Advanced Study Institute

Global Mental Health: Bridging the Perspectives of Cultural Psychiatry and Public Health

Conference

July 7, 2012

Montréal, Québec

Division of Social & Transcultural Psychiatry
Department of Psychiatry
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DIVISION OF SOCIAL & TRANSCULTURAL PSYCHIATRY, MCGILL UNIVERSITY

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Global Mental Health: Bridging the Perspectives of Cultural Psychiatry and Public Health

Leacock Building, Room 26
855 Sherbrooke Street West,
Montréal, Québec H3A 2T7

Conference
July 7, 2012
9:00 – 18:00

The emerging field of global mental health aims to address the enormous disparities in mental health outcomes that beset low and middle-income countries. A growing body of research has established mental health as a priority for global health research and intervention. Significant advances have been made in identifying targets and strategies for intervention. However, there continues to be controversy and debate about the appropriate methods for establishing priorities, research themes and approaches, and modes of developing and/or adapting interventions in global mental health. In particular, there are tensions between a public health approach grounded in current evidence-based practices (which are still largely produced in high-income countries) and a culturally-based approach that emphasizes starting with local priorities, problem definitions, community resources and solutions. The cultural critique of global mental health has raised basic issues that will be explored in this conference:

- The priorities of global mental health have been largely framed by mental health professionals and their institutional partners located in wealthy countries, and therefore reflect the dominant interests of psychiatry which may give insufficient attention to local priorities;
- Global mental health tends to assume that the major psychiatric disorders are biologically determined and therefore universal;
- In focusing on existing evidence-based treatments, global mental health assumes that standard treatments can be readily applied across cultures with minimal adaptation;
- And finally, global mental health tends to emphasize mental health interventions and may marginalize indigenous forms of helping, healing, and social integration that can contribute to positive outcomes and recovery.

This conference brings together experts in cultural psychiatry, medical anthropology and global mental health to consider ways of bridging these perspectives. Sessions will address four broad themes:

- Setting the agenda in global mental health;
- Understanding the relationship between local and universal aspects of mental health;
- Developing culturally and community-based interventions;
- Implementing and evaluating culturally-grounded and community-based interventions to foster resilience and recovery.

The conference will focus on ways to generate an ongoing constructive critique of the global mental health movement to ensure its goals and methods are responsive to diverse cultural contexts and communities.

The conference will be of interest to mental health practitioners, researchers, policy makers and others concerned with global mental health.

Selected papers from the ASI will be published in *Transcultural Psychiatry*
http://tps.sagepub.com/

Conference

8:30 REGISTRATION

9:00 - 9:15 Welcome: **Laurence Kirmayer** & **Duncan Pedersen**

CHAIR: **Cécile Rousseau**

9:15 - 9:45 **Why mental health matters to global health**
Vikram Patel**,** *London School of Hygiene & Tropical Medicine, Sangath, Goa*

9:45 - 10:15 **Against "global mental health"**
Derek Summerfield, *University of London*

10:15 - 10:45 **Global mental health: The right problem but the wrong solution?**
Kwame McKenzie, *University of Toronto*

10:45 - 11:00 BREAK

11:00 - 11:30 **Halt to the abuse of globalization in the field of mental health**
Gilles Bibeau, *Université de Montréal*

11:30 - 12:00 **The "folie à trois" between global mental health, anthropology and psychiatry**
Joop de Jong, *University of Amsterdam*

12:00 - 12:30 PANEL: ***The Place of Culture in Global Mental Health***

12:30 - 14:00 LUNCH / POSTER SESSION
Special lecture: Pathways to Violent Radicalisation: Public health meets cultural psychiatry
Kamaldeep Bhui, *Queen Mary University of London*

CHAIR: **Jaswant Guzder**

14:00 - 14:30 **Challenges for mental health development in low- and middle-income countries**
Suman Fernando, *London Metropolitan University*

14:30 - 15:00 **Deconstructing global mental health**
Rachel Tribe, *University of East London,*

15:00 - 15:30 **Ritual healing and psychiatry in South Asia**
William Sax, *South Asia Institute, University of Heidelberg*

15:30 - 16:00 BREAK

16:00 - 16:30 **Countering the prevailing ethos by practice: The implementation of a community engagement model in inner city communities in Kingston, Jamaica**
Geoffrey Walcott, *University of the West Indies, Kingston*

16:30 - 17:00 **Global mental health: Avenues of access and epistemologies of care**
Charles Watters, *Rutgers University*

17:00 – 18:00 CLOSING PANEL: ***The Future of Global Mental Health***
Alex Cohen, Vikram Patel, Duncan Pedersen, Faculty and Presenters

Abstracts

Why mental health matters to global health
Vikram Patel, *Sangath, Goa*

Global health is the new avatar for what we once called "international health" and, going back further in time, "tropical medicine". Global health stands out from its predecessors in three key respects: first, its priorities are determined by the science of the burden of disease; second, its driving philosophy is equity, i.e. justice and fairness in the distribution of health in society; and third, its scope is global, i.e. it concerns actions which can benefit the health of people globally. This presentation will present evidence to make the case that mental health is not only relevant to global health in all these respects, but in fact lies at its very heart. The presentation will then address some key road-blocks to global efforts to improve access to care for people with mental disorders, in particular the grave shortage and iniquitous distribution of mental health specialist resources. New evidence from low resource settings is showing how task-sharing of mental health care with lay and community health workers is an effective model for delivery of evidence-based treatments for mental disorders. Armed with the knowledge that one can unpack complex mental health treatments, and train and support non-professionals to deliver them, perhaps the promise of mental health for all is realizable. In particular, we will need to empower those who are affected by mental disorders to assure their right to receive care that enables recovery and live a life of dignity. We can attain the lofty goal of "mental health for all" only if we involve all in the process.

Against "global mental health"
Derek Summerfield, *London*

Psychiatry has no answer to the question "what *is* a mental disorder?", and instead exalts a way of working it has devised: if there are sufficient phenomena at sufficient thresholds, a mental disorder is declared to exist! Nonetheless, an emergent global mental health field, including the WHO, claims that annually up to 30% of the global population develops a mental disorder, representing a substantial "though largely hidden" proportion of the world's overall disease burden. Are these figures credible? What exactly is "global mental health"? Can any definition or standard of mental health be definitive universally? This paper will critique the knowledge base for global mental health in light of the routine use of methodologies not validated for the populations under study, largely non-Western. To assume that Western knowledge is universal, whereas indigenous knowledge is local, casts culture as an obstacle and ignores the plight of huge numbers of non-Western peoples mired in bare survivalist ways of life. This is a form of imperialism, with global mental health workers as the new missionaries. The paper asks whether it is axiomatic that mental health services are a good thing worldwide, albeit with adaptations in culturally diverse, resource-poor settings. Or, is the question still open as to whether non-Western societies do need mental health services at all as we recognise them in the West?

Global mental health: The right problem but the wrong solution?
Kwame McKenzie, *University of Toronto*

Globalisation is leading to rapid urbanization. This is bringing with it new environments that have significant impacts on mental health. The burden of mental health problems and illnesses is increasingly being identified in low- and middle-income countries, but its clear link to poor infrastructural planning and the poor investment in social capital has not received as much attention. In new urban environments communication, competition and consumption are key values. These lead to predictable stresses on individuals and their communities. The solutions are varied, but the development of more services is not an efficient or even desirable answer. If needs have been generated by inadequate planning of the urban environment, scaling up services to

meet the needs to "consumers", professionals and governments is not the solution. The commodification of illness may be understandable in this context but does not speak to the real issue which is how to convince the globalization movement to develop societies that promote health and how business can be made to bear the true costs of their initiatives.

Halt to the abuse of globalization in the field of mental health
Gilles Bibeau, *Université de Montréal*

The notion of culture has been under attack in anthropology during the last decades. People have particularly denounced what appears as a double process of objectification: internally, when cultures are presented as coherent and homogeneous entities; externally, when societies and cultures are presented as well-bounded and clearly separated from one another. These critiques have been formulated against a double horizon: (i) a historical one where colonization is analyzed as having produced a certain vision of the Otherness of the alien cultures: a vision built on processes of exoticization that facilitated the colonizer's domination and the play of power relationships; and (ii) a transversal horizon with the current awareness of the power of globalization forces including the importance of large-scale movements of populations, the circulation of images and products through trade and the media, and individuals' concrete and imaginary travels throughout societies and cultures where they can live and imagine themselves as participating in multiple worlds. It is striking to see that at the very same moment when anthropology was criticizing the notion of Culture, mental health clinicians and researchers seemed to have discovered Culture. However, most of them seem unaware of the traps that this notion entails. Cultures are generally heterogeneous, plural and paradoxical; they are infused and modulated by power relationships at the global and local levels. Individuals circulate between various cultural worlds and often belong simultaneously to several of them. This paper will discuss the implications of a critical medical anthropology for global mental health.

The "folie à trois" between global mental health, anthropology and psychiatry
Joop de Jong, *Free University Amsterdam*

Mitigating the global mental health gap is complicated by controversies around the need to address psychiatric versus psychosocial problems, the professional disciplines and societal sectors being involved, the collaboration between community, (non-) governmental and international actors, the applicability of "talking therapy", the emphasis on vulnerability versus resilience, the way to deal with complex health systems and with culturally-diverse groups, or the question whether day-to-day care is different in times of disaster or political violence. This presentation will first argue that a public mental health paradigm may help to transcend many of these contradictions that often seem to be more relevant for professionals and scholars than for people coming to terms with their plight. Secondly, this presentation will elaborate the complementarity of a universalistic view of mental health versus local perceptions and expressions such as idioms of distress. The choice between these perspectives is highly relevant for the type of practitioners that is likely being involved in solving socio-psychological or more serious afflictions. This implicates a need for research into the efficacy of local healing methods and into the healers' contribution to bridge the mental health gap. Thirdly, the perennial debate between universalism and relativism may be solved with cultural neuro-scientific and neuro-anthropological research. The paradigm of cultural neuroscience may help us refine our global psychiatric diagnostic classification system and assist in bridging the worlds of global mental health, anthropology, psychiatry and epidemiology.

Pathways to Violent Radicalisation: Public Health Meets Cultural Psychiatry
Kamaldeep Bhui, M. Hicks, M. Lashley, E. Jones, *London & Montreal*

Violent radicalisation is a global health issue, yet the discussion of this has centred on the criminal justice system and global security responses. Consequently, the policy makers and practitioners in the arena of global health have not tackled violent radicalisation. Global health, including global mental health, strategies include the integration and analysis of systems of public health from within the world's geographically distinct and distant areas, as well as the application and transfer of health technologies and knowledge for prevention and treatment. Localised public mental health strategies require a better understanding of ethnically diverse populations and their health needs, as well as interventions that promote the health and well being of all groups without neglecting or increasing inequalities amongst marginalised and socially excluded groups. Violence as a public health issue has been well investigated leading to a public health approach to its prevention. Violent radicalisation, we argue, can also be subjected to analysis as a public health priority, and as such, forms fertile ground for the role of cultural psychiatry in preventing violent radicalisation. Concepts from cultural psychiatry, and research variables such as religiosity, group psychology, cultural identity, acculturation, prejudice and inter-group hostility, can all inform the prevention of violent radicalisation when taken up as a public health priority and if applied to populations at large. Specifically, understanding pathways to violent radicalisation requires study at the population level, rather than research focussing only on convicted criminals in whom the earlier influences and pathways to radicalisation, and the pathways to preventing radicalisation, may not easily be discerned or separated from other influences such as criminality in general. By strengthening the public health approach to violent radicalisation through interdisciplinary research, the emerging evidence base can inform global mental health strategies to prevent violent radicalisation.

Challenges for mental health development in low- and middle-income countries
Suman Fernando, *London*

Community mental health services everywhere in the world should: aim to meet the mental health and social care needs of people as perceived by people themselves; be relevant and sensitive to local conditions and cultures; involve all stakeholders including marginalised groups; and be culturally and economically sustainable. In planning services in LMI countries, cross-cultural psychiatric research carried out using psychiatric diagnostic categories are of limited use, but there are some pointers that may help. "Mental illness" identified in a psychiatric model, during the 1960s and 1970s, had better outcomes in LMI countries (compared to that in the (then) industrially-developed countries) although this "better outcome" may no longer be as evident, since the spread of westernisation. It seems that attendance at healing centres in South India may provide as much benefit for people diagnosed as "schizophrenic' as psychiatric treatment, and that the best system may be one where people suffering psychological distress and their relatives have a choice as to what system they access for help. The "global mental health" movement being pursued by the US NIMH requires considerable modifications if it is to be ethically acceptable in a post-colonial world. Otherwise, the result will be the imposition of Euro-American psychiatry *en masse*, amounting to cultural imperialism. The present priorities for alleviating mental distress in LMI countries include: developing social support and community development – for example, to re-build communities disrupted by the effects of war, civil conflict and natural disasters; addressing breakdown of social systems resulting from rapid industrialization and urbanization; counteracting the effects of poverty and oppression; and providing human-rights sensitive ways of controlling people who are behaviorally disturbed. Also, there is an urgent need for regulating the marketing of psychoactive drugs in order to prevent the exploitation of vulnerable people in LMI countries.

Deconstructing global mental health
Rachel Tribe, *London*

This paper will consider the assumptions which underline the notion of global mental health, and the proposition that this is a straightforward unitary category. The paper will examine if this is the most useful way forward and the disadvantages and advantages of this position. There is no doubt that people all around the world suffer distress, but whether this is best labelled as an individual mental health disorder and individual psychiatric help offered appears open to question. The way distress is labelled has a range of consequences. The importance of politics, context and the wealth and power differentials which exist cannot be ignored in the way that the global health debate is constructed. DSM and ICD are not neutral documents but carry a range of assumptions and represent a range of interest groups, many of which are located in the West. Reification appears to have taken place on occasions, and different cultural constructions, explanatory health beliefs or idioms of distress, ignored or seen as additional layers of meaning rather than as the central organising concepts they appear to be for many people. The generalization and transfer of western psychiatric and psychological ideas, uncritically to the wider world, can unwittingly undermine the rich traditions and cultural heritage of low- and middle-income countries. It could be viewed as a form of neocolonialism. There are many angles to this debate including the use of language and the fact that some languages have concepts and long traditions around mental health which are different from those used in European languages, and which may not contain words which translate to much of the psychiatric lexicon. This in itself may tell us something.

Ritual Healing and Psychiatry in South Asia
William Sax, *Heidelberg*

Ritual healing is very widespread in the Indian state of Uttarakhand, and is by far the most common option for those with serious behavioral disturbances. Although ritual healing accounts for a very large part of the actual health care system, the state and its regulatory agencies have, for the most part, been structurally blind to its existence. A decade of research on ritual healing in this region, along with a number of shorter research trips to healing shrines and specialists elsewhere in the subcontinent, and a thorough study of the literature, has convinced me that such techniques are often therapeutically effective. Can ritual healing be usefully combined with mainstream "Western" psychiatry? I think that it cannot, because 1) psychiatry is so deeply influenced by the ideology of individualism, which is incompatible with South Asian understandings of the person; 2) neither the science of psychiatry nor the regulatory apparatus of the state can or will acknowledge the validity of "religious therapy"; and 3) social asymmetries between religious healers and health professionals are too great to allow a truly respectful relationship between them. In this paper, I elaborate on these ideas, suggesting that it is best if the state maintain its structural blindness to ritual healing.

Countering the prevailing ethos by practice: The implementation of a community engagement model in inner city communities in Kingston, Jamaica
Geoffrey Walcott, *Kingston*

Involuntary commitment continues to resonate in Community Mental Health Services (CMHS), resulting in a revolving door between the community and psychiatric hospital. The forty-year-old Jamaican CMHS model is an innovative approach of community and family engagement involving negotiation between clinicians, patients, family, and the community, to achieve patient self-determination and voluntary therapeutic compliance. This presentation will describe the latest developments of the Jamaican CMHS model implemented in urban catchment parishes of Kingston and St. Andrew serving the Bellevue Mental Hospital (BVH), and to examine quantitative and qualitative data supporting its use. A record review quantitatively compared the

number of acute crisis interventions by the CMHS with psychiatric hospital admissions for the years 2010 and 2011. Three case studies are also presented to illustrate the Jamaican CMHS model and its outcomes in improving patient compliance and stability. Acute crisis interventions within the community rose from 658 in 2010 to 694 (5.5%) in 2011, while acute admissions to the BVH by the CMHS fell from 131 to 61 (53.4%), resulting in a 10% reduction in total admissions. Case study findings illustrate the model's utility for improving patient compliance and stability, and fostering active community participation in the treatment process. The model facilitates agentic participation of these persons in their treatment and demonstrates a practical community mental health service model developed in a Third World country that meets the needs of the population efficiently and cost effectively. This is a practical counter to the model foisted on the Third World by the *Nature* article of late 2011 on global mental health.

Global mental health: Avenues of access and epistemologies of care

Charles Watters, *Rutgers University*

In recent decades, debate on global mental health has focused on what Fassin has described as the "empire of trauma". PTSD has been the center of debate concerning the potential role of psychiatric diagnosis in misrepresenting the needs of vulnerable groups. Others have argued that the critique of the diagnosis of PTSD is misguided and has provided a rationale for diminishing or diverting resources for much-needed mental health care. In this paper I argue in favor of a research framework that places the diagnostic processes within broad sociopolitical contexts of care. Drawing on examples from mental health programs for refugees and asylum seekers in Europe and internal migrants in Brazil, I argue for a critical engagement with epistemologies of care in relation to the mental health of vulnerable groups. In doing so, I offer an outline of an emerging framework for the study of global mental health in which diagnosis is examined with avenues of access to mental health care.

Biographical Notes

Kamaldeep Singh Bhui, MD is Professor of Cultural Psychiatry & Epidemiology at Barts & The London Medical School, Queen Mary University of London and Hon Consultant Psychiatrist at East London Foundation Trust. He qualified in Medicine at the United Medical Schools of Guy's & St Thomas, where he was later worked as a research associate and research fellow. He completed his psychiatry training at the Maudsley Hospital, and his MD at the Institute of Psychiatry as a Wellcome Fellow, investigating common mental disorders among Punjabi and English primary care attendees. He completed a BSc in Pharmacology and UCL, and MSc Epidemiology at the London School of Hygiene and Tropical Medicine. His research interests include social exclusion and environmental effects of health, health services research, the integration of anthropological and epidemiological research methods, and investigations of risk factors such as cultural identity, explanatory models of mental disorders, geographical mobility and racism. He is currently President of the World Association for Cultural Psychiatry.

Gilles Bibeau, PhD, is Professor, Department of Anthropology, Université de Montreal. He initially specialized in African studies and health anthropology. For the last twenty years, he has been involved in the *Groupe interuniversitaire de recherche en anthropologie médicale et en ethnopsychiatrie* (GIRAME) and has contributed to the enhancement of anthropological knowledge through two journals: *Psychotropes,* a journal about drugs and their uses, which he co-founded and co-directed for ten years, and *Medical Anthropology Quarterly,* an American journal of which he was the international editor for five years. He also served on the executive committees of many national and international organizations, most notably as president of The Canadian Association of African Studies and The Canadian Council of Area Studies Learned Societies, a coordinating council bringing together professional associations from Asia, Africa, Latin America and the Middle East. While keeping his particular focus on the study of African societies (Congo ex-Zaire, Ivory Coast and Mali), in the last few years, he has conducted studies in Latin America (Brazil and Peru) and India. His theoretical and methodological approaches are inspired by interpretative and critical movements.

Alex Cohen, PhD is an anthropologist with interests in models of community mental health services and sociocultural and environmental influences on the mental health of populations. He has conducted ethnographic research on how social worlds shaped the emotions and behaviors of homeless mentally ill persons living in the Skid Row district of Los Angeles and has developed a qualitative case study method to monitor and evaluate community mental health programs in low-income countries. In addition to being co-author of three of the papers in the 2007 Lancet series on global mental health, Dr Cohen has edited two case books of mental health programs and has published literature reviews on the mental health of indigenous people, mental health services in primary care and the course and outcome of schizophrenia in low and middle income countries. His current research includes: an investigation of social inequalities in response to treatment for late-life depression; development of services for people with psychosis in Ibadan, Nigeria; and, the establishment of methodologies to examine the epidemiology, phenomenology, and course and outcome in diverse setting. Dr Cohen is co-Course Director of the new MSc in Global Mental Health that, as of September 2012, will be offered jointly by the London School of Hygiene & Tropical Medicine and the King's College London Institute of Psychiatry.

Joop de Jong, MD, PhD, is Professor of Cultural and International Psychiatry at the VU University and the University of Amsterdam, Adjunct Professor of Psychiatry at Boston University, and Visiting Professor at Rhodes University, S Africa. He was trained in tropical medicine, public health, psychiatry, psychotherapy and epidemiology. He established TPO (Transcultural Psychosocial Organization), one of the largest relief organizations in mental health

and psychosocial care of (post-) conflict and post-disaster populations in over 20 countries in Africa, Asia, Europe and Latin America. Over the past decades, Joop de Jong worked part time with immigrants and refugees in the Netherlands. He has conducted research in post-conflict, post-disaster and multicultural settings, and (co)authored 250 chapters and papers in the field of cultural psychiatry and psychotherapy, epidemiology, public mental health and medical anthropology.

Suman Fernando is Honorary Professor in the Faculty of Applied Social Sciences and Humanities at London Metropolitan University, London (UK). Formerly, he was attached to the European Centre for Migration & Social Care at the University of Kent at Canterbury (UK) and before that he was consultant psychiatrist in the British National Health Service. He has written extensively on issues of "race" and culture in psychiatry, and been involved in developing voluntary (non-governmental) sector organisations. He was consultant to the Sri Lanka team in the four-year Trauma and Global Health (TGH) program that ended in December 2011, co-authoring several publications based on qualitative mental health research in communities affected by war and natural disasters, and on capacity-building work in mental health in Sri Lanka. Further details available: http://www.sumanfernando.com

Jaswant Guzder, MD, is Associate Professor, Department of Psychiatry, McGill University and Head of Child Psychiatry, Center for Child Development and Mental Health Jewish General Hospital, Montreal. She is also an adjunct professor in the McGill Faculty of Education. She co-founded the Cultural Consultation Service at the Jewish General Hospital, where she is a senior consultant. She is also a psychoanalyst and supervisor for the Art Therapy masters program at Concordia University. Dr. Guzder worked in Mumbai, India from 1980 to 1984. Her child and family practice in Montreal is multicultural. Her current research projects include collaborations in India and Sri Lanka.

Laurence Kirmayer, MD is James McGill Professor and Director of the Division of Social & Transcultural Psychiatry, McGill University. He is Editor-in-Chief of *Transcultural Psychiatry*, the official journal of the World Psychiatry Association Transcultural Section, and directs the Culture and Mental Health Research Unit at the Institute of Community and Family Psychiatry, Jewish General Hospital, Montreal. He co-edited the books, *Healing Traditions: The Mental Health of Canadian Aboriginal Peoples* (University of British Columbia Press), and *Understanding Trauma: Integrating Biological, Clinical and Cultural Perspectives* (Cambridge University Press).

Kwame McKenzie, MD, is a psychiatrist, researcher, policy advisor and broadcaster. He has worked in the field of the causes of mental health problems and multi-cultural mental health for 20 years and has published over 100 articles and four books. His work spans basic science and applied policy research, with experience in Europe, the Caribbean, UK and US. Dr. McKenzie is the Director of the Canada Institutes of Health Research Social Aetiology of Mental Illness Training Centre, Senior Scientist of Social Equity and Health Research, Deputy Director of the Schizophrenia Program at the Centre for Addiction and Mental Health. He is a Professor of Psychiatry at the University of Toronto and sits on the Service System Advisory Committee of the Mental Health Commission of Canada.

Vikram Patel is Professor of International Mental Health and Wellcome Trust Senior Research Fellow at the London School of Hygiene & Tropical Medicine. He is the Joint Director of the School's Centre for Global Mental Health. He is an Adjunct Professor at the Public Health Foundation of India and founder of Sangath, a NGO in Goa, India. He serves on the WHO's Expert Advisory Group for Mental Health, the Global Agenda Council on Brain and Cognitive Science, and the Government of India's Mental Health Policy Group. He was lead editor of both

the *Lancet* series on global mental health (2007 and 2011) and the *PLoS Medicine* series on packages of care for mental disorders.

Duncan Pedersen, MD is Associate Professor, Department of Psychiatry, Division of Social & Transcultural Psychiatry and Assistant Scientific Director of International Programs at the Douglas Hospital Research Centre. He is the lead investigator for the Trauma and Global Health Program (http://www.mcgill.ca/trauma-globalhealth).A physician trained in public health, epidemiology and medical anthropology, he has extensive fieldwork research experience in South America, amongst indigenous peoples and the urban poor in Peru and Ecuador, the Andean region, the Amazons and Northeast Brazil. His current interests include cross-cultural, ethnographic and epidemiological research on structural violence and mental health outcomes, where the issues of stress and trauma-related disorders, collective suffering and coping strategies remain his most prominent concerns.

Cécile Rousseau, MD, MSc is Professor, Division of Social & Transcultural, Department of Psychiatry, McGill University, Scientific Director of the Centre for Research and Training of the CSSS de la Montagne, Montreal. She received her training in medicine and psychiatry at the University of Sherbrooke, Université de Montréal, and McGill. Her clinical work is primarily with refugee children and with torture victims. She also does consultation work for health institutions and school boards on refugee children. Her current research involves refugee children and adolescents from Southeast Asia, Central America and Somalia.

William S. ('Bo') Sax studied at Banaras Hindu University, the University of Wisconsin, the University of Washington (Seattle), and the University of Chicago, where he earned a PhD in Anthropology in 1987. He has taught at Harvard, Christchurch, Paris, and Heidelberg, where he is Chair of Ethnology at the South Asia Institute. His major works include *Mountain Goddess: gender and politics in a Central Himalayan Pilgrimage* (1991); *The Gods at Play: Lila in South Asia* (1995); *Dancing the Self: personhood and performance in the Pandav Lila of Garhwal* (2002); *God of Justice: ritual healing and social justice in the Central Himalayas* (2008); and *The Problem of Ritual Efficacy* (2010).

Derek Summerfield is a consultant psychiatrist currently working in the HIV field and an honorary senior lecturer at the Institute of Psychiatry, King's College, University of London. He was formerly a research associate at Refugee Studies Centre, University of Oxford, a consultant to Oxfam, and principal psychiatrist at the Medical Foundation for Victims of Torture, London. He has research and fieldwork experience from Zimbabwe, Occupied Palestinian Territories, and Central America.

Rachel Tribe is a Fellow of the British Psychological Society and a Health Professions Council registered psychologist. She has worked and published widely in the areas of migration and mental health, on professional and ethical practice, trauma and working with interpreters in mental health. She was a member of the Royal College of Psychiatrists' expert panel on Improving Services for Refugees and Asylum-Seekers and the World Psychiatric Association's Task Force on Migration and Mental Health. She has worked clinically with a range of diverse communities. She co-edited a book on Working with Interpreters in Mental Health in 2003 and produced a DVD and guidance notes on this topic for the Department of Health in 2011. She is currently a Professor in the School of Psychology at the University of East London.

Geoffrey Walcott, MB.BS, DM Psychiatry, was born in Clarendon, Jamaica and was trained at the University of the West Indies (UWI), Mona, where he received his degree in medicine with specialty in psychiatry. He has received the Award for Outstanding Contributions in the field of Substance Abuse Education by the National Council on Drug Abuse (Jamaica) in 2007 and the

UWI Faculty of Medical Sciences Award for Best Psychiatry Research Poster also in 2007. Dr. Walcott has worked as a Medical Intern (2002-2004) and an Emergency Medicine and Psychiatry Resident (2004-2005) at the St. Ann's Bay Hospital; a Resident in Psychiatry (2006-2008) at the University Hospital of the West Indies (UHWI); the Acting Consultant Psychiatrist for the parish of St Mary and the Chief Resident St Ann's Bay Hospital (2008-2010). Since graduating in 2010 he has worked as the Consultant Psychiatrist and the Director of Community Mental Health Services for the parish of Kingston and St Andrew, Jamaica. Dr. Walcott has also volunteered as the International Director for the Rotary Club of Spanish Town (2006-2007) and the Chairman for the Residential Committee of the Alpha Boys Home in Kingston, Jamaica (2007- 2009). Dr. Walcott conducted his research thesis on "The Prevalence of Personality Disorder in a General Hospital in Jamaica" and has made several local presentations on his research and work interests including Substance Abuse Screening at the Medical Association of Jamaica Conference in 2010; Community Psychiatry at the St Mary Parish Council in 2010; and on Deinstitutionalization at the Jamaica Psychiatric Association Conference in 2012.

Charles Watters is Professor of Childhood Studies at Rutgers University. His primary research focus is on the impact on children of migration and globalization. He has acted as international advisor to a range of NGOs and research groups including the Nordic Research Group on Refugee Children and has been Scientific Advisor to the EU in the area of migration and health. He lectures widely on the subject throughout Europe and in Canada, USA, Brazil, Turkey, South Africa and Australia. His publications include the 2008 book *Refugee Children: Towards the Next Horizon* (Routledge). He is founding editor of the *International Journal of Migration, Health and Social Care*.

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