CULTURE AND MENTAL HEALTH
A comprehensive textbook
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EDITED BY KAMALDEEP BHUI & DINESH BHUGRA

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Kamaldeep Singh Bhui is Professor of Cultural Psychiatry and Epidemiology at Barts and The London Medical School, Queen Mary University of London, and Consultant Psychiatrist at East London and City Mental Health Trust. He qualified in medicine at the United Medical Schools of Guy’s and St Thomas’ (UMDS), where he later worked as a research associate and research fellow. He completed his psychiatry training at the Maudsley Hospital, and his MD at the Institute of Psychiatry as a Wellcome Trust Fellow, investigating common mental disorders among Punjabi and English primary care attendees. He completed a BSc in pharmacology at University College London, and an MSc in epidemiology at the London School of Hygiene and Tropical Medicine, after an MSc in mental health studies and a diploma in clinical psychotherapy both at UMDS. His training as a psychoanalytic psychotherapist was at the British Association of Psychotherapy.

His research interests include social exclusion and environmental effects on health, with a specific focus on health services research, the integration of anthropological and epidemiological research methods, and investigations of risk factors such as cultural identity, explanatory models of mental disorders, geographical mobility and racism among immigrant and refugee populations. His clinical work has involved working in community psychiatry, specifically assertive outreach teams with severely mentally ill people, and more recently with homeless people in London. He is now working in a psychotherapy service in Tower Hamlets, with a key role in training and education.

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Dinesh Bhugra received his undergraduate training at the Armed Forces Medical College, Poona University, India, his general psychiatric training at Leicester University where he obtained his MPhil and higher psychiatric training on the Bethlem and Maudsley SR Rotation Scheme. He attained further degrees in Sociology (MSc) and Social Anthropology (MA) in London and a PhD in 1999. In 1994 he was appointed Senior Lecturer and Honorary Consultant at the Institute of Psychiatry and appointed to Chair of Mental Health and Cultural Diversity in 2002. He heads the Section of Cultural Psychiatry and is developing training materials for teaching cultural formulations.

As Honorary Consultant at the Maudsley Hospital, he runs clinical services in couple, relationship and sex therapy. His main research interests are psychosexual medicine, cross-cultural psychiatry, schizophrenia, pathways into psychiatric care, deliberate self-harm and primary care. He is co-author/editor of 14 books, the most recent of which are volumes on *Culture and Self-Harm* (Psychology Press) and *Handbook of Psychiatry* (Byword Viva).
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‘J’ai vu des Francais, des Italiens des Russes mais quant à l’Homme je déclare ne jamais l’avoir rencontré de ma vie’,1 wrote Joseph de Maistre in his Soirées de Saint-Petersbourg in 1821. It would be difficult to find a more succinct description of one extreme of the continuum of opinions about the importance of culture for the definition of a human being, a continuum that ranges from the belief that humans are entirely defined by the culture in which they grow and live to the denial that cultural differences exist.

The definitions of mental health could also be arranged on a continuum that starts with the definition of mental health as the absence of mental illness to the definition that completely disregards the presence of mental illness. From this point of view, mental health (and health in general) is seen as a dimension of human existence compatible with the presence of mental illness and impairment. The consequence of the acceptance of one extreme or the other of the definitions of mental health has a variety of practical implications. If we accept that mental health is defined by the absence of mental illness, it is psychiatry as an organized body of practitioners that will have the principal role in the improvement of mental health because it is supposed to play the key role in the treatment of mental illness. If mental health is seen as a capacity to cope with distress and excessive stress, and other correlates of mental disorders, it is again psychiatry that has a leading role. However, this time psychiatry will not be the principal actor but the discipline that provides knowledge and leadership in programmes of prevention of mental disorders. A definition of mental health as a state of balance within oneself and between oneself and the environment would place the responsibility for the development of strategies that could enhance mental health in the camp of philosophers, theologians and educators, and wider society.

Wisel y, the editors of this volume avoided the trap of trying to define their subject too narrowly: instead of dwelling on special cultural factors that could have an impact on mental health or dwelling on possible advantages or disadvantages of different definitions of mental health they steered their textbook into the territory of transcultural or cultural psychiatry where they are joining the venerable tradition of authors such as H.B.M. Murphy, K.W. Bash, T.A. Lambo, P.M. Yap, A. Kiev, A. Leighton, J. Murphy, W. Tseng and others. These authors searched for (and applied) insights from anthropology, sociology, the epidemiology of mental disorders in different countries, philosophy and other disciplines. Such a comprehensive approach aims to improve the practice of psychiatry and the care for people with mental illness and their families all over the globe in a manner that is compatible with their local cultural contexts.

In the second part of the volume, the editors have assembled an array of experts that reads like a Debrett’s Peerage list or Gotha of International and Cultural Psychiatry. As one would expect, this range of experts deliver an amazingly rich description of mental disorders and psychiatry in different parts of the world; the more one reads their contributions the more obvious it becomes.

1 "I have seen Frenchmen, Italians, Russians but as far as the Human is concerned I declare that I have never met one during my life".
That it is important to have a textbook on culture and mental health using a comparative paradigm. The knowledge assembled by these experts and their respective disciplines shows that human beings at first glance do not differ all that much in the types and courses of illness. However, close scrutiny does show differences in the ways distress is expressed, interpreted and remedied, and in the form of programmes for mental health care and improvement. Noticing differences resulting from local cultural contexts and belief systems, and cultural determinants of the expressions of distress, and uptake of treatments, warrants better evidence on which to base interventions and care programmes. Varying degrees of progress towards mental health programmes are demonstrated. Historical and cultural attitudes towards mental illness vary between countries and continents, as does the amount of information and knowledge about the mental health of populations.

The book before you is a harmonious presentation of theoretical issues and practical problems relevant to mental health care produced by meshing the knowledge from scientific disciplines. There are precise descriptions of the form of mental disorders and of programmes of care for people with mental illness in different parts of the world. We should be profoundly grateful to the editors for the efforts that they have made to offer this splendid opus to us.

Norman Sartorius
January 2007
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## Abbreviations

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<td>AAAPA</td>
<td>Association of Allied African Psychiatrists and Associations</td>
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<tr>
<td>ACC</td>
<td>Accident Compensation Corporation</td>
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<td>ACT</td>
<td>assertive community treatment</td>
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<td>ADHD</td>
<td>attention deficit hyperactivity disorder</td>
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<tr>
<td>AESOP</td>
<td>Aetiology and Ethnicity in Schizophrenia and Other Psychoses</td>
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<td>AHDSOO</td>
<td>Asset and Health Dynamics Study of the Oldest Old</td>
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<td>AIDS</td>
<td>acquired immune deficiency syndrome</td>
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<td>AI-SUPERPFP</td>
<td>American Indian Service Utilization, Psychiatric Epidemiology, Risk and Protective Factors Project</td>
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<td>BSE</td>
<td>bovine spongiform encephalopathy</td>
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<td>CALD</td>
<td>culturally and linguistically diverse</td>
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<td>CAREC</td>
<td>Caribbean Epidemiology Centre</td>
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<tr>
<td>CBCL</td>
<td>Child Behavior Checklist</td>
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<td>CCHS</td>
<td>Canadian Community Health Survey</td>
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<tr>
<td>CIDI</td>
<td>Child Depression Inventory</td>
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<tr>
<td>CFA</td>
<td>Confirmatory Factor Analysis</td>
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<td>CIDI-PC</td>
<td>primary care version of the Composite International Diagnostic Interview</td>
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<tr>
<td>CIDIS</td>
<td>Composite International Diagnostic Interview Simplified</td>
</tr>
<tr>
<td>CIDI-SF</td>
<td>Composite International Diagnostic Interview – short form</td>
</tr>
<tr>
<td>CIS-R</td>
<td>Clinical Interview Schedule</td>
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<td>CMD</td>
<td>common mental disorders</td>
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<tr>
<td>CME</td>
<td>continuing medical education</td>
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<td>COHRED</td>
<td>Commission on Health Research for Development</td>
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<td>DALYs</td>
<td>disability adjusted life years</td>
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<tr>
<td>DAO</td>
<td>Duly Authorised Officer</td>
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<td>DDNOS</td>
<td>dissociative disorders not otherwise specified</td>
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<td>DHBs</td>
<td>District Health Boards</td>
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<tr>
<td>DIS</td>
<td>Diagnostic Interview Schedule for Children</td>
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<td>DISC-IV</td>
<td>Diagnostic Interview Schedule for Children</td>
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<tr>
<td>DSS</td>
<td>Demographic and Surveillance System</td>
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<tr>
<td>ECA</td>
<td>Epidemiological Catchment Area Study</td>
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<tr>
<td>ECT</td>
<td>electroconvulsive therapy</td>
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<tr>
<td>EMHS</td>
<td>Ethiopian Mental Health Society</td>
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<td>ENUSP</td>
<td>European Network of (ex-)Users and Survivors of Psychiatry</td>
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<tr>
<td>EPA</td>
<td>Ethiopian Psychiatrists Association</td>
</tr>
<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>EUFAMI</td>
<td>European Federation of Associations of Families of Mentally Ill People</td>
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<tr>
<td>FECCA</td>
<td>Federation of Ethnic Community Councils of Australia</td>
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