What Are We Doing? Is Exporting Anti-Depressants answer the Mental Health Needs of the Global South?

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What are we doing? Hannah Arendt (1998) posed this question as a guiding theme for her explorations in *The Human Condition*. It’s a simple, yet far-reaching question that carries both an ethical and a political demand. The question necessitates a pause for thought, a moment for reflection. It demands an assessment and evaluation of actions and the contexts within which they take place. It reflects an approach that is concerned as much with what is happening in the present, as it is concerned with why this present is as it is. In a similar vein, this abstract is motivated by such concerns, as much of the practices of the current global mental health movements in globalizing depression and formulated intervention mechanisms and treatment packages to the global South, the need to interrogate the foundations of the politics and ethics of such intervention arises anew.

Over the last decade, the globalization debate has become as much a part of the public in the West as the academic sphere, with research journalists contributing greatly to the shaping of public opinion. While talk about the effects of fast food and offshore manufacturing can be heard in any Starbucks, less attention has been devoted to the globalization of science, export of ideas or symptoms of mental illness. This abstract, therefore, aims to facilitate a critical reflection on efforts to scale up mental health services in LMICs and asks what should be considered to develop a culturally sensitive and locally feasible mental health system in these contexts.

Depression is now framed as a severe public health problem and a global ‘crisis’ (WHO, 2001). In 2008, more than 121 million people were affected by depression (WHO, 2009). By 2016, that number had increased to over 615 million worldwide. The global mental health movement has organized to increase access to mental health care around the world (WHO, 2009). The Movement for Global Mental Health (Patel, 2012; Patel et al., 2011), in alliance with the WHO (WHO, 2010), they have formulated standardized international programs to address the global ‘epidemic’ in mental ill health and ‘treatment gap’ particularly in low and middle-income countries (LMICs), including Ethiopia (the focus of this proposed research).

Although recent discussions on global mental health have greatly focused on how to promote mental health interventions in low and middle-income countries, there is a great deal of dispute about the evidence for the biological basis of some of the most promoted mental health conditions like depression (White, 2013; Summerfield, 2006, 2008, 2012). Given the extreme inequalities that are so intricately woven into the current international order as well as into the social and political fabrics of countries and regions, this abstract argues that there is a need for critical reflection about the efforts to scale up mental health services in LMICs. At the same time, there may be sounder political, and economic answers for the suffering of developing countries than exporting antidepressants that could have a possibility of pathologizing everyday living experiences of the Global South.