'Global mental health': systematic review of the term and its implicit priorities

Aim of the Review

What is meant by the term 'global mental health'? What are the assumptions in which geographic regions and mental health conditions get included and which don't? The aim was to review all peer-reviewed articles using the English phrase 'global mental health' and determine the implicit priorities of scientific literature that self-identified with this term.

Background

The term 'global mental health' came to the fore in 2007, when the Lancet published a series by that title and helped establish 'global mental health' as a field in its own right. Since then, there has been an increase in the number of academic institutions and funders utilising the term, however some argue that there has been no established shared definition. In fact conflicting definitions suggest consenus has not been reached about the meaning of the term.

Key Messages

1. **Be explicit about what you mean when using the term 'global mental health.'** While there can be power in a shared term and the aggregation of ideas for research, funding, and collaboration, there is a common misconception that a shared meaning for this term already exists. Because the term continues to evolve, it is important to define the term in use.

2. **Open up dialogue about implicit priorities in 'global mental health.'** Recent empirical studies indicate that there are implicit assumptions about which geographic regions and mental health conditions are prioritized.

3. **Improve contextual rigor to increase generalizability and reproducibility.** While a major goal for a shared term may be the utility in having a collective understanding across audiences, the lack of contextual details in a majority of the scientific literature self-identifying with 'global mental health' prevents comparison both within and across different countries.

OVERALL OBJECTIVE

To determine what is meant by the term 'global mental health' and the implicit assumptions and priorities of scientific literature that self-identifies with this term.

AUTHORS

Supriya Misra[1], Anne Stevenson[1], Emily E. Haroz[2], Victoria de Menil[1], Karestan C. Koenen[1]

AFFILIATIONS

[1] Harvard T.H. Chan School of Public Health
[2] Harvard T.H. Chan School of Public Health
[3] Johns Hopkins Bloomberg School of Public Health
[4] Harvard T.H. Chan School of Public Health
[5] Harvard T.H. Chan School of Public Health

Main Results

- The number of peer-reviewed publications using the term 'global mental health' has risen from 12 articles in 2007 to 114 articles in 2016.

- The majority of peer-reviewed publications have been non-empirical articles (76.2%), but the number of empirical articles continues to grow (16.5-fold increase in 10 years).

- The majority of empirical studies have taken place in low- and middle-income countries (78.4%), particularly Sub-Saharan Africa (28.4%) and South Asia (25.5%) and none from Central Asia.

- Mental health conditions are not equally prioritised in the literature, with depression as the primary area of study (29.7%) followed by psychoses (12.6%) and conditions specifically related to stress (12.6%) with fewer studies on epilepsy (2.7%), self-harm and suicide (1.8%) and dementia (0.9%).

- Empirical articles using the term lack contextual and sociodemographic detail including information on the specific region(s) within the countries where studies took place (20.7% missing); specific language(s) in which studies were conducted (36.9% missing); details on ethnic identities such as ethnicity, caste and/or tribe (79.6% missing); and socioeconomic status (85.4% missing).

Recommendations for Researchers

- Researchers should define what they mean by 'global mental health' and reviewers need to be equally attentive for what is implied within these definitions. Those working in research and academia should also consider why they do or do not choose to self-identify with this term in their work and explore whether there are implicit biases inherent in those who choose to use the term versus those who do not.

- Collect and report more robust contextual details. While a significant portion of the prior research took place in low-resource settings with trade-offs in what data to collect, some variables are important both to draw any meaningful conclusions from and to consider the broader applicability of findings. This includes being explicit about the selection of proxy variables (e.g., using literacy as a proxy for socioeconomic status).
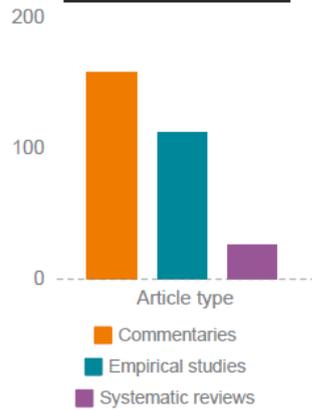
INCLUSION CRITERIA

A systematic review quanitfying all peer-reviewed articles using the English term 'global mental health' published between 1 January 2007 and 31 December 2016, including by geographic regions and by mental health conditions.
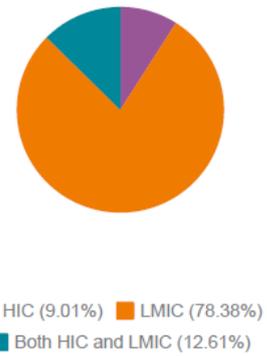
STUDY CHARACTERISTICS

All peer-reviewed articles containing the English term 'global mental health' in five databases (PubMed, PsycINFO, Embase, Web of Science, and WHO Global Index Medicus) from 1 January 2007 to 31 December 2016.467 articles met criteria. 174 were classified as 'other,' 157 were commentaries, 25 were systematic reviews, and 111 were empirical studies.

All peer-reviewed articles using the English term 'global mental health' in their text published between 1 January 2007 and 31 December 2016, including by geographic regions and mental health conditions.
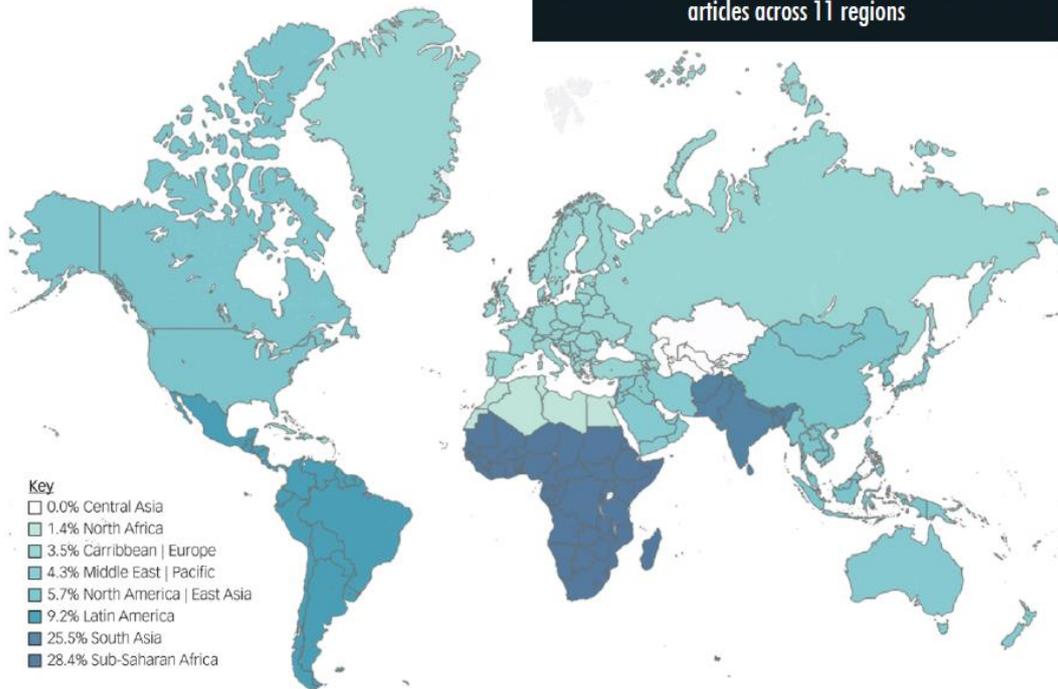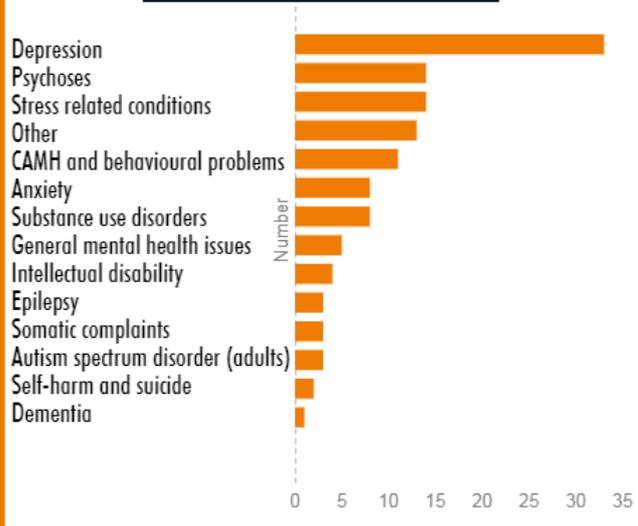
ARTICLE BREAKDOWN

Article type
- Commentaries
- Empirical studies
- Systematic reviews

EMPIRICAL STUDIES

- HIC (9.01%)
- LMIC (78.38%)
- Both HIC and LMIC (12.61%)

Heat map of number of 'global mental health' empirical articles across 11 regions

Key
- 0.0% Central Asia
- 1.4% North Africa
- 3.5% Carribbean | Europe
- 4.3% Middle East | Pacific
- 5.7% North America | East Asia
- 9.2% Latin America
- 25.5% South Asia
- 28.4% Sub-Saharan Africa

Studies by main mental health condition

Number

- Depression
- Psychoses
- Stress related conditions
- Other
- CAMH and behavioural problems
- Anxiety
- Substance use disorders
- General mental health issues
- Intellectual disability
- Epilepsy
- Somatic complaints
- Autism spectrum disorder (adults)
- Self-harm and suicide
- Dementia

0 5 10 15 20 25 30 35

Missing data for contextual and sociodemographic data in empirical articles

State/province/region
Gender
Language
Religious affiliation
Socioeconomic status
Age Ethnic identity
Sample size

" When does mental health research become 'global'? When is it just psychiatry or epidemiology? These were some questions we were asking that led to the impetus for the project. Rather than defining the term ourselves, we thought framing the question based on explicit use of the term would be the most agnostic way to take stock of the field over a 10-year period. I hope this systematic review opens up a dialogue about the implicit priorities in 'global mental health' and when people identify their work with the term. "

[Anne Stevenson, MSc, Program Director, Neuropsychiatric Genetics of African Populations-Psychosis Study,
Harvard T.H. Chan School of Public Health]

KEY REFERENCES

Prince et al,. Lancet 2007

Summerfield, Transcultural Psychiatry, 2012

Barbui et al., Lancet Psychiatry, 2017

Saxena et al., Lancet, 2019

Authors Conclusions

Research identifying itself as 'global mental health' has focused predominantly on depression in LMICs and has historically lacked essential contextual and sociodemographic data, limiting the interpretation and application of findings.