

In the global village we in the west have much to learn from our non-industrialised neighbours

The recent tragedy of the tsunami in southern Asia has made me think about the impact of globalisation in both a negative and positive way. First the negative – the impact the colossal damage caused by the tsunami has had on the world’s financial markets, which serves as a graphic reminder of the power relationship between the central powers (the industrialised rich north) who control the world’s economy and the subservient peripheries (the so-called developing countries of the south) – countries whose economies have been forced to develop in such a way that they serve and favour the economies of the central powers. There was barely a flutter in the stock markets: the countries hit by the tragedy are peripheral countries with populations whose average income is one fortieth of the average income of the central powers’ populations. Other tragedies, such as the destruction of the Twin Towers in New York, despite being on a much smaller scale than the tragedy of the tsunami, caused huge disruption in the financial markets because this disaster hit the most powerful of the central powers. It is as if the vast numbers of people who perished in the tsunami disaster simply don’t count. There are, in economic terms, plenty more where they came from.

In the politics of global mental health we have to struggle with the same issues of a grossly uneven power relationship between the central, dominant powers and the subservient peripheries. Mirroring the at times well-intentioned but ultimately oppressive actions of the colonialist missionaries of former times, western psychiatry has imposed on the health systems of the peripheral countries the concepts, strategies, and the value system that developed within the context of western culture. One of the most alarming aspects of this new colonialism is the role of the second most powerful industry, the pharmaceutical industry (the most powerful being, of course, the military industry). Despite copious evidence from research that shows the outcome for major so-called ‘mental illnesses’ is consistently better in the non-industrialised world, and particularly among populations who have not had access to drug treatments, the World Health Organisation, together with the

pharmaceutical industry, has been campaigning for greater ‘recognition’ of mental illnesses in these countries. This strategy has the potential to open up huge new markets for the pharmaceutical industry to sell drugs that can have serious side effects and are largely ineffective. Indigenous concepts of, and strategies to deal with, mental health problems are dismissed as based on ignorance, despite their obvious success for these populations.

But there are positives. The tsunami has also shown that, in today’s global village, it is harder for us to dismiss the lives of people in far away lands as being irrelevant. Globalisation has brought far away lands closer to our homes, and with it more multi-cultural communities and a sense that once exotic lands are now our next door neighbours. We cannot ignore and dismiss as irrelevant our neighbours’ suffering and need for help, any more than their differing beliefs and cultural ideologies.

And we are also realising we have much to learn from them. Western populations in recent decades have become interested in alternative systems of medicine. A large section of western populations now regularly use complimentary/alternative medicine, most of which is a westernised version of ancient systems of medicine that were developed in, and are still used extensively by, non-industrialised countries of the south. This has happened in mental health: the traffic is not all one way. Indeed, the well documented better outcomes in the non-industrialised world for those experiencing psychosis has suggested there is much that is positive that we in the west could and should learn from other cultures’ concepts, strategies and value systems with regards to mental health. Learning from our neighbours could help point western psychiatry towards highly productive paradigm shifts that would move it away from the reductionistic, bio-medical model on which it has been too reliant, and towards a more holistic, bio-psychosocial model, which uses more multi-factorial, multi-layered models that recognise factors such as the importance of family, social support, lifestyle, diet, spirituality, our experience of time, and achieving a sense of balance in our lives.



The monthly column by consultant child psychiatrist Sami Timimi that tests the boundaries of mental health politics and practice

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