



McGill

Division of Social and
Transcultural Psychiatry



Global Mental Health
Program

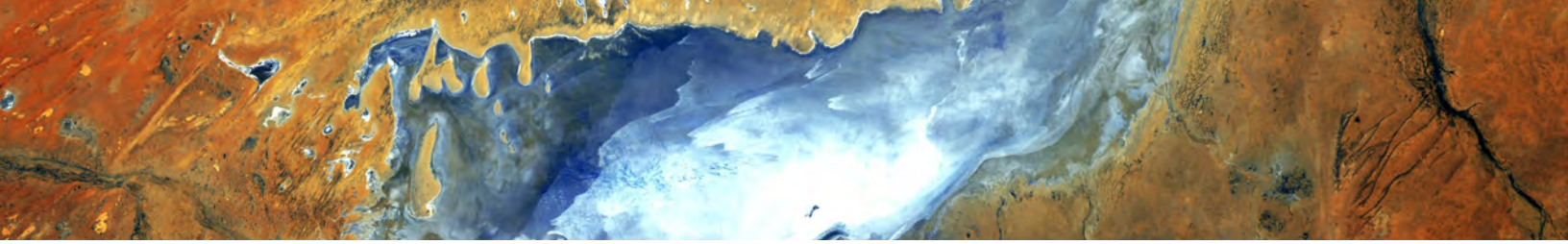


UNIVERSITY OF
COPENHAGEN

Centre for Culture
and the Mind

INTERDISCIPLINARY APPROACHES TO GLOBAL MENTAL HEALTH

March 20-21st, 2024 HYBRID WORKSHOP
Montréal & Online



Division of Social and Transcultural Psychiatry, McGill University
McGill Global Mental Health Program &
Centre for Culture and the Mind, University of Copenhagen

Interdisciplinary Approaches to Global Mental Health

March 20-21, 2024
Montreal & Online (Hybrid)

This workshop will explore potential contributions of a variety of disciplines to the most important challenges and debates in the field of global mental health. The aim is to broaden and diversify the discussion about the core concepts in global mental health (such as illness, suffering, care or culture), and to nuance our understanding of the field's development and impact in specific political and social contexts. The workshop will engage with the complex history of ideas about global psychiatry and global mental health, as some of the core problems and challenges which global mental health is currently facing occurred with significant frequency and regularity at different points in the twentieth century. A sustained anthropological and historical analysis can draw attention to possible recurrent challenges or underlying and problematic assumptions. Moreover, it can also foster an inspiring, creative exercise that highlights alternative (and forgotten) solutions, geographies, and ways of thinking about mental health. This might enable the field to engage with actors, ideas and structures outside the borders of psychiatry. The workshop will bring together psychiatrists, social scientists, and humanities scholars in order to investigate new approaches to understanding mental illness and healing, and their relationship to culture, social/political equality, justice and wellbeing.

Presenters

Ana Antic, PhD, Professor of European History, Centre leader, Centre for Culture and the Mind, University of Copenhagen

Oyedeje (Deji) Ayonrinde, MD, Associate Professor, Department of Psychiatry, Queens University, Kingston, ON



Gabriel Abarca-Brown, PhD, Postdoctoral Fellow, Centre for Culture and the Mind, University of Copenhagen

Yonas Baheretibeb, MD, Associate Professor, Department of Psychiatry, College of Health Sciences, School of Medicine, Addis Ababa University, Ethiopia

Dörte Bemme, PhD, Lecturer in Society and Mental Health, Department of Global Health & Social Medicine, King's College London

Wendy Chow, MSW, Department of Psychiatry. University of Toronto

Kenneth Fung, MD, Professor & Director, Global Mental Health, University of Toronto

Ana Gómez-Carrillo, MD, Assistant Professor, Division of Social & Transcultural Psychiatry, McGill University

G. Eric Jarvis, MD, MSc, Associate Professor, Division of Social & Transcultural Psychiatry, McGill University

Samuel Law, MD, MPH, Associate Professor, Department of Psychiatry, University of Toronto

Lamia Moghnieh, PhD, Postdoctoral Fellow, Centre for Culture and the Mind, University of Copenhagen

Olivia Norrmén-Smith, MSc, Research Assistant, Division of Social & Transcultural Psychiatry, McGill University

Laurence J. Kirmayer, MD, James McGill Professor & Director, Division of Social & Transcultural Psychiatry, McGill University

Jonathan Sadowsky, PhD, Theodore J. Castele Professor of Medical History, Department of History, Case Western Reserve University

Felipe Szabzon, PhD, Postdoctoral Fellow, Centre for Culture and the Mind, University of Copenhagen



Program

Wednesday, March 20, 1400-1700 EST


Culture & Mental Health Research Unit (Room 218B), Institute of Community & Family Psychiatry, 4333 Cote-Ste-Catherine Rd., Montreal H3T 1E4

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| 1400-1500 | Toward a new relationship between history and global mental health – <i>Ana Antic, Gabriel Abarca-Brown, and Lamia Moghnieh, University of Copenhagen</i> |
| 1500-1600 | Contingent universality: The epistemic politics of global mental health – <i>Dörte Bemme, King's College London</i> |
| 1600-1700 | IF WE FEEL HAPPINESS: Using film to explore lifeworlds in global mental health – <i>Olivia Norrmén-Smith, McGill University</i> |
| 1830-2100 | Dinner for Guest speakers |

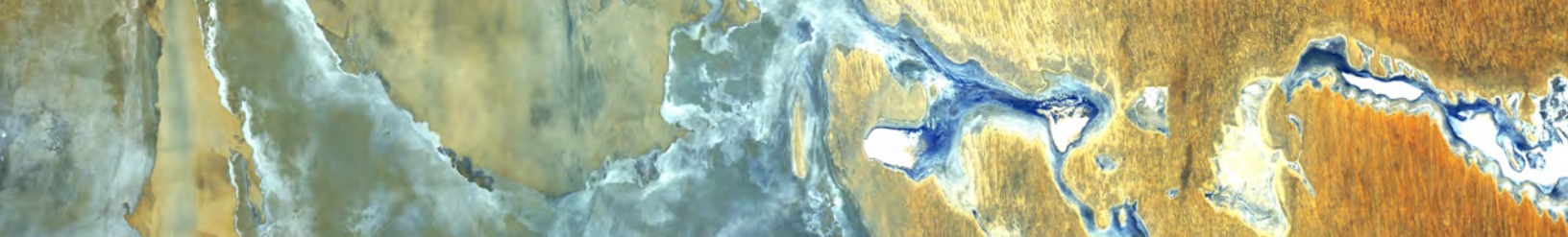
Thursday, March 21, 0900-1700 EST

Division of Social & Transcultural Psychiatry, Ludmer Building (Room 138), 1033 Pine Ave. West, Montreal H3A 1A1

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| 0830-0900 | Welcome / Breakfast |
| 0900-0930 | Inter-modality approach in addressing mental health service silos: A case of Holy Water and biomedical collaboration in Ethiopia – <i>Yonas Baheretibeb & Samuel Law, University of Addis Ababa & University of Copenhagen</i> |



9:30-10:00	Schizophrenia, modernity and primitivism: a history of the 20th century – <i>Ana Antic, University of Copenhagen</i>
1000-1030	Repression, Resistance: Colonial Legacies and the Psychoanalysis of Severe Mental Illness – <i>Jonathan Sadowsky, Case Western Reserve University</i>
1030	Break
1100-1130	Structure-based mental health approaches in Chile in the 1960s and 1970s – <i>Gabriel Abarca-Brown, University of Copenhagen</i>
1130-1200	Psychiatric afterlives: Narrating illness, gender, and violence in Lebanon – <i>Lamia Moghnieh, University of Copenhagen</i>
1200-1230	The promise of 'Peace of Mind': Understanding mental healthcare responses to COVID-19 in Colombia – <i>Felipe Szabzon, University of Copenhagen</i>
1230-1400	Lunch
1400-1430	Global Mental Health in Africa: Looking back to the future – <i>Oyedeji Ayonrinde, Queens University</i>
1430-1500	Experiences in Bringing ACT and ACTT to China – <i>Kenneth Fung & Wendy Chow, University of Toronto</i>
1500-1530	GMH in the Global North: Culturally adapted services for urban immigrants with psychosis – <i>G. Eric Jarvis, McGill University</i>
1530-1600	Decolonizing clinical practice: Working with silence in Nunavik – <i>Ana Gómez-Carrillo, McGill University</i>
1600-1630	Interdisciplinarity in Global Mental Health – <i>Laurence Kirmayer, McGill University</i>
1630-1700	Closing Discussion



Abstracts

Structural-based mental health approaches in Chile in the 1960s and 1970s

Gabriel Abarca-Brown | University of Copenhagen

The growth of identity struggles and intersectional and multicultural debates has presented challenges for public health services in Chile. In this context, researchers, stakeholders, health practitioners, and activists have recently brought contemporary debates on professionals' competency to the fore. Debate in Chile has primarily centered on US-based discussions on cultural and structural competency. However, emerging concerns regarding identity, intersectionality, and mental health among vulnerable or marginalized groups –specially afro-descendant migrants– have confronted local health traditions with the need for specific interpretations of concepts such as 'culture' and 'structure'. In this presentation, I delve into the recent history of psychiatry and public health in Chile to reveal how ideologies and politics have influenced local traditions in mental health practice and their interaction with ongoing identity struggles and intersectional and multicultural debates. I argue that Chilean structural-based approach to mental health emerged during the reformist administrations of Eduardo Frei Montalva (1964–1970) and Salvador Allende (1970–1973). While the social and health policies developed by these governments aimed to incorporate cultural and ethnic dimensions –specifically addressing the 'Indigenous question' or 'Mapuche question' within the framework of land reform– these policies tended to perceive Otherness primarily through the lens of social class (e.g., poverty and socio-economic inequalities). To illustrate this, I highlight cases such as Martin Cordero's community efforts to rehabilitate psychiatric patients in Temuco, Luis Weinstein's salud poblacional (population health) with the general population in impoverished sectors of Santiago, and Juan Marconi's intracommunity program on alcoholism, neurosis and sensory deprivation in southern Santiago. Through these cases, I will emphasize that professional competencies require consideration of broader sociopolitical processes and a contextualized understanding of the categories 'culture' and 'structure'.



Schizophrenia, modernity and 'primitivism'


Ana Antic | University of Copenhagen

This paper explores continuities and discontinuities between colonial and post-colonial discourses on cross-cultural mental illness by zooming in on psychiatric discussions and reconceptualisations of schizophrenia in the twentieth century. It shows how the concept of schizophrenia became a site for reinterpreting relations between different societies, cultures and civilizations, and for understanding the complex social and cultural reality of late colonial and post-colonial periods. I look at two WHO-funded global studies - the International Pilot Study of Schizophrenia (IPSS) and its follow-up Determinants of Outcome of Severe Mental Disorders (DOSMED) - in order to explore the complex process through which post-colonial transcultural psychiatry emerged. I argue that, through these studies and other global discussions, schizophrenia emerged in the midst of decolonisation as a site for redrawing cross-cultural and international boundaries, and for re-imagining transnational relations. Transcultural psychiatry relied on debates about the role of cultural factors in the onset, course and outcome of schizophrenia to redefine its own global imaginary, and to reconfigure its own attitude towards the decolonising territories and their populations. In many ways, the global schizophrenia studies served to delineate a new universalist vision of the post-colonial world. At the same time, these discussions around schizophrenia in the developing world at times reproduced colonial ideas about the relationship between schizophrenia, modernity and 'primitivism', and resuscitated some problematic assumptions about social, cultural and economic realities outside the Western world.

Toward a new relationship between history and global mental health

Ana Antic, Gabriel Abarca-Brown, Lamia Moghnieh, & Shilpi Rajpal
University of Copenhagen

This paper explores the relationship between historical research and the field of global mental health. It identifies a gap in the current literature, and argues that an in-depth historical approach is critical for understanding and overcoming current challenges and controversies in global mental health. The authors propose that a thick historical analysis has the capacity to broaden and diversify the discussion about the core concepts in global mental health (such as illness, suffering, care or culture), and to nuance our understanding of the field's development and impact in specific political and social contexts. The paper analyzes how a systematic historical approach is crucial for understanding colonial and



post-colonial power relations embedded in the field of global mental health, and encourages researchers and practitioners to view history as a source of imagination, and of alternative ideas and initiatives in mental health that go beyond existing psychiatric frames of representations, and towards truly radical and egalitarian projects and relations. This exercise in alternative historical imagination does not need to interfere with nor disrupt the urgency of mental health practice today; on the contrary, it is meant to improve the effectiveness of interventions. It can provide practitioners with a new and enriched language to resolve long-standing clinical dilemmas (e.g. related to patient adherence or limited success of certain cultural adaptations), which could not be properly addressed previously.

Global Mental Health in Africa: Looking back to the future


Oyedeji Ayonrinde | Queen's University

Some of the early foundations of understanding the “African mind” were a huge setback for African indigenous epistemologies. Founded on racially biased pseudoscience, powerful global organizations framed the African as having structural brain and functional cognitive limitations. Perpetuated by some international institutions and “scholarship”, peri-colonial global health models hindered if not harmed traditional therapeutic knowledge. Learning lessons from the past, the future cannot afford to be business as usual. A new African mental health paradigm is needed, which respectfully centres the community in identifying, and addressing health challenges collaboratively with resource supporters.

Inter-modality approach in addressing mental health service silos: A case of Holy Water and biomedical collaboration in Ethiopia

Yonas Baheretibeb & Samuel Law | Addis Ababa University & University of Toronto

Over 80% of people in Africa attend traditional healers, particularly for mental health, making traditional healers the *de facto* backbone of the mental health care system. Despite UN and WHO calls for more integrative and collaborative approach between formal mental health care system and traditional healers, relatively little has occurred and both systems operate in relative silos, at times antagonistically. This workshop explores some of the key social and cultural



contexts, possible contributions of the different systems, and the barriers and potential benefits of this approach through a case of collaboration between psychiatry and Orthodox Church Holy water priest healers in Ethiopia. Lessons learned could contribute to developing this potentially promising area in global mental health.

Contingent universality: The epistemic politics of global mental health

Dörte Bemme | King's College London

The field of global mental health (GMH) has undergone profound changes over the past decade. Outgrowing its earlier agenda it has performed a reflexive turn, broadened towards a social paradigm and developed new modes of knowledge production, all of which reshaped 'mental health' as a global object of knowledge and care, and the epistemic politics of the field. Drawing on long-term ethnographic fieldwork among GMH experts and recent agenda-setting publications, I discuss how GMH advocates and critical observers alike have created conceptual and practical middle-grounds between different forms of mental health knowledge – across culture, epistemic power, lived experience, policy platforms and academic disciplines – framing their dynamic encounters as dialogue, adaptation, participation, co-production or integration. Ultimately, I argue, GMH today is focusing less on establishing mental health as a universal problem than on managing its inherent multiplicity through alignment and integration across different bodies of knowledge. Global knowledge, so conceived, is fluid and malleable and produced in open-ended knowledge practices, governed by what I call 'contingent universality'. It is not new that the concepts and practices of the psy-disciplines are malleable and multiple, internally and externally contested, rapidly changing over time and not easily transferrable across space. What is new is that within the increasingly heterogeneous epistemic space of GMH, these features have become assets rather than liabilities. GMH knowledge achieves both global reach and local relevance precisely because 'mental health' can be many things; it can be expressed in a wide range of idioms and concepts, and its problems and solutions align easily with others, at many scales. These fluid and integrative knowledge practices call for renewed empirical, critical and collaborative engagement.



Experiences in Bringing ACT and ACTT to China

Kenneth Fung & Wendy Chow | University of Toronto

This presentation will discuss two different Canadian initiatives in China: The first initiative is an implementation science project in Jinan, China, engaging six universities and a community mental health centre to promote the mental well-being of university students through Acceptance and Commitment Therapy (ACT), a mindfulness-based intervention that has been found to be effective for the treatment of many common mental disorders, as well as effective in promoting mental well-being. Assertive Community Treatment Team (ACTT) is a model of care for individuals with severe and persistent mental illness requiring intensive care. The second initiative focuses on the training of relatively new social workers in Shenzhen, where there has been increasing investment to develop community mental health. The training involves Assertive Community Treatment Team (ACTT), a model of care for individuals with severe and persistent mental illness requiring intensive care. We will discuss lessons learned, highlighting the process of cultural adaptation, interdisciplinary collaboration, and working with different systems of care where community mental health is not well established. We will also reflect on issues related to the role and cultural identity of the presenters as Chinese Canadians.

Decolonizing clinical practice: Working with silence in Nunavik

Ana Gómez-Carrillo | McGill University

This paper will present reflections on efforts to decolonize psychiatric practice in Nunavik, the northern region of Quebec that is home to Inuit. Like other Indigenous Peoples in Canada, Inuit have experienced profound effects of colonization, sedentarization, and social change that have had transgenerational effects on mental health, contributing to a very high suicide rate among youth. Clinical work with adolescents often involves working with gaps and silences to build trust and understand youths' predicaments. This requires an approach that goes well beyond the technology of psychiatric nosology like the DSM, to work in a liminal space that invites connection and collaboration. This work has implications for efforts to develop a decolonial practice in other settings.



GMH in the Global North: Culturally adapted services for urban immigrants with psychosis

G. Eric Jarvis | McGill University

Most Global Mental Health projects and interventions focus on people living in the Global South. But what about the millions of people from the Global South who migrate to the Global North? As is generally known, many migrants from the Global South live precarious and marginalized lives in some of the world's wealthiest centres. This presentation will highlight their struggles and what happens when migrants come down with serious mental illness in the midst of tantalizing wealth and opportunity that will likely never be available to them. The presentation also will review efforts to culturally adapt services for migrants and refugees with psychotic symptoms, to level power imbalances, and elevate traditional person-centred perspectives. Such initiatives perhaps can inform grounded cultural work in the Global South, if they proceed with sufficient humility and adopt collaborative, co-creation methodologies.

Interdisciplinarity in Global Mental Health


Laurence J. Kirmayer | McGill University

This presentation will consider some virtues and limitations of current efforts to develop context sensitive approaches to mental health care. The concern for more equitable mental health around the globe has brought with it its own set of challenges. The global circulation of psychiatry, while driven largely by international organizations, academics, and professionals also reflects the many ways that individuals, families, healers, helpers, professionals, and institutions make use of locally available resources, spaces, and places. Efforts to enlarge decolonize or indigenize psychiatry present ethical, epistemic, and methodological challenges that require critical analysis using the tools and methods of social science and philosophy.

Psychiatric afterlives: Narrating illness, gender, and violence in Lebanon

Lamia Moghnieh | University of Copenhagen

Psychiatry in postconflict and postcolonial sites has had many lives, enacting multiple projects of rehabilitation and healing, and influencing intellectual and public life. Older narratives of affliction and psychiatry echo into the contemporary present, rendering the contemporary experience of illness, and the therapeutic subjectivities that it constitutes, not only a culturalized and idiomatic expression, but a rich ethnographic and archival site for these transitory projects.



In this paper, I present my book manuscript that traces the transforming reach and role of psychiatry and global mental health in Lebanon from the 1930s until present day. Located at the periphery, psychiatry in Lebanon was connected to regional and international mental health agendas and to local and national aspirational reforms. I follow the social lives of diagnoses such as involuntional melancholia, nymphomania, psychosis and trauma, as they are debated and negotiated between mental health practitioners, patients and their families, and in Lebanese public life. Drawing on four psychiatric encounters, I place experts debates on diagnosis, illness and therapy in conversation with public discourses and imaginaries of madness and illness, and with the lifeworlds of patients and therapeutic communities.

IF WE FEEL HAPPINESS: Using film to explore lifeworlds in global mental health

Olivia Norrmén-Smith | McGill University

IF WE FEEL HAPPINESS is an intimate, impressionistic filmic portrait of a family living in a floating village in Cambodia. The parents of three children discuss their lives and concerns, and routine domestic activities transpire over the course of a day. Reflections on subjects ranging from climate change to globalization to mental distress unfold amidst the quotidian; moments of banality, delight, and familial affection. An artistic approach that combines intimate direct-to-camera interviews with slowed down, ethnographic, immersive, observational verité filmmaking offers a snapshot of an everyday world and way-of-being that appears both deeply established and profoundly precarious. The film demands a holding of ambiguity and contradiction. The filming of this work took place in the context of broader documentary reportage examining transnational dynamics of global mental health narratives and local stories in Cambodia. The piece was created within a framework that seeks to steward diverse local perspectives, experience, and expertise with the intent to bring nuance and complexity to dominant global mental health journalistic coverage that paints an overwhelmingly bleak picture of mental health in Cambodia and positions Euro-American psychosocial intervention as the preeminent solution. IF WE FEEL HAPPINESS is in its last stages of editing, still with capacity to be shaped in both post-production and distribution phases. This session can be considered a work-in-progress workshop during which both the subject matter at stake in the film, but also the film's form and approach itself is discussed. Written, directed, filmed, edited and produced by Olivia Norrmén-Smith, co-produced by Sansitny Ruth | made with support from the Pulitzer Center on Crisis Reporting



Repression, Resistance: Colonial Legacies and the Psychoanalysis of Severe Mental Illness

Jonathan Sadowsky | Case Western Reserve University

How colonial is psychoanalysis? Michael Robbins has recently promoted psychoanalytic therapy for severe mental illness over a “dehumanizing medical model” that relies on drugs. Psychosis, Robbins insists, comes less from genes and more from failures of attachment in early life produce “undifferentiation and unintegration” in adult psyches. Although tangential to (and unnecessary for) his main arguments, Robbins makes the shopworn claim that psyches like this are objects of reverence rather than pathology in “non-Western” cultures. These cultures, repeatedly described as “ancient” and “tribal,” and prone to magical thinking, are as undifferentiated in Robbins’s book as the psychotic conditions that are his focus. It’s striking, to say the least, to see such overt primitivism in clinical work published in 2019. At the same time, we are in one of the periodic revivals of interest in iconic anticolonial theorist Frantz Fanon, though inattention to Fanon’s clinical ideas and practices continues. In Fanon’s clinical practice and theory, psychoanalysis and physical treatments were not opposed, but complementary. Psychoanalysis, for Fanon, was the vital cord for clinically connecting biology to context. That cord also carried lifeblood for his critique of colonialism. The knotty political valences of psychoanalysis continue to be unraveled. During the crisis of psychoanalysis in the late twentieth century, left circles often showed how psychoanalysis shrouded social context, enforced conformity, and upheld myriad social hierarchies. Some continue to underline these conservative legacies (often blamed especially on American ego psychology). Others have reclaimed progressive strands in the history of psychoanalysis, developed its antiracist potentials, or shown a duality of both reactionary and liberatory potential. Regarding colonialism, Celia Brickman has shown that the primitivism of the anthropological/colonial discourses of his time are embedded in Freud’s excavations of the unconscious. Others have mined—sometimes from most unexpected shafts—anticolonial elements in Freudian thought. Brickman stresses that Freud’s usage of the concept of the “primitive” in individual mentality cannot be easily separated from its racist anthropological usage. Clinical use of the concept, then, cannot be easily cordoned off from the colonial era that spawned psychoanalysis.



The promise of 'Peace of Mind': Understanding mental healthcare responses to COVID-19 in Colombia

Felipe Szabzon | University of Copenhagen

Colombia has been marked by its enduring exposure to a protracted violent conflict spanning over five decades. Within this backdrop, mental health policy has assumed a pivotal role in the nation's journey towards peace, garnering a prominent national focus since the 2010s. The onset of the pandemic has propelled mental health back into the fore, necessitating comprehensive measures to address escalating levels of distress and violence among the populace. This study draws upon a six-month ethnographic fieldwork and a series of interviews involving policymakers, scholars, practitioners, and community-based mental health organizations from October 2022 to February 2023. The paper delves into the ways in which pre-existing perceptions towards mental health have influenced public health responses aimed at mitigating the psychological repercussions of the COVID-19 crisis. The findings shed light on the strategies employed by local authorities in four municipalities to formulate supportive interventions that alleviate the suffering experienced by individuals. Conversely, these responses are juxtaposed with initiatives undertaken by community-based organizations, which similarly strive to alleviate the afflictions faced by local residents. Both kinds of initiatives refer to their repertoires of care developed during the harsh times of violent conflict, with similarities and differences in the ways they understand needs and care.



Bionotes

ANA ANTIC is a social and cultural historian and head of the interdisciplinary Centre for Culture and the Mind at the University of Copenhagen. Her research interests revolve around the relationship between psychiatry, politics and violence, as well as the decolonisation of psychiatric practices and concepts in the second half of the 20th century. She received her PhD in modern European history at Columbia in 2012, and, before joining the University of Copenhagen in August 2020, she worked at several UK and US universities. She authored two monographs: *Therapeutic Fascism: Experiencing the Violence of the Nazi New Order* (OUP 2017), and *Non-aligned Psychiatry in the Cold War* (Palgrave Macmillan 2022).

GABRIEL ABARCA-BROWN, PhD, is a postdoctoral fellow of the Decolonizing Madness project. He also is a research associate of the Research Program in History and Critical Theory of Psy Knowledge at Diego Portales University and the Transdisciplinary Laboratory in Social Practices and Subjectivity (LaP-SoS) at the University of Chile (UCh). His work focuses on the intersections of psy technologies, global mental health, subjectivity, and everyday life, highlighting historical, transcultural, intersectional, and decolonial aspects. Gabriel holds a PhD in Anthropology (Dept. of Global Health and Social Medicine, King's College London (KCL)) and a MA in Adult Clinical Psychology with specialisation in Psychoanalysis (UCh). He has been a lecturer and researcher at the University of Santiago, UCh, and KCL, as well as a guest researcher at the Institute of Social Medicine at UERJ, Brazil. Besides, he has been a collaborator of the Pan American Health Organization (PAHO/WHO). He co-founded the Platform for Social Research in Mental Health in Latin America (PLASMA).

OYEDEJI (DEJI) AYONRINDE, MD, MSc, FRCPsych, MBA, is an Associate Professor of Psychiatry and Psychology, Queen's University and also the Chair of the Commission on Black Medical Students at Queen's University. He is the Clinical Director of Community Psychiatry Programs at Providence Care and works in an Assertive Community Treatment Team with certification in both general and addiction psychiatry. His specialist training was at the Maudsley Hospital and Institute of Psychiatry, London, UK with an MSc in Research in Psychiatry (University College London – UCL) an Executive MBA from Imperial




College London, and a Diploma in the History of Medicine.

YONAS BAHRETIBEB, MD, MSc, is Associate Professor of Psychiatry and medical educator at the Department of Psychiatry, School of Medicine, College of Health Sciences, Addis Ababa University. Dr Baheretibeb's research focuses on tradition, religion, culture, indigenous knowledge and psychiatry. He is currently the principal investigator of the collaboration project at Holy Water sites as well as the investigator of Indigenous Knowing. His published works focus on collaboration with traditional healers and traditional education.

DÖRTE BEMME is an Assistant Professor at the Centre for Society & Mental Health at the Department for Global Health & Social Medicine at King's College London. She received her PhD in Medical Anthropology from McGill University, Department for Social Studies of. She researches the globalization and digitalization of mental health care ethnographically and has conducted a multi-sited ethnography of Global Mental Health over the past eight year. As an ethnographer and collaborator in GMH, she seeks to understand how mental health knowledge is constructed and mobilized across spatial, epistemic, intersectional, and power differences.

WENDY CHOW, MSW, is an Assistant Professor in the Department of Psychiatry, University of Toronto She is currently Program Manager of the Cultural Diverse Assertive Community Treatment Team and Mental Health Court Support Program. She has provided training to mental health professionals in Japan, China, and Ireland regarding the implementation and operation of assertive community treatment team since 2001. The program won the American Psychiatric Foundation Advancing Minority Mental Health Award 2007 and the Leading Practices Award presented by Ontario Hospital Association 2007. She is the principal author of the Cultural Competency Training Manual for Law and Mental Health Professionals, Multi-Family Psycho-Education Group for Assertive Community Treatment Clients and Families of Culturally Diverse Background: A Pilot Study, and Cultural Competent Assertive Community Treatment Team.

KENNETH FUNG, MD, FRCPC, MSc, DFAPA, DFAPA, is Professor and Director of Global Mental Health in the Department of Psychiatry, University of Toronto and staff Psychiatrist and Clinical Director of the Asian Initiative in Mental Health Program at the Toronto Western Hospital, University Health Network. His research, teaching, and clinical interest include both cultural psychiatry and psychotherapy, especially Acceptance and Commitment Therapy (ACT), CBT, and mindfulness, with projects and collaborations in China, Hong Kong, and South Korea. He conducts community-based research and projects in stig-




ma, resilience, mental health promotion, trauma, caregivers for children with ASD, immigrant and refugee mental health, and pandemic response. He is a Distinguished Fellow of the Canadian Psychiatric Association and the American Psychiatric Association, and Fellow of Association of Contextual Behavioral Science (ACBS).

ANA GÓMEZ-CARRILLO, MD, Dr. Med, is Assistant Professor at the Division of Social & Transcultural Psychiatry of McGill University. She obtained her medical degree from Universidad Autónoma de Madrid (Spain) and completed a psychiatry residency and specialized training as a Cognitive Behavioural Therapist at the Charité University Hospital in Berlin (Germany). During her fellowship in Montreal, she received subspecialty training in cultural psychiatry, and completed a clinical observership in child and adolescent psychiatry. Her current research builds on her clinical insight and training in cognitive neuroscience and social science to advance eco-social explanations and frameworks for psychiatric phenomena. Her clinical practice is dedicated to the Quebec Northern Inuit Population and clinical ethics.

G. ERIC JARVIS, MD, MSc, is an Associate Professor of Psychiatry at McGill University and Director of the Cultural Consultation Service, the First Episode Psychosis Program, and the Culture and Psychosis Working Group at the Jewish General Hospital. He is Editor-in-Chief of *Transcultural Psychiatry*. His research interests include the cultural adaptation of services for early psychosis, cultural consultation, linguistic barriers in mental health care, and religion and mental health.


LAURENCE J. KIRMAYER, MD, FRCPC, FCAHS, FRSC is James McGill Professor and Director, Division of Social and Transcultural Psychiatry, McGill University and Co-director of the McGill Global Mental Health Program. He directs the Culture & Mental Health Research Unit at the Institute of Community and Family Psychiatry, Jewish General Hospital, in Montreal, where he conducts research on culturally responsive mental health services, the mental health of Indigenous peoples, and the anthropology of psychiatry. He co-edited the volumes: *Understanding Trauma: Integrating Biological, Clinical, and Cultural Perspectives*; *Healing Traditions: The Mental Health of Aboriginal Peoples in Canada*; *Cultural Consultation: Encountering the Other in Mental Health Care*; *DSM-5 Handbook for the Cultural Formulation Interview*; *Re-Visioning Psychiatry: Cultural Phenomenology, Critical Neuroscience and Global Mental Health*; and *Culture, Mind and Brain: Emerging Concepts, Models and Applications*. He is a Fellow of the Canadian Academy of Health Sciences and of the Royal Society of Canada (Academy of Social Sciences).



SAMUEL LAW, MDCM, MPH, FRCPC is a staff psychiatrist and associate scientist at MAP and the Li Ka Shing Knowledge Institute, St. Michael's Hospital, Toronto, and the Clinical Director of Mount Sinai Hospital Assertive Community Treatment Team, Toronto. He is an associate professor, and lead of the China Initiative at the Department of Psychiatry, Faculty of Medicine, University of Toronto. Dr Law works, teaches, and researches immigrant mental health, cross-cultural psychiatric services and global mental health, focusing on international adaptation and community-based psychiatric care with severely mentally ill populations.

LAMIA MOGHNIEH, PhD, is a medical anthropologist and a mental health practitioner. Her research broadly looks at the interplay and impact of psychiatry on social understandings of self and illness in postcolonial and post-conflict societies of the Middle East and North Africa (MENA)/South West Asia and North Africa (SWANA). She is particularly interested in grounding the relationship between psychiatry and subject formation in the context of global organisation and standardisation of mental health and its diagnostics, on the one hand, and in analysing patient subjectivities, agencies and narratives on the other. She received a PhD in Social Work and Anthropology from the University of Michigan in 2016. I also hold an MSW (2011), an MA in psychology (with clinical specialisation) from the American University of Beirut (2009), and an MA in the Social Sciences from the university of Chicago (2006). She is a founding member of "Ethnography and Knowledge in the Arab region", a working group under the Arab Council for the Social Sciences (ACSS) engaged in a collaboration exploration of critical ethnographic knowledge in/from/about the Arab region.

OLIVIA NORRMÉN-SMITH, MSc, is a psychosocial caseworker, interdisciplinary researcher, and independent filmmaker. Her research interests hold central qualitative examinations of narrative, subjectivity, and psychic life. Her artistic practice is equal parts critical inquiry and poetic expression. Her work in film and with the artist's moving image privileges intimate portraiture, nonlinear narrative, oral history, states of enchantment, and meditations on memory and time. Her projects range from investigations of systemic-level dynamics, divergent ways of experiencing, (ab)/normality, human-technological relations, to the unusual, miraculous and extraordinarily banal idiosyncracies of human life. She is a Watson Fellow, a Pulitzer Center Reporting Fellow, and an alumnus of the Salt Institute for Documentary Studies. She holds a BS in Neuroscience from Bates College and an MSc in Psychiatry from the Division of Social and Transcultural Psychiatry at McGill University. She has worked as a producer on feature projects for the Montréal-based documentary film production company, CatBird Productions. Her films have been shown in New York, London, Oslo,



Los Angeles, and Montréal. Among other projects, she currently is a psychosocial caseworker with vulnerable and previously unhoused women at Chez Doris Women's Shelter Foundation in inner city Montréal.

JONATHAN SADOWSKY, PhD, is the Theodore J. Castele Professor of the History of Medicine, History Department Chair, and Associate Director and C-Founder of the Program in Medicine, Society and Culture concentration. He has degrees in History from Wesleyan (BA), Stanford (MA), and The Johns Hopkins University (Ph. D.) and studied psychiatric epidemiology at Columbia. He is the author of *Imperial Bedlam: Institutions of Madness and Colonialism in Southwest Nigeria* (University of California Press, 1999) and *Electroconvulsive Therapy in America: The Anatomy of a Medical Controversy* (Routledge, 2016). His latest book, *The Empire of Depression: A New History* (Polity Books, 2020) has been translated into six foreign languages. His articles have appeared in journals including *Culture, Medicine, and Psychiatry*, *The Journal of the History of Medicine and Allied Sciences*, *Harvard Review of Psychiatry*, *Bulletin of the History of Medicine*, and *History of Psychiatry*. He is the co-editor of the six-volume *Cultural History of Madness*, forthcoming from Bloomsbury Press.

FELIPE SZABZON, PhD, is a postdoctoral fellow of the "Covid-19 and mental health" project at the Department of English, Germanic and Romance Studies (ENGEROM) of the University of Copenhagen. He is also a research associate of the Section of Psychiatric Epidemiology of the São Paulo Medical School from the University of São Paulo (NEP-FMUSP) and a Permanent Researcher at the Brazilian Centre for Analysis and Planning (CEBRAP). He holds a double PhD degree in Dynamics of Health and Social Welfare from the National School of Public Health (Portugal) and the École des Hautes Études en Sciences Sociales (EHESS – France); an MSc in Public Health (USP) and a bachelor's in clinical psychology (PUC-SP). He has previous experience working at the National Mental Health Programme at the Portuguese Ministry of Health. His main interests rely upon the analysis of mental health policy as well as on global mental health practices and how these imply in subjective experiences lived by people in contexts of adversity and social exclusion. He has also co-founded the Platform for Social Research in Mental Health in Latin America (PLASMA).



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