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**Listening to context: a cultural examination of Indian women's mental health.**

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Nicola Gailits  
Research Summary

**Introduction**

Major depression is one of the leading causes of premature death and disability in India.<sup>1</sup> Between men and women, the burden of depression is 50% higher in women.<sup>2</sup> Considering the high burden of common mental disorders (CMDs) in Indian women and the fact that India accounts for one third of the world's poor,<sup>3</sup> Indian women's mental health is a significant issue presently. This paper will start by exploring the specific case of CMDs (disorders including depression and anxiety) in Indian women, and their corresponding social, cultural, and economic factors of influence. It will then proceed to uncover the current debate on incorporating cultural and community level factors when providing mental health treatment in India and across the Global South. As the Global South urgently needs better mental health care, is a universal scale up of Western medicine appropriate?

**Indian Women's Mental Health: A Special Case**

As defined by WHO, mental health is a "state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community."<sup>4</sup> However, in a qualitative study in Maharashtra, Indian women's own definitions of mental health differed significantly.<sup>4</sup> While the WHO defines mental health as a *presence* of abilities and contributions, Indian women defined their mental health as an *absence* of certain stressors.<sup>4</sup> Stressors women experienced were related to their husbands, mothers-in-law, domestic violence, and poverty.<sup>4</sup> As Kermode *et al.*<sup>4</sup> writes, "essentially, if a woman is lucky enough to be married to a man who does not drink or gamble, remains faithful and earns some money, and the mother-in-law does not harass her, and she has sons, then she will have good mental health".

Patel *et al.*<sup>5</sup> cites "the double burden of gender disadvantage and poverty" as a factor that increases the risk of CMDs in Indian women, restricting their autonomy and access to social

support. Other factors that increase women's gender vulnerability include "social class, marital and childbearing roles, lack of education, and social oppression".<sup>3</sup> Lastly, the patriarchal dominance in Indian culture exposes women to partner alcohol use, and domestic and sexual violence, rendering her even more susceptible to CMDs.<sup>6</sup> Overall, Kermode *et al.*<sup>4</sup> suggest Indian women's mental health problems are caused by cultural and socio-economic factors, which are felt to be largely out of a woman's control.

Consequently, interventions that focus on social and economic areas have been shown to improve women's mental health in India.<sup>4</sup> Access to social and economic skills increase their competence and self-reliance, which empowers and improves their mental health.<sup>4</sup> Dasgupta *et al.*<sup>7</sup> emphasize the importance of social interventions and found that women with high levels of social support were less likely to experience depression. The above findings also align with the social and economic determinants of mental health outlined by Devine, Kermode, Chandra, and Herrman<sup>8</sup> which include social inclusion, access to economic resources, and freedom from discrimination and violence.

**The Solution: Global Scale Up of Western Medicine?**

Although women across India seek anti-depressants, Tribe<sup>9</sup> suggests that treating depression pharmacologically is not effective at addressing the surrounding poverty, gender inequalities, and other structural inequalities, which are the source of the mood disorder. She suggests that perhaps a focus on poverty reduction would be more constructive.<sup>9</sup> This critique, however, ignores the significant beneficial effects that biomedicine can have on those with mental illness. For example, Mathias<sup>10</sup> emphasizes that the provision of psychotropic medication has both short and long term benefits for Indian people with mental disorders, and that "even sub-optimal biomedical care can make a difference to individual people and families."

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The impact of multiple stressors on individual mental health in war conflict areas.

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Research Summary, *cont'd*

Although there can be benefits to psychotropic medication, there are many other different ways to treat mental illness in India. Halliburton<sup>11</sup> reports on psychiatric pluralism, emphasizing that there is no “best” treatment approach. He examines patients’ use of several types of treatments in India including ayurvedic (indigenous) psychiatry, allopathic (western) psychiatry, and religious healing.<sup>11</sup> He discovered that “each therapy was found by some to be helpful and by others to be ineffective”.<sup>11</sup> While each treatment may be effective for subsets of the population, they are not all equally accessible. For example, a study in the state of Uttarakhand showed that there is a complete lack of access to talk therapy, and only 3% of the population is able to access anti-depressants.<sup>12</sup> The case of Uttarakhand can be expanded across the country: access to mental health treatment in India is very poor and varies tremendously from urban to rural areas.<sup>13</sup>

As a way to improve access to mental health care in the Global South, the WHO’s Mental Health Global Action Programme (mhGAP) was established, with an aim to “scale up services for mental, neurological and substance use disorders, especially for countries with low and lower incomes.”<sup>14</sup> MhGAP is also working to bring together governments, policymakers, international organizations, and other stakeholders to form partnerships to improve mental health care in low and middle income countries. At the same time, there has been significant critique of this scale-up approach and Western psychiatry’s “foundational assumption,” that a “mental disorder can be viewed outside of the contexts of society and culture...ignoring difference, diversity and cultural specificity”.<sup>15</sup>

Summerfield<sup>16</sup> asserts that silencing community voices and training individuals in Western biomedical models may be potentially damaging. His research highlights the need to discuss the role of culture and community in treating mental health problems.<sup>16</sup> He emphasizes the importance of

of culture and community in treating mental health problems.<sup>16</sup> He emphasizes the importance of cultural aspects when he suggests that it may be more appropriate to view mental disorders “as complex socio-cultural responses to adversity”.<sup>17</sup>

Further critiques of the dominant western model suggest that it assumes “a unidirectional flow of power and influence from active global agents to passive local communities, or from powerful psychiatrists to powerless patients”.<sup>15</sup> This is cited to be problematic for two reasons: it ignores the ability of communities to use their own knowledge and resources to help themselves, and furthermore, it also “draws attention away from the potential for dialogue and partnership between global and local actors, in which communities would be able to advance their health and social interests”.<sup>15</sup>

The burden of common mental disorders in women across India is immense, and a rapid response is needed. However, will this response allow communities to self-direct how best treatment should proceed within their own social, economic, and cultural context? Particular attention to culture is needed in the case of Indian women’s mental health, not only because dominant global actors can remove local stakeholder’s agency in their own health but also due to the patriarchal dominance within Indian society itself, and women’s current gender disadvantage. Instead of Global South models of care that only minimally incorporate non-western knowledge, it is clear that equal partnerships are needed, “with each cultural health tradition having things to learn from the others”.<sup>9</sup>

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Research Summary, *cont'd*

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