Medical Xpress

# Effective mental health care takes varying forms, says new study

August 5 2024

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Dr. Kaaren Mathias has coordinated an international team studying the value of community mental health assets in Ghana, India, Occupied Palestine and South Africa.

Dr. Mathias is a public health physician and Senior Lecturer in the School of Health Sciences at Te Whare Wānanga o Waitaha | University of Canterbury (UC). She was one of 39 academics and community-based collaborators from 24 countries brought together by King's College London to explore how mental health care is defined and delivered when medical or Western resources are not accessible or available.

The work is published in the journal *PLOS Global Public Health*.

The group sought to challenge the deficit model of public health that tends to measure low-income countries against the cultural and ideological norms of wealthy countries. This approach focuses attention on the resources a community lacks, and devalues or ignores its strengths, however countries such as New Zealand could learn from these strengths.

Dr. Mathias points out that this deficit lens even underpins the terms used to describe populations in the Global South—those located predominantly--though not exclusively--in Africa, Asia, and South America.

"Low- and middle-income countries are often framed as 'the developing world,'" she says. "They're compared to countries like New Zealand that are in 'the developed world,' and already that language takes away from different kinds of wisdom and experience that are equally valuable, and that we could learn from here."

Dr. Mathias chaired a sub-group of researchers who asked how mental health care is defined and delivered by families, community groups, and other "experts by experience" in the chosen countries. Having grown up in India until the age of eight and later working there for 15 years, she has seen firsthand how effective mental health care can be delivered in the community.

She cites the example of a women's psychosocial support group in her neighborhood in the small town of Mussoorie, North India, which met to share mutual support and skills. This included childcare assistance, motivating each other to exercise, and creating a support plan for a member of the group who disclosed intimate partner violence.

Dr. Mathias says the mental health benefits of this initiative extended to the whole group, as the women gained a strong sense of agency and empowerment through working together.

"They said, 'Look at us—we've made this happen. It was really great that this health worker got us meeting together, but even if she goes, we're all friends now and we're going to continue supporting each other.'"

While she acknowledges that effective mental health provision must also include access to medicines and trained medical professionals, Dr. Mathias believes there is value in re-examining opportunities to engage with local resources that can improve mental health.

"It might be the church group offering a homework club for refugee and migrant kids, or a group going walking together or going up the Port Hills to see the stars at Matariki. These things are hugely supportive of good mental health, and if we only focus on the formalized supports, we miss out the other important things we can do to help people be mentally well."

**More information:** Kaaren Mathias et al, Inverting the deficit model in global mental health: An examination of strengths and assets of community mental health care in Ghana, India, Occupied Palestinian territories, and South Africa, *PLOS Global Public Health* (2024). DOI: 10.1371/journal.pgph.0002575

Provided by University of Canterbury