

**San José State University
School of Social Work**

ScWk 180, section 1

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International Social Work with an Emphasis on Developing Nations

4/28/12

Health and Mental Health in Developing Countries—Major Issues

I. Framework for analyzing health and mental health systems and services in developing countries

A. Conceptions and attitudes of wellness and illness

1. How are “wellness” and “illness” defined within the country’s traditional worldview (how different from western concepts)?
2. Etiology of disorders and explanatory model(s)
3. Attitudes about disease and people with disease (i.e. stigma vs. acceptance), including public acceptance vs. avoidance of treatment

B. Incidence and prevalence of diseases & illnesses. Sources of this information are:

1. Formal epidemiological research studies (World Health Organization; The World Bank; the research literature)
2. Local surveys
3. Anecdotal information from key informants

C. Socio-political and economic issues that impact health and wellness

1. Extent of the vulnerability of population (or subgroups) as a result of warfare, strife, domination, and environmental events
2. Extent of poverty, especially the extent of discrepancies between poor and wealthy groups
3. Ability of infrastructure to support access to care (such as the transportation system)
4. Impact of political exclusion, oppression, and/or discrimination on subgroups’ health and access to care. A related issue is the extent to which indigenous practices create a barrier to social development of certain subgroups, such as subjugated women.

D. The available health system and resources

1. Mapping formal systems of care (government and NGOs)
2. Resource availability – professionals, equipment, hospital beds, medicine
3. Use of traditional or indigenous healing

4. The role of family, community and spirituality in the healing process, and extent to which these are coordinated with formal care
- E. The status of national policy about health and mental health
1. Extent of centralized or regionalized regulation and oversight of healthcare system
 2. Extent to which policies address eligibility for, and access to care, including disparities that exist
 3. Extent of support for health education and successful health education strategies
 4. Funding priorities: Which vulnerable populations are targeted? Health issues? Treatments?
 5. Professionalization issues for medicine, traditional healing, and allied health professionals (including social workers); status of mental health professionals
- F. The impact of westernization and globalization on healthcare and mental healthcare
1. Extent to which urbanization requires re-allocation of health services
 2. Extent to which people accept vs. avoid formal care and indigenous forms of helping (including acceptance vs. distrust of western treatment approaches)
 3. Extent to which there is a “generation gap” or a urban/rural gap in access to health-related information
 4. Extent to which there is acceptance of global stigmatized illnesses or trauma, such as HIV/AIDS and victims of domestic violence or trafficking

II. The specific roles of health care social workers in developing countries

- A. Conduct community needs assessments and fact finding activities
- B. Engage in community development to improve infrastructure for access to services
- C. Conduct psychosocial assessments of individuals and families
- D. Provide crisis response at the individual, family, community and regional levels
- E. Provide counseling for disease management with individuals, families and groups
- F. Train local groups of community leaders and/or trauma victims in providing peer-oriented help to others, such as providing outreach and health education
- G. Assist clients in culturally-congruent palliative care, end-of-life care, and stages of grieving
- H. Provide consultation to other medical professionals regarding psychosocial impact of illness
- I. Provide case management to coordinate care with physicians, nurses, allied health care, NGOs, community resources, mental health specialists, spiritual centers, and indigenous healers
- J. Assist in providing concrete services (such as food, water, shelter) as needed for those with illness or injuries

- K. Provide aftercare planning (i.e. re-entry into community and local services), and provide consultation to other health professionals about aftercare planning needs
- L. Advocate for increased resources as needed

III. The specific roles of mental health care social workers in developing countries

- A. Conduct community needs assessments and fact finding activities
- B. Engage in community development to improve infrastructure for access to services
- C. Conduct mental health and addiction assessments of individuals and families
- D. Provide crisis response for traumatic events at the individual, family, community and regional levels
- E. Educate public and government officials on eliminating culturally-defined stigma of mental illness
- F. Train local groups of community leaders and/or victims in providing peer-oriented help to others
- G. Provide case management to coordinate psychiatry, primary care, nursing, allied health professions, community leaders, spiritual centers, and indigenous healers, in the management of chronic mental illness
- H. Assist in providing concrete services (such as food, water, shelter) as needed for those with mental illness or victims of trauma
- I. Advocate for increased resources as needed

Further reading:

International Review of Psychiatry 16(1-2). Special Issue: Country profiles of mental health

Payne, M. (2006). International social work research and health inequalities. *Journal of Comparative Social Welfare*, 22, 115-124. doi:10.1080/17486830600836099

Wilson, J. P. (2008). Culture, trauma, and the treatment of post-traumatic syndromes: A global Perspective. In A. J. Marsella, Johnson, A. J., L. Jeannette, P. Watson, & J. Gryczynski (Eds.), *Ethnocultural perspectives on disaster and trauma: Foundations, issues, and applications* (pp. 351-375). New York: Springer.

Ynong, H. & Xiong, Z. (2011). Further discussion of indigenization in social work: A response to Gray and Coates. *International Social Work* 55, 40-52.