

Course Title	Critical Perspectives on Mental Health		
Programme Title	Master of Arts in Development		
Specialisation	Not Applicable		
Mode	M1	Level	
Course ID		Credits	3
Course Type	Elective	Semester	III
Version	2.0	Academic Year	2022-23
Course Development Team	Mukta Gundi, Seema Sharma and Arima Mishra		

Rationale and Introduction

The World Health Organization has long defined Health to be “*A state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity*”. Despite this broader definition, the mainstream public health discourses have largely focused on physical health alone. It is only in the last decade or so, mental health has been receiving increasing recognition in policy and practice, for example, ‘*The Lancet Commission on Global Mental Health and Sustainable Development*’ (2018) advocates to reframe the global mental health agenda envisioned in the SDGs by arguing mental health as a “*global public good*” that is “*relevant to sustainable development in all countries, regardless of their socioeconomic status, because all countries can be thought of as developing countries in the context of mental health*”.

WHO’s special initiative for mental health (2019-2023) promotes universal coverage for mental health and United Nations Sustainable Development Group’s call for ‘*No one is left behind*’ (2022) underlines protecting the rights to the highest standard of physical and mental health of diverse populations. However, to achieve these, there is a dire need for a public health approach to mental health and wellbeing (and not mental illness) that acknowledges and situates mental health in the social, economic, cultural, and environmental contexts to understand how these factors shape mental health of different groups. Mental health and associated inequalities, hence, are deeply connected to the social inequalities (across caste, class, gender, ethnicity, region) that exist in society.

This course aims to encourage students to a) appreciate the public health perspective (contrasted with a bio-medicalized and individualist orientation) on mental health and wellbeing b) understand what such a perspective entails and how it matters for sustainable development and c) learn from existing community-based mental health interventions to promote better mental health and wellbeing. Students would draw on their learnings from courses such as the ‘Sociology of Modern India’, ‘Theories and Histories of Development’ and ‘Social Interventions’ to situate critical perspectives and interventions on mental health (eg:

situating mental health in social structures and institutions, mental health framing and community and policy interventions).

As future development practitioners, students are expected to work in several domains within development including public health. Mental health cuts across many of these domains (climate change, livelihoods, gender), it would hence be important for students to have an informed understanding of mental health and its interventions that are humane and that help de-stigmatize individuals and groups.

This course will provide students an interactive platform to discuss various cultural notions, plural approaches and historical contexts within which individuals, groups, communities, the state, the health systems, and medical establishment have engaged and acted to address mental health. The course seeks to introduce the varying meanings and debates around mental health. It will provide a conceptual framework to understand the nature of debates and initiatives undertaken and community-based [or led] action to improve mental health.

Prerequisites

None

Intended Learning Outcomes

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

- a) Explain how cultural, environmental, social factors shape mental health and well-being.
- b) Demonstrate an ethical and empathetic perspective to understand the common mental health challenges faced by marginalized communities
- c) Evaluate public health interventions that seek to the improve mental health of communities

Syllabus & Readings

This elective course focuses on developing a critical public health perspective on mental health understanding and practice. The first unit enables students to understand the need for public health approach to mental health. The second unit discusses mental health challenges faced by diverse set of populations. It will help the students to understand how social inequalities (across caste, class, gender, ethnicity, region) shape mental health inequalities in the society. The third unit presents different case studies and engages with the community-based interventions and policy around mental health practice.

Name of the unit	Number of weeks
Unit 1: Situating mental health in the public health domain	5

Unit 2: Understanding mental health challenges among diverse communities	5
Unit 3: Current approaches and debates around mental health: Learning through case studies	5

UNIT 1: Situating mental health in the public health domain

This unit will lay the foundation for situating mental health in the domain of public health. This unit delves into how public health understands mental health by going beyond the biomedical boundaries of ‘psychology’, ‘psychiatry’ and discusses the social construction of mental health and well-being. This unit explores the burden, distribution and ‘causes of the causes’ of mental health to further understand how various social inequalities shape mental health. This unit also provides an opportunity to engage in a larger discussion on mental health inequalities in the context of the public health emergencies such as COVID-19 pandemic.

UNIT 1	
Topics	Readings
Week 1 Introduction to the course & the public health understanding of mental health	Mandatory: What can public health do for mental health?: Lancet editorial found at: https://doi.org/10.1016/S0140-6736(16)30887-X Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., ... & Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. <i>The Lancet</i> , 392(10157), 1553-1598. Recommended: Kleinman, A. (2009). Global mental health: a failure of humanity. <i>The lancet</i> , 374(9690), 603-604.
Week 2 Historical and social construction of mental health	Mandatory: Herron, S., & Mortimer, R. (1999). ‘Mental Health’: A Contested Concept. <i>Journal of Public Mental Health</i> . Recommended: Petrie, K. J., & Weinman, J. (2006). Why illness perceptions matter. <i>Clinical medicine (London, England)</i> , 6(6), 536–539.

<p>Week 3 Social & cultural determinants of mental health</p>	<p>Mandatory: World Health Organization and Calouste Gulbenkian Foundation. Social determinants of mental health. Geneva, World Health Organization, 2014.</p> <p>Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., & Misra, R. (2019). National Mental Health Survey of India, 2015-16: Prevalence, patterns, and outcomes. Bengaluru, National Institute of Mental Health and Neuro Sciences.</p> <p>Recommended: Martin Prince, Vikram Patel, Shekhar Saxena, Mario Maj, Joanna Maselko, Michael R Phillips, Atif Rahman. No health without mental health , Lancet 2007; 370: 859–77</p>
<p>Week 4 Burden, distribution and ‘causes of the causes’ of mental health</p>	<p>Mandatory: Burns, J. K. (2015). Poverty, inequality, and a political economy of mental health. <i>Epidemiology and psychiatric sciences</i>, 24(2), 107-113.</p> <p>Recommended: Yu, S. (2018). Uncovering the hidden impacts of inequality on mental health: a global study. <i>Translational psychiatry</i>, 8(1), 1-10.</p>
<p>Week 5 Understanding mental health inequalities in the context of public health emergencies [such as COVID-19 pandemic]</p>	<p>Mandatory: UNICEF. Mental health and psychosocial support in emergencies. Link: https://www.unicef.org/protection/mental-health-psychosocial-support-in-emergencies</p> <p>Joshi, A. (2021). COVID-19 pandemic in India: through psycho-social lens. <i>Journal of Social and Economic Development</i>, 23(2), 414-437.</p> <p>Vikram Patel’s conversation at University of Chicago on "Reimagining Mental Health in the Shadow of the Pandemic," October 13, 2020- Link: https://www.youtube.com/watch?v=sWcrJiu41Go&ab_channel=NeubauerCollegium</p> <p>Measuring the shadow pandemic: Violence against women during</p>

	<p>COVID-19: Link: https://data.unwomen.org/sites/default/files/documents/Publications/Measuring-shadow-pandemic.pdf</p> <p>Recommended: Gundi, M., KG. Santhya, N. Haberland, A. J. F. Zavier and S. Rampal. 2020. The increasing toll of mental health issues among adolescents and youth in Bihar. Policy brief. New Delhi: Population Council.</p> <p>UNICEF- Psychosocial Support for Children during COVID-19: Link: https://www.unicef.org/india/media/3401/file/PSS-COVID19-Manual-ChildLine.pdf</p>
--	---

UNIT 2: Understanding mental health challenges among diverse communities

This unit discusses common mental health challenges and treatment seeking challenges faced by a diverse set of populations, including some vulnerable or marginalized populations such as adolescents, pregnant women, LGBTQ community members etc. While dealing with these sensitive issues, the unit also engages with the process and the ethical perspective one needs to develop to explore mental health challenges, needs and experiences of various communities.

<p>Week 6 Common mental health challenges during the life-course- [childhood to old-age populations]</p>	<p>Mandatory: Burgess RA, Jeffery M, Odero SA, Rose-Clarke K, Devakumar D (2022) Overlooked and unaddressed: A narrative review of mental health consequences of child marriages. PLOS Glob Public Health 2(1): e0000131. https://doi.org/10.1371/journal.pgph.0000131</p> <p>WHO. Mental health of older adults. Link: https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults</p> <p>Recommended: Bhattacharya, A., Camacho, D., Kimberly, L. L., & Lukens, E. P. (2019). Women's experiences and perceptions of depression in India: A metaethnography. <i>Qualitative health research</i>, 29(1), 80-95.</p>
<p>Week 7 Mental health challenges, experiences among marginalized</p>	<p>Mandatory: Sharma, A. J., & Subramanyam, M. A. (2020). Psychological wellbeing of middle-aged and older queer men in India: A mixed-methods approach. <i>PloS one</i>, 15(3), e0229893.</p>

<p>populations</p>	<p>Gupta, D., & Singh, P. K. (2018). The hidden cost of development—a review of mental health issues of displaced tribal populations in India. <i>Journal of Public Health</i>, 26(6), 717-723.</p> <p>Ghosh S. (2018). Tiger widows of Sundarbans: Navigating ecology, beliefs and mental health. Found at https://india.mongabay.com/2018/12/tiger-widows-of-sundarbans-navigating-ecology-beliefs-and-mental-health/</p> <p>Sridhar, V. (2006). Why do farmers commit suicide? The case of Andhra Pradesh. <i>Economic and Political Weekly</i>, 1559-1565.</p>
<p>Week 8 Stigma and barriers in treatment seeking</p>	<p>Mandatory: Shidhaye, R., & Kermodé, M. (2013). Stigma and discrimination as a barrier to mental health service utilization in India. <i>International health</i>, 5(1), 6-8</p> <p>Taniparti, N. (2018). The Worries of ‘Log Kya Kahenge’ on Mental Health. <i>The Wire</i>.</p>
<p>Week 9 Making an inquiry to explore mental health and wellbeing in the community</p>	<p>Mandatory: Santhya, K. G., R. Acharya, N. Pandey et al. 2017. Understanding the lives of adolescents and young adults (UDAYA) in Bihar, India. New Delhi: Population Council.</p> <p>Tew, J., Gould, N., Abankwa, D., Barnes, H., Beresford, P., Carr, S., ... & Woodward, L. (2006). <i>Values and methodologies for social research in mental health</i>. Bristol/London: National Institute for Mental Health in England and Social Perspectives Network in collaboration with the Social Care Institute for Excellence.</p> <p>Recommended: Lloyd, K. R., Jacob, K. S., Patel, V., Louis, L. S., Bhugra, D., & Mann, A. H. (1998). The development of the Short Explanatory Model Interview (SEMI) and its use among primary-care attenders with common mental disorders. <i>Psychological medicine</i>, 28(5), 1231-1237.</p>
<p>Week 10 Ethical perspective in mental health practice and research</p>	<p>Mandatory: Thompson, A. R., & Chambers, E. (2011). Ethical issues in qualitative mental health research. [Book chapter]</p> <p>Kelly, C., & Dale, E. (2011). Ethical perspectives on suicide and suicide prevention. <i>Advances in Psychiatric Treatment</i>, 17 (3), 214-219. doi: 10.1192/apt.bp.109.007021</p>

UNIT 3: Current approaches and debates around mental health: Learning through case studies

This unit provides an opportunity to understand the current public health [community-based, community-led, etc.] approaches and debates around mental health by learning from Indian and global case studies. This unit also engaged with critically examining the Government of India's policy on mental health to discuss what it promises, what it misses and the way forward.

<p>Week 11 Global public health case studies and debates around mental health</p>	<p>Mandatory: Chibanda, D. (2017). Reducing the treatment gap for mental, neurological and substance use disorders in Africa: lessons from the Friendship Bench in Zimbabwe. <i>Epidemiology and psychiatric sciences</i>, 26(4), 342-347.</p> <p>How a remote indigenous community fought the pandemic, <i>Scientific American</i>, https://www.scientificamerican.com/article/how-a-remote-indigenous-community-fought-the-pandemic/</p>
<p>Week 12 Indian public health case studies and debates around mental health</p>	<p>Mandatory: Narasimhan, L., Gopikumar, V., Jayakumar, V., Bunders, J., & Regeer, B. (2019). Responsive mental health systems to address the poverty, homelessness, and mental illness nexus: The Banyan experience from India. <i>International Journal of Mental Health Systems</i>, 13(1), 1-10 And Iswar Sankalp case study from stories of change [APU]</p> <p>Shields-Zeeman, L., Pathare, S., Walters, B.H. <i>et al.</i> Promoting wellbeing and improving access to mental health care through community champions in rural India: the <i>Atmiyata</i> intervention approach. <i>Int J Ment Health Syst</i> 11, 6 (2017). https://doi.org/10.1186/s13033-016-0113-3</p> <p>Recommended: Davar, Bhargavi and Madhu Lohokhare (2009). Recovering from psychological traumas: The place of Darghas in Maharashtra, <i>Economic and Political Weekly</i>, Vol. 18:24, 60-67.</p> <p>Patel, V., Weiss, H. A., Chowdhary, N., Naik, S., Pednekar, S., Chatterjee, S., & Kirkwood, B. R. (2011). Lay health worker led intervention for depressive and anxiety disorders in India: impact on clinical and disability outcomes over 12 months. <i>The British Journal of Psychiatry</i>, 199(6), 459-466</p>
<p>Week 13 Government of India's policy on mental health: what</p>	<p>Mandatory: National mental health policy, Government of India: https://nhm.gov.in/images/pdf/National_Health_Mental_Policy.pdf</p>

<p>it promises, what it misses</p>	<p>Mathur, A. (2020). The Hindu. https://www.thehindu.com/brandhub/mind-over-matter-indias-mental-health-policy/article33212760.ece</p> <p>Recommended: Moodie, R., & Jenkins, R. (2005). I'm from the government and you want me to invest in mental health promotion. Well why should I?. <i>Promotion & education</i>, 12(2_suppl), 37-41.</p>
<p>Week 14 Way forward to address mental health challenges in India</p>	<p>Mandatory: Thara, R., & Patel, V. (2010). Role of non-governmental organizations in mental health in India. <i>Indian journal of psychiatry</i>, 52(Suppl 1), S389–S395. https://doi.org/10.4103/0019-5545.69276</p> <p>Shidhaye, R. (2020). Unburden mental health in India: it's time to act now. <i>The Lancet Psychiatry</i>, 7(2), 111-112.</p> <p>Recommended: Jenkins, R. (2003). Supporting governments to adopt mental health policies. <i>World Psychiatry</i>, 2(1), 14.</p>
<p>Week 15</p>	<p>Summation and wrap-up</p>

Pedagogy

Overall, the course will be transacted with a combination of lectures, case-study group discussions, debate, and readings. The in-class lectures will primarily focus on introducing the basic concepts. Discussions, group work and debates in class will allow students to collectively engage with the readings and will provide them an opportunity to discuss some of the critical mental health challenges faced by the diverse set of populations. The group work during the class will involve a variety of activities [e.g. mapping 'causes of the causes' for mental health inequalities using posters; creating a broad framework for culturally sensitive mental health inquiry etc.]. Additionally, relevant audio-visual resources will be used to encourage student-led discussions in class. Especially in Unit 2 and Unit 3, students will work in the groups to present a variety of case studies based on community-based mental health interventions and approaches within India and abroad. Faculty will ensure that the roles among all the group members are adequately defined. There will be approximately three guest lectures [distributed across units 2 and 3] delivered by public health scholars/practitioners to take students through on-the-ground work on mental health among diverse social groups and settings. The case studies, group discussions would allow students to learn (and practice) what it means to engage with mental health issues with care and empathy in the classroom itself.

Assessment and Grading

Assessment Type	Percentage	ILO
Thematic essay: About 1500-words thematic essay on themes chosen by the student [from a basket of thematic options given] to demonstrate students' understanding of public health approach to mental health as discussed in unit 1.	20%	ILO-1
Case-study review: Students will be given a mental health case-study with a dense scenario regarding mental health issues among vulnerable populations. They will answer the questions to reflect how they will approach it in a way that demonstrates sensitivity, empathy and a sense of ethics as discussed in unit 2.	30%	ILO-2 and ILO-3
Group Assignment: Exploring community based mental health: Collaborative group work on a case-study [intervention] to present the review and critique based on pointers given – based on discussions in units 1, 2 and 3.	30%	ILO-1, ILO-2 and ILO-3
Class participation: measured through their participation in various group discussions, debates, class activities etc.	20%	