# MENTAL HEALTH TERMINOLOGY

What standard terminology is used to describe
mental health across professions and contexts?

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# Key Takeaways

✔ To understand how mental health is observed across cultures, it is essential to recognize that conceptualizations of mental health vary within and across cultures and contexts and understand local conceptualizations of mental health.

✔ Four main challenges are associated with standardizing terms across cultures and contexts including:

  o The top-down use of Western conceptualizations of mental health

  o The medicalization of mental health conditions

  o Lack of collaboration with local communities

  o Poor attention to sociocultural contexts

✔ The biopsychosocial model has served as a guiding framework for contemporary research and practice in mental health treatment across mental health professions.

# Promising Approaches

**Undertake targeted efforts to understand, incorporate, and value local conceptualizations** of mental health conditions and treatment—moving beyond cultural competence and instead seeking a cultural partnership.

  o Develop meaningful collaborations within local communities to identify culturally relevant conceptualizations and approaches to mental health treatment, systems, and policies.

  o Provide training and education on cultural constructions of mental health and how they may differ between and within countries, including training in measuring and evaluating the effectiveness of local mental health interventions.

  o Create a database documenting mental health terms and definitions within and across countries around the world.

**Identify, incorporate, and value language** used to describe mental health by resident communities, including areas of etiology, symptomology, and treatment approaches. Language and terminology are explicitly linked to practice and professional legitimacy. Using language that is valued and used in local communities can illustrate cultural humility, serving as a model for global mental health programs and practices.

**Undertake efforts to decolonize mental health globally** by supporting projects that incorporate local conceptualizations of mental health conditions and treatments, so programs have meaning for those they serve. This can be done through:

  o Acknowledging and applying local and indigenous conceptualizations to describe mental health and well-being.

  o Investing in formative research that seeks to explore local conceptualizations of mental health to accompany global mental health programming before undertaking mental health activities.

  o Incorporating local and indigenous knowledge in mental health research, policies, and practices, and using it to underscore broader regional, national, and international mental health epistemologies and interventions.

# Introduction

## Search Strategy

The iterative search of PubMed, Google Scholar, PsycNET, PubMed, and PsycINFO included the following combination of terms: cultural, global mental health, terminology, cross-cultural mental health, transcultural mental health, idioms of distress, health, conceptualizations, psychosocial, biological, social work, psychosocial, psychology, biopsychosocial, psychiatry, and Western mental health. Upon review of titles and abstracts, a total of 63 manuscripts, reports, webpages, and books were reviewed for this policy brief with authors representing several low- and middle-income countries including Uganda, Ghana, India, Burundi, Vietnam, Kenya, and South Africa.



# Results

## What terms are used across Western mental health professions to describe mental health?

**Biophysical Model**

Western mental health professions have historically been based on the biomedical framework, which seeks to identify biological processes at the root of mental health "disorders".[1] Since the 1970's, the mental health professions—psychology, psychiatry, and social work—have taken a broader view of mental health, incorporating the biopsychosocial (BPS) model, described by George Engle as "The boundaries between health and disease, between well and sick, are far from clear, and never will be clear, for they are diffused by cultural, social and psychological considerations."[2,3] Additional insights regarding the conceptualization of mental health in different contexts can be found in a separate brief.

Since its introduction, the BPS model has been widely embraced within the field of mental health. Presently, the American Psychiatric Association and the American Board for Psychiatry and Neurology, as well as several medical schools, psychiatry residencies, and health psychology graduate programs across North America and Europe officially endorse a biopsychosocial approach. Furthermore, the BPS model has served as a guiding framework for contemporary research and practice.[4] It is one of the most extensively mentioned and used models in the treatment of people with mental health conditions.[5] With this shared history, and the ongoing influence of the BPS model in mental health education, research, and practice, many of the terms used most commonly in the fields of social work, psychology, and psychiatry are well understood across professions. [6–12]

**Common Terms of Western Mental Health Professions**

The terms used to describe mental health in fields such as psychology, psychiatry, and social work include both a focus on diagnosis/disorders and well-being/recovery. Diagnosis and treatment terminology for mental health disorders is derived from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and the International Statistical Classification of Diseases (ICD-10).[*] Commonly recognized terms include neurological and substance abuse (MNS), depression, anxiety, post-traumatic stress disorder (PTSD), mental illness, and mental health disorder. Mental well-being and recovery terms include well-being, recovery, and resilience. See Table 1 for uniform terms and definitions. While these terms are commonly used in each of the major mental health fields, the list is by no means exhaustive, as developing a glossary of all the hundreds, if not thousands of terms coined for use both within in and across mental health specialties would be prohibitive.

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* The DSM is a guide developed in the United States for mental health professionals to diagnose and treat mental health disorders. The ICD, developed by the World Health Organization, is a disease classification system used to identify the prevalence of physical and mental health conditions on a global scale.

**Table 1. Standard Terms for Mental Health**

| TERMS | DEFINITIONS |
|---|---|
| **Mental, neurological, and substance abuse (MNS)** | An umbrella term adopted by the World Health Organization. Mental, neurological, and substance abuse (MNS) disorders include a diverse range of diseases and conditions such as depression, schizophrenia, anxiety, dementia, and alcohol and drug abuse, among many others. [6] |
| **Psychological trauma** | The unique individual experience of an event or its enduring conditions, in which a) the individual's ability to integrate their emotional experience is overwhelmed, or b) the individual experiences (subjectively) a threat to life, bodily integrity, or sanity. A traumatic event or situation creates psychological trauma when it overwhelms the individual's ability to cope, and leaves that person fearing death, annihilation, mutilation, or psychosis. The individual may feel emotionally, cognitively, and physically overwhelmed. The circumstances of the event commonly include abuse of power, betrayal of trust, entrapment, helplessness, pain, confusion, and/or loss. [7]<br><br>Additional insights regarding trauma and trauma-informed approaches can be found in a separate brief. |
| **Psychosocial paradigm** | A model, pattern, or representative example, as of the functions and interrelationships of a process or a behavior under study. Alternatively, a set of assumptions, attitudes, concepts, values, procedures, and techniques that constitutes a generally accepted theoretical framework within, or a general perspective of, a discipline. [8] |
| **Psychological well-being** | There is no consensus around a single definition of well-being, but there is general agreement that at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment, and positive functioning. In simple terms, well-being can be described as judging life positively and feeling good. [9–12,13] |
| **Quality of life** | An individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards, and concerns. [14] |
| **Resilience** | An individuals' ability to adapt to significant adversities while maintaining good mental and physical well-being. In general, resilience is a person's ability to cope and deal with adversity effectively and positively, thus improving the person's well-being. [15,16] |
| **Recovery** | A multidimensional set of phenomena through which people improve their health and wellness, live a self-directed life, and strive to reach their full potential. [17,18] |

## What terms are used across culture to describe mental health?

**Terminology Across Cultures–Challenges**

The term "culture" encompasses the values, norms, and material products created by a particular group of individuals. It is not a single, unchanging entity but rather a complex, multi-layered concept influenced by a range of factors, including national, regional, religious, gender, class, temporal, and individual considerations. This diversity and complexity present unique challenges for global mental health. To develop effective mental health interventions, studies suggest it is essential to:

1. **Understand local conceptualizations of mental health**, especially those that differ from Western concepts. Defining popular nosology's of mental health conditions in non-native cultures will promote better understanding and prevent the imposition of irrelevant categorizations. Such information can help plan programs and services that make sense to potential users, including how services are organized and which problems they should address.

2. **Recognize that conceptualizations of mental health vary within and across cultures and contexts.** Cultural complexity proved to be a limiting factor in identifying adequately useful conceptualizations of mental health conditions that could be directly comparable not just to Western conceptualization but also to each other.[19–21] In many of the articles reviewed, authors noted that the terms to describe mental health are largely representative of Western conceptualizations, and are not well understood in non-Western settings. These terms may also have slightly different meanings in terms of symptoms, causes, or treatment of mental health conditions.[19,22–27] Such cultural variation represents a significant challenge to the consistency of terminology for mental health across cultures. For example, a study in Burundi found that commonly understood terms to describe mental health conditions partially reflect those in the DSM-5, which conceptualizes conditions as "disorders" or "illness" consistent with the biomedical model. However, the interpretation of these criteria is not an exact match and creating equivalencies across categories may be counterproductive if this means forcing local conceptualizations of psychological distress into standard psychological labels as defined in the West. A move to establish equivalencies could threaten the viability, credibility, and successful development of culturally appropriate services for persons experiencing distress.[27]

For these reasons, the identification of terminology to describe mental health or mental healthcare across cultures is likely not possible, as mental health is culturally derived from Western conceptualizations of the human condition.[28,29] Identifying a static list of culturally appropriate terms for a single culture during a single period of time and trying to align them with Westernized definitions may run counter to the goal of developing a deeper understanding of the meaning of mental health across cultures.

**Global Mental Health–Root Challenges**

The global mental health agenda has largely revolved around addressing a "treatment gap"–or an estimate of the proportion of people with a supposed mental health condition who are receiving formal mental health treatment. This agenda has been met with heated debate and critique. Such critiques of global mental health lie at the heart of the difficulty of locating and categorizing terms across cultures to understand local definitions of mental health and mental healthcare. Critiques of the global mental health agenda and its goal of addressing the treatment gap in low- and middle-income countries through scaling up evidence-based practices fall in four main categories depicted in Figure 1. [20,28,30–33]

*Figure 1. Root Challenges in Global Mental Health*



1. **Western model of mental illness.** Global mental health practice often imposes Western conceptualizations of mental health in a top-down manner, diagnosing conditions of psychological distress as mental illness or disorders. It has been accompanied by accusations of cultural imperialism reminiscent of the colonial era, where indigenous knowledge and practice of traditional medicine was ridiculed and marginalized. Scholars argue that most global mental health research and programs are formulated by a relatively small number of international policy makers, academic research groups, nongovernmental organizations, and multi-country consortia dominated by Western academic institutions.[30]

2. **Medicalization of mental health.** Some are concerned that global mental health could be an unwitting Trojan horse for the mass medicalization of people in low- and middle-income countries, paving the way for corporate pharmaceutical interests to repackage social suffering as a medical problem and exploit potential new markets at the "bottom of the pyramid."[34,35]

3. **Lack of collaboration.** Many argue that global health and mental health are not based on a true collaborative partnership between North and South. In contrast, some argue that Western universities and non-governmental organizations are engaged in a somewhat undignified "scramble for Africa" motivated by a drive for prestige, public relations, and competition with other Western institutions. While efforts to promote collaboration in global mental health have increased in the past 20 years, these collaborations are seldom formalized.[31,36]

4. **Little attention to socio-cultural context.** Some suggest that current global mental health approaches are anthropologically and sociologically naive, because the considerable social and mental suffering in low- and middle-income countries can be attributed to structural violence, poverty, war, hunger, inequality, and other adverse social determinants.[37–40]

## Contextualizing Mental Health Terminology

Given the cultural complexity of defining mental health and, by extension, identifying terminology used to describe mental health globally, it may be useful to discuss cultural factors that may shape local understandings of mental health. These discussions may equip mental health professionals to adapt their practices to meet the needs of people from different cultural backgrounds while avoiding cultural traps that could have unintended consequences.

- **Culturally specific coping** takes place everywhere. Coping strategies, which encompass both the approach to managing everyday challenges and more severe forms of hardship, are influenced by culture. In addition to differences in the types of stressors that people encounter, cultural variations also exist in how stressors are perceived and how people choose to respond to these stressors.[41,42] Mental health terminology must evolve to include language and concepts that are relevant and understandable within different cultural contexts, taking into account diverse experiences, values, and beliefs around mental health and well-being. This includes recognizing and respecting cultural variations in symptoms, diagnoses, and treatment preferences, and promoting culturally sensitive and inclusive approaches to mental health care.

- **The historical background** of an individual and community can have a notable influence on the perceptions of mental health conditions and utilization of services. Forced migration, detainment, government sponsored threats, involuntary commitment, and colonialism are among some of the historical considerations which can influence trust in mental health services. Mental health care has also historically been connected to institutionalization and social control by the government or colonial powers, leading to a mistrust of services among those affected by mental health issues.[36] While the history of mental healthcare cannot be changed, decolonization efforts such as learning about the history of mental health services and integrating local therapeutic approaches should be undertaken[36].

- **Western perspectives** dominate the field. Some fundamental assumptions about what constitutes normal or abnormal behavior are rooted in Western, middle-class perspectives that may not be applicable to people in non-Western cultures. These assumptions can negatively impact evaluation, intervention, and assessment processes.[43–45] To promote cultural inclusivity of mental health terminology, we must acknowledge the limitations of Eurocentric categorizations normed on Western populations. Changing this will require actively engaging with and learning from diverse communities to develop more culturally specific and relevant terminology.

- **Racism and ethnic discrimination** can lead to isolation, marginalization, and a breakdown of trust, exacerbating the consequences of trauma. In addition, exposure to racism can have adverse effects on mental health and can undermine social connections, reducing access to essential services. A systematic review of research uncovered many studies that found a correlation between experiences of racial discrimination and poor mental health outcomes.[46] Mental health needs language to accurately reflect the experiences of those impacted by racism and other forms of systematic oppression. Language can be a powerful tool when advocating for social justice and equity in mental health care.

- **Gender** presents various opportunities and challenges across different settings for contextualizing mental health terminology. One consideration regarding gender differences is how mental health conditions are assessed. Diagnostic tools such as the DSM-5, for example, may not capture symptoms of conditions such as depression or post-traumatic stress that differ across genders. Additionally, in patriarchal societies, it may be deemed inappropriate for a male therapist to provide treatment to female clients, and vice versa. This issue can be particularly problematic in the context of Westernized medical systems, even in low- and middle-income countries, potentially affecting how people seek help and share information within the healthcare system.[43] Gender-specific language can help reflect the experiences of people whose mental health is shaped by gender-based factors, such as gender identity, roles, and expectations. This includes recognizing the intersectionality of gender with other aspects of identity, such as race, ethnicity, and sexual orientation.

- **Family** is an additional crucial factor in the discourse of mental health terminology. In some cultural groups, extended family is closely involved in all aspects of an individual's life. For some, family can serve as an essential source of support, providing a secure environment for recovery.[47] However, family can also have a detrimental impact, for example if there is stigma or discrimination against people with mental health challenges within the family.[48,47] Families come in diverse forms across cultures, including those based on biological ties, adoption, fostering, and chosen relationships. The language around family can be incredibly complex in many cultures. Well contextualized mental health terminology must recognize and respect the diversity of family structures and relationships, and advocate for family-centered approaches to mental health care.

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