**GLHLTH 660-02 / PSY 611-02 / CULANTH 611-02**

**Global Mental Health**

**Fall 2015 (revised 17 September 2015)**

**Instructor:** Brandon Kohrt, MD, PhD

Trent Hall, Rm 213

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**Class times:** Thursday 3:05-5:30pm

**Class location:** Trent 039A

**Office hours:** By appointment

**Course Description:**We will examine global mental health from the perspectives of culture, public health, epidemiology, human rights, and intervention. Disciplinary approaches include cross-cultural psychiatry, medical anthropology, epidemiology, and public health behavioral change. Topics include ethics, stigma, cross-cultural classification of mental health, ethnopsychology, trauma, political violence, disasters, and displacement and migration. Special populations include children and adolescents, ethnic and caste minorities, refugees, survivors of complex emergencies, and persons living with chronic disease.  Mental health is examined in a biocultural life-course perspective. The course highlights mixed-methods approaches to research and intervention evaluation incorporating quantitative and qualitative approaches.

**Course objectives:**

By the end of the course, students will be able to:

-Describe the historical origins of global mental health as a field of research

- Describe the impact of stigma and human rights violations on the experience of mental health cross-culturally

- Describe the challenges in cross-cultural assessment of mental health including epidemiological studies

- Critically review global mental health research from a cultural perspective

- Complete a systematic review on a selected topic in global mental health

**Course Readings:**

Articles as assigned will be posted on Sakai.

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| --- | --- | --- | --- |
| **Percent Score** | **Grade** | **Percent Score** | **Grade** |
| 98-100 | A+ | 78-79.9 | C+ |
| 93-97.9 | A | 73-77.9 | C |
| 90-92.9 | A- | 70-72.9 | C- |
| 88-89.9 | B+ | 68-69.9 | D+ |
| 83-87.9 | B | 63-67.9 | D |
| 80-82.9 | B- | 60-62.9 | D- |
|  |  | <60 | F |

**Class requirements:**

|  |  |  |
| --- | --- | --- |
| *Assignment* | *Points each* | *Total* |
| Weekly commentaries | 9 commentaries x 2 pts | 18 |
| Class attendance and participation | 11 classes x 2 pts | 22 |
| Group presentation | 1 presentation x 20 pts | 20 |
| Systematic review | 1 review x 30 pts | 30 |
| Individual presentation | 1 presentation x 10 pts | 10 |
|  |  | **100** |

*Weekly commentaries* – A double-spaced 2 page12-point font response paper should be submitted each week except Week 1, Week 13, and the week you present. It can include components such as (1) brief summary of the major issues in each article, (2) critiques and limitations of the articles, (3) public health impact and significance of the articles, and (4) please indicate which of the articles you found the most useful and the least useful for your global mental health education. Response papers are due by 11:59pm on the Tuesday prior to class. A total of 9 commentaries are required.

*Class attendance and participation –* Due to the seminar nature of the class, class attendance is expected, mandatory, and crucial to success in the class. Students are allowed two excused absences in which the professor must be notified at least one hour prior to class. Therefore, student must attend at a minimum of 11 out of 13 sessions. Respectful class participation is required for successful seminar learning. Two points are given for each class attendance with significant participation with a maximum of 22 points. Please arrive on time and ready to participate. Arriving more than 10 minutes late (leaving more than 10 minutes early) will be counted as missing half the class (i.e. a loss of 1 point).

*Individual Presentations –* At the beginning of class each week, 2-3 students will initiate the discussion by reviewing the articles. Students should divide the week’s assigned reading. Presentations should be made on PowerPoint and emailed to me by 11:59PM on Tuesday the week of the presentation. No more than 15 slides can be included. The last slide should be discussion points and questions for the class. Total student presentation is limited to 20 minutes for the group, so be succinct. If presentations last longer than 20 minutes, 1 point will be deducted for every minute over 20 minutes. Please practice ahead of time to be sure you can cover the material in time. The following areas should be addressed: purpose of the article; background; methods used; findings; limitations; implications of findings. The student should approach each article critically rather than only summarizing these issues.

*Group presentation* - A group presentation related to any area of global health is required. The class will be divided into 4 groups. Each group will conduct a 30-minute presentation. Presentations should include a 15-minute video presentation that may then be posted on the Duke Global Mental Health website. The other 15 minutes of the presentation will be a question-and-answer session. Each member is responsible for contributing to the project. Presentations should be structured as follows: (a) public health problem – *why this matters*, (b) state of the field in research and intervention ­– *what we know*, (c) gaps in the field – *what we don’t know*, (d) proposal for additional research or intervention trial – *what we should do know*, (e) public health impact of the newly proposed research – *how this will change the field*.One grade will be assigned per group based on overall strength of the presentation. A maximum of four points are awarded for each section for a total maximum score of 20.

* ~~Week 4: Groups self-selected (September 17~~~~th~~~~)~~
* ~~Week 6 : Groups present topic ideas in class (October 1~~~~st~~~~)~~
* ~~Week 8 : Groups present written outline of presentation and explanation in class (October 15~~~~th~~~~)~~
* Weeks13: Group Presentations (November19th)

*Systematic Review –* Students are required to complete a systematic review on a topic of their choosing in global mental health. Each of the assignments below is due at 11:59pm on the Tuesday before the class datelisted below. Final systematic reviews are due by **11:59pm on Wednesday, December2**. 33% points of points for any section will be deducted for each 24-hour period after the deadline has passed for any component.

* ~~Week 6 : Question, Search Terms, and Systematic Review resources (5 points) [Email by midnight on Tuesday, September 29th]~~
* ~~Week 8 : Inclusion and Exclusion Criteria and Table (5 points) [Email by midnight on Tuesday, October 13th]~~
* Week 10 : Table of Articles and Key findings (5 points) [Email by midnight on Tuesday, October 27th]
* Wednesday, December 2nd – Final Paper due (15 points)

WEEKLY SCHEDULE & READINGS

Week 1 – August 27

INTRODUCTION & SEMINAR OVERVIEW

No readings.

Watch Vikram Patel TED Talk: <http://www.ted.com/speakers/vikram_patel.html>

Week 2 – September 3

STATE OF THE FIELD: GLOBAL BURDEN OF DISEASE, mhGAP, & TASK-SHARING

Readings:

* Becker, A.E., &Kleinman, A. (2013) Mental Health and the Global Agenda. *New England Journal of Medicine,* 369(1), pp. 66-73.
* Patel et al *Global Mental Health* Chapter 1 – “A brief history of global mental health”
* Patel et al *Global Mental Health* Chapter 10 – “Strategies for strengthening human resources for mental health”
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 17 – “Task-shifting in global health”
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 18 – “We can’t find this spirit of help”
* Mental Health GAP Action Programme<http://www.who.int/mental_health/mhgap/en/>

Week 3 – September 10

ANTHROPOLOGICAL CONCEPTS AND GLOBAL MENTAL HEALTH

Readings:

* Patel et al *Global Mental Health* Chapter 3 – “Culture and global mental health”
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 1 – “Historical background”
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 2 – “Anthropological methods”
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 12 – “The cost of health care”
* Kirmayer, L.J. (2006) Beyond the New Cross-cultural Psychiatry: Cultural Biology, Discursive Psychology and the Ironies of Globalization. *Transcultural Psychiatry Vol 43(1) Mar 2006,* pp. *126-144*.

Week 4 – September 17

BIRTH OF A DISORDER: SOCIAL CONSTRUCTION OF PSYCHIATRIC CATEGORIES

* Patel et al *Global Mental Health* Chapter 2 – “Disorders, diagnosis, and classification”
* Kleinman, A. (2010). Four social theories for global health. *The Lancet, 375*(9725), 1518-1519.
* Ethan Watters – The Americanization of Mental Illness, *New York Times*, 2010, Jan 8.
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 11 – “Who belongs in a psychiatric hospital?”
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 15 – “People, praxis, and power”

Week 5 – September 24

Guest Lecture: Eve Puffer [Student Presenters: Michelle & Ali]

FAMILY-BASED APPROACHES TO MENTAL HEALTH INTERVENTIONS

READINGS

* Kieling, C. et al. (2014). Child and adolescent mental health – chapter 15 in Patel et al. *Global Mental Health: Principles and Practice.*
* Klasen, H., &Crombag, A. C. (2013). What works where? A systematic review of child and adolescent mental health interventions for low- and middle-income countries. *Social psychiatry and psychiatric epidemiology*, pp. 1-17.
* Puffer, E. S., Green, E. P., Chase, R. M., Sim, A. L., Zayzay, J., Friis, E., ...& Boone, L. (2015). Parents make the difference: a randomized-controlled trial of a parenting intervention in Liberia. *Global Mental Health*, 2, e15.
* Puffer, E. S., Pian, J., Sikkema, K. J., Ogwang-Odhiambo, R. A., &Broverman, S. A. (2013). Developing a Family-Based Hiv Prevention Intervention in Rural Kenya: Challenges in Conducting Community-Based Participatory Research. *Journal of Empirical Research on Human Research Ethics*, 8(2), 119-128.

Suggested *optional* reading:

* Erskine, H. E., Moffitt, T. E., Copeland, W. E., Costello, E. J., Ferrari, A. J., Patton, G., ... & Scott, J. G. (2015). A heavy burden on young minds: the global burden of mental and substance use disorders in children and youth. *Psychological medicine*, 45(07), 1551-1563.

Week 6 – October 1

**World Mental Health Day (WMHD) special event class; 2015 WMHD Theme “Dignity in Mental Health”** [**http://www.who.int/mental\_health/world-mental-health-day/2015/en/**](http://www.who.int/mental_health/world-mental-health-day/2015/en/)

STIGMA & HUMAN RIGHTS IN GLOBAL MENTAL HEALTH [Student Presenters: Ellie and Taylor]

Readings:

* Mehta, N., & Thornicroft, G. (2014). Stigma, discrimination, and promoting human rights. In V. Patel, H. Minas, A. Cohen & M. J. Prince (Eds.), Global Mental Health: Principles and Practice (pp. 401-424). New York: Oxford University Press.
* Ola, B., Crabb, J., Adewuya, A., Olugbile, F., &Abosede, O.A. (2013) The State of Readiness of Lagos State Primary Health Care Physicians to Embrace the Care of Depression in Nigeria. *Community Ment Health J*,
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 9 – “Life under the wire”
* Kohrt, B. A., Blasingame, E., Compton, M. T., Dakana, S. F., Dossen, B., Lang, F., . . . Cooper, J. (2015). Adapting the Crisis Intervention Team (CIT) Model of Police–Mental Health Collaboration in a Low-Income, Post-Conflict Country: Curriculum Development in Liberia, West Africa. *American Journal of Public Health*, 105(3), e73-e80. doi: 10.2105/AJPH.2014.302394

*Optional* Reading:

* Griffith, J., & Kohrt, B. (2015). Managing Stigma Effectively: What Social Psychology and Social Neuroscience Can Teach Us. *Academic Psychiatry*, 1-9. doi: 10.1007/s40596-015-0391-0

For World Mental Health Day, class will be held in Trent Hall from 3-3:45pm, we will then reconvene at **4pm** in the **John Hope Franklin Humanities Building, Room #240** (diagonally across Erwin Road from Trent Hall). There will be a panel presentation from 4-5pm on Dignity in Mental Health followed by a reception from 5-5:30pm.

Week 7 – October 8

MATERNAL AND CHILD MENTAL HEALTH [Student Presenters: Brittany & Andi]

Guest Lecture: Asia Maselko

* Frankenhuis, W. E., & Del Giudice, M. (2012). When do adaptive developmental mechanisms yield maladaptive outcomes? *Developmental psychology*, 48(3), 628.
* Goodman, S. H., &Gotlib, I. H. (1999). Risk for psychopathology in the children of depressed mothers: a developmental model for understanding mechanisms of transmission. *Psychological review*, 106(3), 458.
* Rahman, A., Malik, A., Sikander, S., Roberts, C., & Creed, F. (2008). Cognitive behaviour therapy-based intervention by community health workers for mothers with depression and their infants in rural Pakistan: a cluster-randomised controlled trial. *Lancet*, 372(9642), 902-909.
* Maselko, J., Sikander, S., Bhalotra, S., Bangash, O., Ganga, N., Mukherjee, S., . . . Rahman, A. (2015). Effect of an early perinatal depression intervention on long-term child development outcomes: follow-up of the Thinking Healthy Programmerandomised controlled trial. *Lancet Psychiatry*, 2(7), 609-617. doi: http://dx.doi.org/10.1016/S2215-0366(15)00109-1

Week 8 – October 15

CULTURE & EPIDEMIOLOGY: CROSS-CULTURAL PREVALENCE OF MENTAL ILLNESS [Student Presenters: Estefania & Erin]

Readings:

* Patel et al. 2014 *Global Mental Health* Chapter 4 – Cross-Cultural Research and Practice [For students who read Chapter 4 during week three, please read Chapter 3 by Laurence Kirmayer]
* Hruschka, D. J., & Hadley, C. (2008). A glossary of culture in epidemiology. *Journal of Epidemiology & Community Health, 62*(11), 947-951.
* Kohrt, B. A., Jordans, M. J., Tol, W. A., Luitel, N. P., Maharjan, S. M., & Upadhaya, N. (2011). Validation of cross-cultural child mental health and psychosocial research instruments: adapting the Depression Self-Rating Scale and Child PTSD Symptom Scale in Nepal. *BMC Psychiatry, 11*(1), e127.
* Bolton, P. (2001) Cross-cultural validity and reliability testing of a standard psychiatric assessment instrument without a gold standard. *Journal of Nervous & Mental Disease,* 189(4), pp. 238-242.
* Shibre, T., Teferra, S., Morgan, C., & Alem, A. (2010) Exploring the apparent absence of psychosis amongst the Borana pastoralist community of Southern Ethiopia. A mixed method follow-up study. *World Psychiatry,* 9(2), pp. 98-102.

Suggested *optional* reading

* Van Ommeren, M. (2003) Validity issues in transcultural epidemiology. *British Journal of Psychiatry,* 182, pp. 376-378.

Week 9 – October 22

CASE STUDIES IN TASK SHARING – SOUTH AFRICA & NEPAL [Student Presenters: ]

GUEST LECTURE:

**Thirusha Naidu**, Department of Behavioural Medicine, University of KwaZulu-Natal, South Africa

**Suraj Koirala**, Executive Manager, Transcultural Psychosocial Organization Nepal, Kathmandu, Nepal

**Nagendra Luitel,** Research Manager, Transcultural Psychosocial Organization Nepal, Kathmandu, Nepal

Readings:

* Mendenhall, E., De Silva, M. J., Hanlon, C., Petersen, I., Shidhaye, R., Jordans, M., . . . Lund, C. (2014). Acceptability and feasibility of using non-specialist health workers to deliver mental health care: Stakeholder perceptions from the PRIME district sites in Ethiopia, India, Nepal, South Africa, and Uganda. *Social Science & Medicine, 118*, 33-42. doi: <http://dx.doi.org/10.1016/j.socscimed.2014.07.057>
* Luitel, N., Jordans, M., Adhikari, A., Upadhaya, N., Hanlon, C., Lund, C., &Komproe, I. (2015). Mental health care in Nepal: current situation and challenges for development of a district mental health care plan. *Conflict and Health, 9*(1), 3.
* Naidu, T., Sliep, Y., &Dageid, W. (2012). The social construction of identity in HIV/AIDS home-based care volunteers in rural KwaZulu-Natal, South Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS, 9*(2), 113-126. doi: 10.1080/17290376.2012.683585
* Naidu, T., &Sliep, Y. (2012). Understanding the agency of home-based care volunteers: establishing identity and negotiating space in AIDS-home-based care in rural KwaZulu-Natal, South Africa. *African Journal of AIDS Research, 11*(2), 143-152. doi: 10.2989/16085906.2012.698082

Suggested *optional* reading

* Upadhaya, N., Luitel, N. P., Koirala, S., Adhikari, R. P., Gurung, D., Shrestha, P., Tol, W.A., Kohrt, B.A., Jordans, M. J. D. (2014). The role of mental health and psychosocial support nongovernmental organizations: Reflections from post-conflict Nepal. *Intervention: International Journal of Mental Health, Psychosocial Work & Counselling in Areas of Armed Conflict, 12*(Supplement 1), 113-128.

Week 10 – October 29

CULTURAL ADAPTATION OF INTERVENTIONS & TRAINING [Student Presenters: Hawa & Tatenda]

Readings:

* Patel et al *Global Mental Health* Chapter 12 – “Interventions for mental disorders”
* Bernal, G., Jiménez-Chafey, M. I., &Domenech Rodríguez, M. M. (2009). Cultural adaptation of treatments: A resource for considering culture in evidence-based practice. *Professional Psychology: Research and Practice*, 40(4), 361.
* Wainberg, M., McKinnon, K., Mattos, P., Pinto, D., Mann, C., de Oliveira, C., . . .Cournos, F. (2007). A Model for Adapting Evidence-based Behavioral Interventions to a New Culture: HIV Prevention for Psychiatric Patients in Rio de Janeiro, Brazil. *AIDS and Behavior*, 11(6), 872-883. doi: 10.1007/s10461-006-9181-8
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 16 – “Thinking too much”
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 10 – “Festive fighting”

Week 11 – November 5

MENTAL HEALTH & CULTURE IN HUMANITARIAN SETTINGS [Shannon & Chandler]

Readings:

* Patel et al *Global Mental Health* Chapter 17 – “Mental health and psychosocial support in humanitarian settings”
* Summerfield, D.A. (1999) A critique of seven assumptions behind psychological trauma programmes in war-affected areas. *Social Science & Medicine,* 48(10), pp. 1449-1462.
* Dyregrov, A., Gupta, L., Gjestad, R., &Raundalen, M. (2002). Is the culture always right?*Traumatology, 8*(3), 135-145.
* Kohrt, B. A., & Hruschka, D. J. (2010). Nepali concepts of psychological trauma: the role of idioms of distress, ethnopsychology and ethnophysiology in alleviating suffering and preventing stigma. *Culture, Medicine & Psychiatry, 34*(2), 322-352.

Suggested *Optional* Reading

* Kohrt, B. A., Jordans, M. J. D., Koirala, S., & Worthman, C. M. (2015). Designing mental health interventions informed by child development and human biology theory: A social ecology intervention for child soldiers in Nepal. *American Journal of Human Biology, 27*(1), 27-40. doi: 10.1002/ajhb.22651

Week 12 – November 12

CHILD & ADOLESCENT MENTAL HEALTH: MENTAL HEALTH PROMOTION [Shewa and Alyssa]

Readings:

* Tol, W. A. (2015). Stemming the tide: promoting mental health and preventing mental disorders in low- and middle-income countries. *Global Mental Health, 2*. doi: doi:10.1017/gmh.2015.9
* Jordans, M.J.D., Tol, W.A., &Komproe, I.H. (2011) Mental health interventions for children in adversity: pilot-testing a research strategy for treatment selection in low-income settings. *Social Science & Medicine,* 73(3), pp. 456-466.
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 7 – “Grandmothers, children, and intergenerational distress”
* Kohrt & Mendenhall *Global Mental Health: Anthropological Perspectives* Chapter 6 – “The greater good”

Week 13 – November 19

GROUP PRESENTATIONS

The syllabus is approximate and may change. These changes may include additional readings.

***Duke Honor Code****(*[*http://www.integrity.duke.edu/new.html*](http://www.integrity.duke.edu/new.html)*):*

*Duke University is a community dedicated to scholarship, leadership, and service and to the*

*principles of honesty, fairness, respect, and accountability. Citizens of this community commit to reflect upon and uphold these principles in all academic and non-academic endeavors, and to*

*protect and promote a culture of integrity. To uphold the Duke Community Standard:*

* + *I will not lie, cheat, or steal in my academic endeavors;*
  + *I will conduct myself honorably in all my endeavors; and*
  + *I will not act if the Standard is compromised.*