative support can pave the way for enhanced accessibility to mental health care, taking inspiration from successful initiatives around the world. For mental health professionals who have migrated from their home countries, remaining engaged and proactive in contributing to mental health issues in their communities is crucial. Multicultural competence alone is insufficient without action and involvement. Global competence and literacy must be pursued, along with a commitment to cultural sensitivity, equity, and social justice—a movement fighting against the oppression, suppression, and discrimination of particularly marginalized populations (Stojanović & Robinson, 2022)—to establish a truly comprehensive approach to GMH.

Keywords: Global Mental Health, Symptomology, Family Systems, Psychopathology, Advocacy

Introduction

Death is only but a means to the afterlife, according to many traditional Ghanaian ethnic beliefs. When a person dies, s/he embarks on a journey to the afterlife to meet the ancestors. To ensure that the person is sustained on this journey, many ethnic groups in the country bury their dead with different goods like clothes, fabric, jewelry, shoes, and sometimes food items. During these elaborate funeral and burial proceedings, the wails of loved ones can be heard. It is customary for one to speak while crying and you can hear someone say in Twi, the language of the Ashanti, "Me ne wo bɛ kɔ ooo! Me ne wo bɛ kɔ!" It translates into English as "I will go with you! I will go with you!" This

expression of "going with you" is in reference to taking the journey to the afterlife with the deceased.

The preceding sayings are very popular at funerals to illustrate the closeness felt with the deceased and the desire to continue to be with them, even in death. For behavioral health and mental health professionals trained in suicide assessment, these aphorisms may appear to be a red flag of sorts and a cause for concern. Do the people uttering these words need a safety plan? Are they suicidal? Do they truly want to die as their loved ones have? Professionals with lived experiences outside the United States who have studied fields such as Psychology, Psychopathology and Family Systems over the years may begin to raise concerns about where cultural beliefs and science collide. Before engaging in the analysis of the findings of this paper, it makes sense to first provide a robust denotation of Global Mental Health (GMH), since it is the concept that undergirds the study.

Defining Global Mental Health

To expand the definition of mental health to include the concept of globalization, there needs to be a release of Western ideals and definitions in order to make room for how external factors like culture impact a person's mind and overall wellbeing (Watters, 2010). GMH can be defined through the lens of research and practice that has at the helm improvement of people's mental health in equitable fashion (Patel et Al., 2014). This equity can look like inquiring about symptomology to be able to accurately establish a baseline with clients rather than imposing a baseline like many Western mental health professionals do post-tragedies around the world. Most recently, there have been studies about the impact of the Coronavirus Disease (CODID)-2019 pandemic on mental health across the globe, with a staggering 40% rise in reported mental distress around the world (Adiukwu et Al., 2022). While the reported symptoms are generally under the categories of mood disorders according to Adiukwu et. Al. (2022), there is also the question of the baselines of global citizens included in this statistic. Understanding this symptomology, in addition to establishing an equitable baseline, allows for professionals and community members to name mental health and social injustices when they occur within global communities (Patel et al., 2014). It includes establishing space for cultural definitions of health and wellness that fall outside Western standards, especially since culture has not been prioritized within the provision of mental health services (Bemme & Kirmayer, 2020). These culturally relevant or sensitive definitions may include concepts that may still be pathologized according to Western definitions.

Take the concept of "enmeshment," as defined by Salvador Minuchin, for example. Minuchin defined healthy families as having clear boundaries and hierarchies and that pathology lies within family systems, not individuals (McAdams et al., 2016). While this systemic view sounds feasible for non-collectivistic cultures, the concept of enmeshment which is defined as a lack of boundaries between family members which leads to a level of closeness that involves not being able to separate one's thoughts and emotions from others, does not take into consideration how non-Western families define family relationships and closeness (Akyll, 2011).

Ghanaian families typically have a desire for closeness, as they are a collectivistic culture. These family relationships would fall under Minuchin's definition of enmeshment because of the perceived lack of separation. If a couple has marital issues, it is expected for other family members to intervene, calling each partner separately and then together for conversations and offering support in whatever way, shape, or form. While some counselors view this as triangulation, this practice is an emphasis of the fact that marriage is not a union between two people, but one between two families. So, it is common in a heterosexual marriage for the man's family to refer to his wife as

"our wife." As counselors, exploring what may seem like textbook pathology or red flags in our clients' life stories leaves room for curiosity instead of judgment.

The desire for closeness or proximity is highlighted in a study by Bakens et al. (2022) who posit that individuals are more likely to reside in areas where there are people of similar ethnicity and where they may have access to familiar amenities such as restaurants that remind them of home. Pockets of immigrant populations and communities are formed as such. Additionally, multigenerational living in ethnic communities of which immigrant communities are a part are more common than in White communities (Choi & Ramaj, 2023). Thus, a counselor is more likely to work with an immigrant who lives in a multigenerational household than a White one who does. A counselor who encounters a client from an immigrant community in the West may jump to help his/her client to set "healthier boundaries" by, for example, not allowing a family member to move in with the client, rather than approaching the client's family structure from a place of curiosity and exploring the function of what may be perceived as enmeshment for an immigrant who has relied on the family for a sense of closeness and familiarity to home. One cannot also ignore the economic realities of minority families in the West who may reside with one another in a bid to cope with the lack of affordable housing in many major cities in countries like Canada and the United States, especially during the COVID-2019 pandemic (Choi & Ramaj, 2023).

The aforementioned realities also point to the belief that many individuals from Western countries have about knowing what is right for others, like in Sri Lanka after the 2004 tsunami that rocked the nation, and the response Western health professionals had about the absolute need for mental health counseling for recovery (Watters, 2010). In his book titled *Crazy Like Us*, Ethan Watters (201) explains how Western healthcare professionals have a difficult time conceptualizing that people from other cultures may not respond to trauma the way Americans for example respond. Many professionals entered Sri Lanka with assumptions about how people affected by the tsunami were going to respond psychologically and even went as far as making predictions about how many would die by suicide or would deal with posttraumatic stress disorder which especially needed to be dealt with almost immediately. These professionals missed the opportunity to explore the strengths of Sri Lankan communities and the role that family bonds play in their recovery after being faced with a trauma like a tsunami (Wickrama & Wickrama, 2011). Professionals cannot look at the topic of mental health on a global scale without including cultural strengths and community resilience.

The practice of GMH means placing systemic issues at the forefront of clients' issues and offering strategies that do not invalidate their struggles or erase their existence. African Americans in the United States have historically and continue to face systemic and structural racism—the discrimination and mistreatment of people of color through policies, laws and everyday systems like healthcare and legal systems which bring about significant systemic issues that translate mentally and emotionally into disorders like anxiety and depression (Braveman et al., 2022; Kelly, 2019). Counselors without an understanding of these systemic and social justice issues may end up doing more harm than good to their clients. In the counseling or therapy space, this can look like labeling client symptoms as "treatment-resistant" or clients as "unmotivated" when in fact clients are facing circumstances out of their control that exacerbate their symptoms.

Global Mental Health in Practice

When a client reports anxiety about being in a store and feeling like s/he is being followed around, a few Cognitive Behavior Therapy approaches may be employed by a counselor trained in this theory about maladaptive thought patterns, how s/he is playing a role in the client's reporting the anxiety, and how to reframe these thoughts that are not serving the client well (Jones-Smith, 2021). The

counselor may attempt to help the client to reframe the thoughts or attempt to help the client to understand things from the perspective of a store worker for example. This has the potential of invalidating the client's experiences as a member of a target group in society and the said client may not even return for services. As counselor educators, it is our role to identify some of the ways supervisees may unintentionally align with white supremacist—a belief in whiteness and white beliefs being better that those of other groups (Jenkins, 2024)—values in an effort to remain neutral. While this is only an example, it can be applied to many situations where members of target groups around the world are gaslighted into believing that their perceptions are an illusion or that they may be confused about what is happening to them.

In other cases, Blacks in the United States who do not necessarily identify as African American or with the history of African Americans in the United States may find themselves being grouped together with the experiences of African Americans, which can end up being confusing for them (Kelly, 2019). For example, an immigrant from an African country in the counseling space discussing his treatment by his supervisor faces the assumption from his counselor that he probably does not like his White supervisor because the client thinks the said supervisor is racist, when in fact the client may be dealing with a workplace adjustment issue due to different cultural expectations in a workplace environment. As mental health professionals who are aware of social justice issues around us and beyond, we also stand the risk of being overzealous and overgeneralizing these experiences our clients are having. Our own assumptions about the struggles of target and minority groups can point us in the direction of issues that are not absolutes but may possibly have a role in our clients' concerns. A professional growth goal in this case is to not jump to these conclusions and make assumptions especially with clients with whom counselors may have shared identities. This self of the therapist work is essential in identifying one's own biases, how s/he shows up in case conceptualizations, diagnoses, and the interconnectedness with personal values (Akyll, 2011).

Another important part of the GMH conversation is access to services around the globe. In recent times, the conversations about access to mental health services in the United States have centered around the private sector and battles with insurance companies over fair reimbursement, as evidenced in a monologue by John Oliver on his show titled "The Last Show Tonight" (Horton, 2022). In his July 2022 monologue, Oliver lamented about the barriers to mental health access in the country, including insurance red-tape, out of pocket costs, and the shortage of mental health professionals. Access to mental health services is bigger than this, however, and when considered beyond the walls of the United States, there is evidence of community-based mental health agencies that do not necessarily fall in the private sector in other parts of the world. These are set up by governments, non-governmental organizations, or non-profits, to directly meet the needs of community members who needed to be reintegrated into the community after being treated at larger hospitals or instead of being removed from their communities (Patel et al., 2014). Patel et al. (2014) discuss efforts dating back to 1940 in countries like India, Nigeria, and Tanzania where community-based clinics have been effective in supporting people who are struggling with mental disorders, and how they are at the forefront of accessible care. In Nigeria, for example, community-based clinics would fall under the category of the primary health system and is accessible in rural areas, thanks to governmental efforts and other agencies (Wada et al, 2021). Nonetheless, these clinics may not always have the staff or resources to attend to the mentally ill in the community. This is where advocacy comes in for mental health professionals in the Diaspora who can follow up on mental health policies in their home countries to increase the availability of community-based mental health agencies and provide support funding and competent staff in these clinics where they could also be service providers.

In the United States, a bill that has been introduced to Congress titled the "Mental Health

Access Improvement Act of 2021, S.828" is an example of access efforts to include certain mental health professionals into the provision of care for Medicaid beneficiaries who would typically not be able to receive care from marriage and family therapists for example. While African countries like Ghana and Nigeria do not have a law like this, this law can be a template that can include all other mental health professionals, especially those who are not licensed psychologists or psychiatrists in the country, as those are the most recognized mental health professionals in such countries (Wada et al., 2021).

Implications for Global Mental Health Conceptualization in Ghana

One of the legislatures left behind in Ghana by the British was the 1888 Lunatic Asylum Act of the Gold Coast, which allowed government officials to arrest and put mentally ill citizens in a prison in the capital city, Accra (Fournier, 2011). This unfortunately marked the beginning of the criminalization of mental illness in Ghana. This Act was later replaced in 1972 by NRCD 30, a mental health decree which was unfortunately not implemented, and its contents not widely publicized (Walker & Osei, 2017). More recently, the Mental Health Act of 2012 was passed to protect the rights of people with mental health disorders against criminalization and discrimination and has still taken many years to implement (Doku et al., 2012). The new law humanizes people struggling with mental illness and, in many ways, points to the progression of the country away from the impacts of colonialism.

For mental health professionals who have immigrated out of the country and may try to stay abreast with current issues, there is sometimes a sense of jadedness toward the systems in the country. Additionally, with the number of years it took to implement the Mental Health Act of 2012, this self-fulfilling prophecy of "nothing works" sometimes pushes said professionals to take a backseat approach to mental health matters in Ghana. The global COVID-2019 pandemic also exacerbated the gaps in many of the world's systems, including the mental health disparities in countries across the globe (Adiukwu et al., 2022). At this stage, however, we cannot define GMH without including ourselves in the fight for access, equity, and social justice in our home countries. This includes examining preconceived notions about the concept of mental health in African countries like Ghana which, by extension, can play a role in some of the policies that can be advocated. There is much room for improvement for professionals who have used the physical distance to establish socioemotional distances for many reasons including trauma.

Such traumas can include the grief of the lives they used to live in their home countries, or the grief of loved ones they were unable to see and hold before they passed away in their absence. Grief can be dealt with in many ways, like in the introductory story of the desire to "go with" someone who has passed away. Grief does not necessarily end at the conclusion of the mourning periods different cultures observe. Grief can also show up in the denial and distancing from the memories of things and people lost (McLean et al., 2022). Mental health is considerably too complex to be viewed in a singular fashion or in a linear manner. There are many complexities that play a role in our conceptualization of mental illness, symptoms, and psychological responses to traumas. At the same time, multicultural competence is not going to be enough if there are no actions to back the conversations being had in the counseling space, classrooms, conference rooms, and even on social media. Global competence and literacy are the next step, and these cannot be achieved without action and involvement.

Conclusion

In conclusion, GMH can be denoted as the effort toward mental wholeness for global citizens that includes the role their culture plays in their views about mental health, symptoms, and recovery, to also include the research, practice, and advocacy it takes to ensure all global citizens are treated with care and sensitivity. For cultures such as those in the different parts of the continent of Africa like in Ghana, prioritizing these views about mental health is pertinent due to the role cultural values play in its citizens' lives. The lens through which mental health is viewed is going to be clouded with cultural experiences, values, expectations, and the impacts of colonialism on the legal landscape of the country. In order to establish change to move the continent toward the healing that is desired on the global level, mental health professionals will also need to explore how to integrate their education from the West and the different cultural belief systems to launch effective change. A concrete example of this is exploring how individuals and families from different cultural backgrounds cope with grief and supporting clients through their way of grieving, rather than prescribing Western ways of grief. Psychoeducation can be instrumental in introducing different psychological concepts to different groups; and to be effective, mental health professionals will need to meet their audiences and clients where they are.

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