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Addressing Global Mental Health

John McCarthy and Melissa Habedank

McCarthy, John, PhD, is a Professor in the Department of Counseling at Indiana University of Pennsylvania.

Melissa Habedank, MA, is a recent graduate of the Clinical Mental Health Counseling program in the Department of Counseling at Indiana University of Pennsylvania.

Abstract

International mental health is an area of heightened interest, as it represents one of the top 10 research advances for 2012 (Insel, 2012). According to articles cited in Collins et al. (2011), a range of mental disorders—schizophrenia, depression, epilepsy, dementia, alcohol dependence, and other mental/neurological/substance use disorders—represent about 13% of global disease, and, in addition, an estimated 1.5 million individuals will complete suicide globally by 2020. This paper will outline various efforts to address global mental health, including the Grand Challenges in Global Mental Health program through the NIMH; the Centre for Global Mental Health in the UK; and the Mental Health Facilitator program through the National Board for Certified Counselors-International.

Keywords: mental health; international; counseling

Global counseling and international mental health represent a domain of increased interest in recent years. Hohenshil and Amundson (2011) described the internationalization of counseling services as “one of the more interesting and exciting trends in counseling today” (p. 313), adding that counseling is among many professions that is experiencing a global domain. Given the growing international nature of the profession, it can behoove counseling professionals and counselors-in-training, particularly those in clinical mental health counseling, to enrich their knowledge base on international mental health developments. This article seeks to discuss recent trends in this arena, both within and related to the counseling profession.

A recent issue of *Counseling Today*, the monthly publication of the American Counseling Association, devoted a cover story to this topic that outlined perspectives of counselors in various countries (Shallcross, 2013). In this article, Eltantawy, a counselor in Egypt, noted that many individuals there wouldn't likely know the meaning of counseling. Cheong, a counselor in Singapore, related that “counseling” is a word of taboo in Asia, adding that, as a result, the words “learning” and “counseling” are combined to make a place for families to utilize counseling (Shallcross, 2013). Finally, Mboya, a professional in Kenya, explained that his experience as a counselor was

reflective of a teacher, a person who can comprehend people's challenges (Shallcross, 2013).

Other recent publications have also highlighted international counseling and its significance. Yesilyaprak (2012) discussed the paradigm shift in vocational guidance and career counseling in Turkey. Hutz-Midgett and Hutz (2012) described important past and present components of counseling in Brazil before examining emerging trends. Hoskins (2008) addressed career counseling in India. McCarthy, Harutyunyan, Smbatyan, and Cressley (2013) outlined the mental health system in Armenia before voicing how professional counselors could be utilized in the future. Ng and Noonan (2012) utilized a qualitative approach in studying the meaning behind the internationalization of the counseling profession. Finally, Amundson, Niles, and Hohenshil (2013) noted that various events and forces have prompted the need for counseling activities in countries throughout the world. They added, "Change has occurred at an unprecedented rate, and this has set the stage for a wide range of personal and social issues," including those in family, career, mental health, and substance-related areas (p. 422).

Developments in Global Mental Health

In their examination of international perspectives on counselor identity, Alvarez and Lee (2012) discussed international counseling-related associations that have been created to further develop and promote the global profession. They included the International Association for Counseling, the National Board for Certified Counselors International, and the International Registry of Counsellor Education Programs (IRCEP), formed in 2009 by the Council for Accreditation of Counseling and Related Educational Programs (IRCEP, n.d.). Stanard (2013) further described IRCEP's history, mission, future directions, and challenges. Finally, Kargul (2012) offered an introduction of the Counselological Association in Poland.

The importance of attending to mental health on a global scale cannot be underestimated and is a critical area about which counselors should be aware. Leaders in the U.S. counseling profession pointed to global domains when asked about the future of this area. According to Erford (as cited in Shallcross, 2012), counseling has reached global scales with many governments realizing the significance of mental health. This internationalization of counseling has clear benefits, as it brings the potential to "create a global synergy" advancing the field and can add to the collective cultural competence (West-Olatunji, as cited in Shallcross, 2012, p. 44). Finally, Lee pointed to the necessity of counselors in becoming "globally literate human beings," as this quality is crucial for counselors in future decades (as cited in Shallcross, 2012, p. 43). With these points in mind, this paper aims to raise awareness of counseling professionals and trainees on some current developments in international mental health.

In May 2013, the 66th World Health Assembly, composed of Ministers of Health from 194 Member States, adopted the *Comprehensive Mental Health Action Plan 2013-2020* of the World Health Organization (World Health Organization [WHO], n.d.-a). This action arose from a 2012 World Health Assembly resolution calling for a comprehensive mental health plan, which was to include not only the identification and treatment of mental disorders, but also the risks in creating such a plan (WHO, 2012-b). The plan views mental health in terms of well-being where people can fulfill their abilities, cope

with stressors, work in a productive way, and offer contributions to their communities (World Health Assembly, 2013).

In addition, the World Health Organization (2010) contended the following items in regard to mental health: 1) It is a vital part of health and that health cannot exist in the absence of mental health; 2) It is more than the mere absence of a mental disorder; 3) It is derived from socioeconomic, biological, and environmental factors; and 4) Strategies and interventions—intersectoral in nature—do exist to promote issues of mental health. In essence, then, the WHO maintains that mental health can be best viewed as the foundation for an individual's well-being as well the efficient working of a community. Furthermore, among the social, psychological, and biological factors influencing mental health, the WHO specifically cited stressful work-related environments affecting poor mental health.

Assessing Global Mental Health Needs

Over 450 million people across the globe are estimated to have a mental disorder and still more have mental health problems (WHO, 2010). Furthermore, the WHO estimates that 350 million people throughout the world suffer from depression, which serves as a critical portion in the worldwide picture of disease (WHO, 2012c). In discussing various mental, neurological, and substance-use disorders, Collins, Patel, Joestl, March, Insel, and Daar (2011) pointed out that, while effective treatments exist, they are not accessible to those who need them the most. Taken a step further, it has been estimated that less than 10% of individuals who need professional assistance actually receive it (WHO, 2012c). This difficulty may be due in part to the majority of low to mid-level income countries possessing insufficient numbers of individuals trained in the provision of mental health services as well as lacking infrastructure, policy, and legislation supportive of meeting public mental health needs (Wasylenki, 2010). Additionally, the perception of mental illness not being "amenable to quick solutions" and requiring complex treatment can lead to reluctance on the part of donors and policymakers to give greater priority in developing needed services (Jenkins et al., 2010, p. 231).

It has also been noted that individuals with serious mental illness demonstrate greater prevalence of physical diseases and shorter lifespan than members of the general population (De Hert et al., 2011). According to the United Nations, one in four people globally will experience some type of mental health situation over a course of a lifetime. Each year nearly a million individuals complete suicide, the third leading cause of death among youth (United Nations Enable, n.d.).

Depression represents the primary factor in years lost because of a disability. It is currently the third leading disorder among the global diseases. By 2030, it is projected to be the single leading disorder. In addition, various mental health difficulties, such as alcohol abuse, are among the leading disabilities in both developed and developing nations (United Nations Enable, n.d.). In 2020, suicide is expected to be 2.4% of the total global burden of disease in nations with market and former socialist economies. Suicide prevention has not been globally addressed in light of the lack of awareness on the subject and the associated taboo with it (WHO, n.d. -b).

Challenges and Advances

The *Mental Health Atlas 2011* (WHO, 2011) pointed to many items reflecting the challenging state of global mental health. First, nearly half of the world's population resides in nations where, on average, one psychiatrist serves approximately 200,000 people. Expenditures on mental health amount to less than US\$2 per person. In low-income nations, that same amount is less than US25 cents. About one-third (36%) of people in low-income countries reside under the coverage of mental health legislation. The corresponding figure in high-income nations is 92%. The importance of such legislation is seen in its help “to legally reinforce the goals of policies and plans in line with international human rights and practice standards” (WHO, 2011, p. 10).

Unfortunately, those with mental health struggles experience other difficulties. Those individuals with mental and other psychosocial disorders frequently suffer from physical and sexual abuse (United Nations Enable, n.d.). They may receive poor quality of care and suffer human rights violations. The stigma associated with mental health issues can lead to “exclusion, rejection, and marginalization by society” in part because of misconceptions that others possess about their decision-making or dangerousness (WHO, 2012b, p. 1). As a result, they may not be given opportunities to work, to receive an education, and to find a meaningful, self-sufficient lives in the greater community (WHO, 2012b, p. 1).

Yet increasing recognition on this topic has been noted. Insel (2012) stated that global mental health was among the top 10 research advances of 2012, relating that Grand Challenges Canada had supported nearly \$20 million in 15 projects to aid mental health diagnosis in developing countries. The U.S. National Institute of Mental Health had also started Collaborative Hubs for International Research in Mental Health, a venture of five research-based and research capacity-building centers to assist in decreasing the treatment gap between low- and middle-income nations and learning from innovative approaches in such countries.

Given the seriousness of mental health in the global future, large-scale initiatives have been launched to raise awareness and address such struggles, and various programs are addressed in this section. The World Health Organization (2012a) recently initiated the *WHO QualityRights Tool Kit* to make sure that quality care and standards related to human rights standards are instituted in mental health/social care facilities throughout the globe. The Kit created critical standards, consistent with the International Convention on the Rights of Persons with Disabilities, to be met in such facilities, including providing evidenced-based care for mental conditions.

As noted by Hohenshil et al. (2013), various organizations—mostly from the West—are aiding other countries in their efforts to expand their counseling services. Such entities include the National Board for Certified Counselors International (NBCC-I), which instituted its Mental Health Facilitator (MHF) program as a way to increase community-wide mental health access via the education and training of paraprofessionals, lay people, and professionals outside of the mental health profession. The intent of the MHF is to offer tools and skills to people to aid in the identification of mental health needs and enable them to make referrals and work with others who need mental health assistance (NBCC-I, n.d.). Its 30-hour training offers components on helping skills, diversity, suicide, response to trauma, and referral/consultation, and the

curriculum has been translated into nine languages, including Chinese, Spanish, and Arabic. The MHF program possesses 68 trainer candidates and 435 trainers, including 184 master trainers, of which 64 are counselor educators from the United States. To date, there are 1,789 individuals in over 19 countries who have completed the MHF training. Prior to becoming fully vested MHF Trainers, candidates receive the MHF “Training of Trainers” courses and are required to train a group of at least five people in the entire 30-hour MHF curriculum. It is required that the MHF partner authorizes the training (S. Allen, personal communication, January 13, 2014).

In addition, the Centre for Global Mental Health (CGMH) represents another development in this area. A collaborative effort between the London School of Hygiene and Tropical Medicine and King’s Health Partners that was started in 2009, CGMH seeks goals of promoting research and capacity-building in regard to the domains of policy, prevention, treatment, particularly in decreasing the treatment gap for people with mental, neurological and substance use disorders in areas with fewer resources (CGMH, n.d.). The Centre offers publications and global mental health resources and a teaching/training program, including an MSc degree in Global Mental Health.

Based in the Netherlands, the Global Initiative on Psychiatry (GIP) works through local offices in various countries to, according to its mission, “promote humane, ethical, and effective mental health care throughout the world and to support a global network of individuals and organizations to develop, advocate for, and carry out the necessary reforms” (GIP, n.d., para. 3). Initially focused on former Soviet states, GIP broadened its scope to Asia and Africa in 2005. The GIP-USA segment of the organization is currently focused on offering expertise, fundraising, and aiding in the difficulties faced by imprisoned individuals with a mental disorder (Levin, 2013).

Research programs are also underway on an international scale. The Grand Challenges in Global Mental Health, a study funded by the U.S. National Institute of Mental Health (NIMH) and supported by the Global Alliance for Chronic Diseases, focused on research priorities that will have an impact on individuals with mental, neurological and substance-use disorders (MNS) over the next decade. It differs from past initiatives in that it is global in scope and covers the range of MNS disorders (Collins et al., 2011).

Looking Ahead

World Mental Health Day is celebrated annually on October 10 and represents an initiative of the World Federation for Mental Health (2014). The World Health Organization actively supports the event in heightening mental health awareness via collaboration with various ministries of health and civil service organizations throughout the world. It also creates advocacy material and offers technical aid for various countries in regard to the World Mental Health Day (WHO, 2013).

The development of the counseling profession worldwide coincides with the increasing needs of people and their mental health needs around the globe. However, increased awareness alone is not the answer. As mentioned by Saxena, Thornicroft, Knapp, and Whiteford (2007), it “has not yet been translated into greater investment of resources” (p. 886). They further suggested that the topic of resources is complex, as it involves a scarcity of resources combined with an inequity of distribution and

inefficiency in their utilization. Such challenges need to be addressed before progress will be made internationally, both for middle- and low-income countries. In essence, they argued, “Innovative, concerted, and sustained efforts are needed to remove these obstacles and achieve better mental health” (p. 886).

In conclusion, the World Health Organization (2010) recommended that national policies on mental health should not focus on mental disorders only. Rather they should also concern wider issues that promote mental health, including efforts to integrate such initiatives into policies and programs in government, business, education, labor, justice, transport, and housing sectors. Attending to the mental health and well-being of individuals contributes to the functioning of the global community. As reiterated by Hohenshil (2010), “Many nations throughout the world recognize that positive mental health is a valuable social/economic asset...” (p. 3), and, with continued dedication by professionals around the globe, continued efforts will be made to develop and enhance mental health across the continents.

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