

## Is Research on Mental Health Relevant to Culture and Context?

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Everybody agrees that mental health constitutes an important parameter of well-being and that it should be researched worldwide. In fact, there has been an attempt in the past decades to conduct more studies in non-western populations and in countries other than the USA and the UK that represent the greatest percentage of published papers. This is a welcoming change, since it has been widely acknowledged that mental health is perceived and treated differently in various contexts both across and within countries. Any successful intervention or prevention mental health programs should take these variations into consideration.

Actually, quite a few researchers argue that the “Western” classifications of disorders proposed by both ICD-10 and DSM-IV-R might not be simply applicable to other cultures [1-4]. Moreover, some physicians in non-industrialized countries, including South Asia, do not have the necessary training to recognize basic mental disorders [5]. This is an issue, since improving recognition rates poses a big challenge due to the high patient loads and the stigma associated with mental illness and somatic presentations of mental disorders. Similar phenomena are observed also in industrialized countries, such as the UK, where general practitioners’ consultations regarding mental health problems are influenced by patients’ cultural beliefs and practitioners’ perceptions [6,7].

Therefore, it is essential to emphasize the importance of adopting a culture-centered approach to our understanding of mental health and illness and developing culturally sensitive screening tools [8]. There is, however, an ongoing debate among researchers on how international or cross-cultural studies should be conducted in order to be relevant to the contexts that they examine. The most common practice is for researchers to identify a measure that has been developed and standardized in a western culture and to translate it into another language. This is done occasionally superficially, due to lack of proper training, time, and resources and raises concerns about the reliability and validity of the translated [9-11]. If this is the option that the researchers choose to adopt, then they should pay a lot of attention to not just translate and standardize the measure, but also to make sure that the content of the questionnaire and the wording of the items are relevant to the specific context. A characteristic example is that of Attention Deficit/Hyperactivity Disorder (ADHD) that is highly context dependent. An American scale was used with the Greek school population without taking the necessary measures and as a result the prevalence of this disorder in Greece seemed to be unusually high. After standardizing the measure properly and taking into account the child rearing practices in Greece, the results were more consistent with those of other neighboring countries and with clinical observations.

An alternative solution for researchers would be to develop their own tools and measures of mental illness that will in theory be more relevant to each culture. However, there are many risks involved in this decision as well, since it is likely that these measures will also have methodological issues and may even lack theoretical background. Moreover, the use of many diverse measures to assess a specific mental illness may be confusing and impede comparisons across countries. Given the limitations of both choices, researchers should start supplementing quantitative research with local narratives and

explanatory models of mental health problems [4,12,13], implementing the “triangulation” method [8]. This will render the research on mental illness more relevant to culture and context and thus more valid and reliable.

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