Globalization and its effects on mental health: An Asian perspective

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living in interesting times

- Challenges and changes faced by psychiatry and psychiatrists

- Processes, politics and the mismatch of needs versus resources
Why did I choose this topic?

- **Globalization** – a complex process / phenomenon, with different meanings

- Ongoing **controversy and debate** on its benefits and costs as well as potential consequences and harm due to globalization

- Globalization – effects on economy, trade, environment, science and technology, education, *health*

- **Mental health? Developing countries?**
Presentation, based on:

- Past couple of decades of clinical, teaching and research experience at the National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, India

- Personal interest in “public health” aspects of mental disorders and mental health in developing countries

- Interest in the epidemiology of ‘suicides’ in Bangalore and India
Overview of presentation

- Introduction
- Globalization and its consequences
- South Asian region
- Mental health related issues
- Suicide by farmers in India
Globalization and mental health

- There is very little direct research on the effects of globalization on mental health.

- Broad range of literature across different disciplines (book chapters, books, papers) on possible impact of globalization on health and mental health.
Globalization and mental health

How do political and economic factors outside the world of academic and clinical psychiatry influence population mental health?
Complexity of studying societal transition and health / mental health

Mechanisms of how societal change affects health remain grossly under researched

(Babak & Marmot; Lancet 2009)
Complexity of studying societal transition and health / mental health

Issues that affect the study of societal factors:

- Measurement
- Confounding
- Effects of modifying variables (policy response, management of transition),

Suicides in developing countries

F Are risk factors for suicides universal?

F Will prevention strategies developed in the West be effective in developing countries?
Globalization and it’s consequences
Globalization and its consequences

What is globalization?

“Integration of capital, technology and information across national boundaries to create a single ‘global’ market”
Globalization and its consequences

- The ‘global village’ (Marshall McLuhan)
- “McWorld” (Benjamin Barber 1995)
- “The World is Flat” (Thomas Freidman 2005)
Globalization and its consequences

F The Rise of economic power in Asia

F The Rise of China and India
(Chinese manufacturing and Indian (‘business process outsourcing’) services)
Globalization and its consequences

“**The Post American World**”
(Fareed Zakaria, International Editor, The Newsweek, 2008)


(“14 of the world’s next 25 great multinationals will be located in Asia – South Korea, Taiwan, China, India and Malaysia” Antoine van Agtmael)
Changing classification of the world - Typology of countries

- Capitalist, communist, non-aligned
- First, second, third world
- Developed, developing, least developed
- Market economies and emerging economies
World Bank (2006) classification based on per capita GNI (Gross National Income)

- **Low income**, US$ 825 or less
- **Middle income**
  - lower middle income, US $ 826 – US $ 3255
  - upper middle income, US $ 3256 – US $ 10725
- **High income**, US $ 10726 and above
Globalization and its consequences

- There are both benefits and costs of globalization
- Globalization presents both opportunities and challenges
Globalization and its consequences

- Rapid technological change and widened access to technology— a powerful force for globalization

- Swift and fundamental changes
  “Acceleration of history”

- Bigger and bigger global financial markets and deregulation of trade and commerce
Globalization and its consequences

- Communication revolution and ‘information explosion’
- ‘Digital divide’ - digital underclass
- ‘Information have-haves’ and ‘information have-nots’
Globalization and its consequences

- The global ‘consumption binge’

- Such consumption is unequal and unsustainable

- Great pressure on natural resources

- ‘Consumption’ is driven by advertisement – “the engine of greed”
Globalization and its consequences

- International flow of ‘human capital’
- Migration of skilled workers
- Brain drain, brain gain, brain circulation
  “Give us your best and brightest” (Devesh Kapur and John McHale, 2005)

- Internal migration – within countries
Globalization and its consequences

- Homogenization of cultures across the globe
- Loss of individual and kinship cultural identities
Globalization and its consequences

Growing ‘income inequality’ - Increasing gap between the rich and the poor (GINI Coefficient) (Stiglitz 2002)

- Near all time highs, in many countries including the USA (2004 census)
- One in five of the world’s people lives below ‘poverty line’
Rich man, poor man
The winners and losers from globalisation
Globalization and its consequences

F Rising health inequities

F The average Japanese woman can expect to live to be 84, the average person in Botswana will reach just 39 years, in Sierra Leone, 34 years

(Marmot 2005)
Responses to deal with growing global health inequalities

- The Commission on Macroeconomics and Health

- United Nation’s Millennium Development Goals

- The Commission on Social Determinants of Health
Responses to deal with growing global health inequalities

F The ‘Millennium Declaration’ by the UN – 2000

F Eight quantifiable goals, referred to as the Millennium Development Goals (MDG) to be achieved by 2015

F Mid point review in September 2007 – not adequate progress
Responses to deal with growing global health inequalities

“MAKE POVERTY HISTORY”
- campaign – 2005

- Coalition of charities, religious groups, trade unions, campaigning and advocacy groups, celebrities
Globalization and its consequences

F Has globalization intensified marginalization of countries and populations within countries ??

F Has globalization increased ‘inequity’ both within and between countries ??
Globalization and its consequences

- Globalization – a “dirty word” ??
- Fall in support for free trade, in the US & Europe ??
- Shift to greater protectionism ??
South Asian region with specific reference to India
South Asian region

F About a quarter of the world’s population live here

F Rapid growth and social change, in the recent past

F Variety of paradoxes and contradictions
South Asian region

- Traditionally, patriarchal society
- Continuing wide spread poverty and growing income inequality
- High burden of both communicable and non-communicable diseases
South Asian region

- Political instability
- Fluctuating status of peace, conflict and violence within and between countries
- Frequent natural disasters
“South Asia is fast emerging as the poorest, the most illiterate, the most malnourished, the least gender-sensitive, - indeed the most deprived region in the world. Yet it continues to make more investment in arms than in the health and education of its people”

Mahbub ul Haq (1998)
Influential Pakistani economist
Creator of the ‘Human Development Index’
Former Minister of Finance, Pakistan
South Asia has some of the worst health indicators in the whole of Asia and the world

- High infant mortality rates

- 40% of the total global mortality in children under 5 years of age

- 70% of the world’s low birth weight infants

- High maternal mortality rates

South Asian Region

- Demographic profile - Higher proportion of the population in the younger age group

- Public health priorities continue to be - infections, malnutrition, accidents, disaster consequences

- Relative neglect of non-communicable diseases, mental health
Health systems in the South Asian region

- Coverage and effectiveness of public health services are suboptimal in all countries in the region.

- Public health systems are very vulnerable, due to lack of financial and human resources in most countries.
Health systems in the South Asia region

F Health systems are inequitable and are constrained by low budgets, chronic shortage of motivated staff, poor organization and management.

F Growing private sector and increasing expenditure on health care (India is the sixth most privatized health system in the world)
Consequences of rapid ‘social change’

- Changes in traditional value systems
- Breakdown of family and community structures, poor family cohesion
- Changes in role perspective of individuals
Trends that are transforming South Asia

- Reduction in ‘family size’
- Inadequate support for mothers with young children
- Old people without support of children and grand children
Trends that are transforming South Asia

- Changes in patterns of employment and work, increasing number of employed women

- Changes in consumption patterns and lifestyle

- Rapid urbanization – migration from rural areas to cities
Mental health related issues
Mental health services in South Asia

- Inadequate resources
- Shortages of trained / skilled work force
- Adverse media coverage and comment
- Continued community misconceptions and intolerance of mentally ill
Mental health services in South Asia

- Countries in South Asia spend less than 1% of their health budgets on mental health.

- Availability of human resources (trained mental health personnel) – 200 times lesser than in high income countries.

- The Lancet’s “Call for Action” (2007)
Changing patterns of mental morbidity in South Asia

- Increasing prevalence of common mental disorders, adjustment disorders and sub threshold disorders, with moderate to high disability

- Rapid increase in alcohol use related disorders

- Increasing rates of ‘suicides’ and attempted suicides

- Steadily growing population of the elderly with mental health problems
Some examples of specific mental health and psychosocial problems related to globalization in South Asia

- India - “Gulf syndrome”
- India - ‘PICA’ - Parents in India, children abroad
- Sri Lanka - ‘Maids abroad’
Relationship of health, mental health and socioeconomic status

- “Poor and marginalized people are at greater risk of suffering from various types of mental disorders” (Patel & Kleinman 2003)

- Children living in poverty are three times more likely to suffer mental disorders than children from wealthy families (Health of children and adolescents in Great Britain, 1999)
Suicides by farmer’s in India
Increasing rates of suicides and attempted suicides - India

F 1,22,637 suicides in 2007 (NCRB, 2008)
F Suicide rate in 2007 - 10.8 per 100,000 population
F 1 suicide reported in less than every 5 minutes
F More than 175% increase in suicides, during the past four decades
F 88,241 suicides in 1996, 1,10,851 in 2003
Increasing rates of suicides and attempted suicides - India

F Suicide (and attempted suicide) rates are grossly under reported

F Wide variation of rates across the country

F Highest official rate for any city in India - reported from Bangalore (35 per 100,000)
Increasing rates of suicides and attempted suicides - India

More than 65% of all suicides occur in persons below 35 years of age (35% in the age group of 15-24 years)

More than nearly 50% of all suicides in India occur in the southern states of Kerala, Karnataka, Andhra Pradesh and Tamil Nadu and Maharashtra

(NCRB 2007)
Increasing rates of suicides and attempted suicides - India

- Average suicide rates for 15-19 years old (149 per 100,000 for girls and 58 per 100,000 for boys) are 50 – 70 times higher for girls and about 4 times higher for boys the rates in the UK and USA.

- In more than 40%, the method of suicide was by pesticide poisoning.

Are risk factors for suicide universal?  
Presence of a diagnosable mental disorder

- Western reports indicate that over 90% of those who commit suicide suffer from a diagnosable psychiatric disorder
- Findings of an extensive systematic review (Bertolote and Fleischmann 2002)
  - “98% of those who committed suicide had a diagnosable mental disorder”
  - Over 80% of the cases (studies) came from 3 countries only, namely UK, USA, Denmark
Are risk factors for suicide universal?
Epidemiology of suicides in Bangalore

A specific mental disorder was documented in 8.2% of the subjects, in the Bangalore study.
Regular and problematic alcohol usage was recorded in 14.3% of men and 0.6% of women.
Less than 5% of the subjects had attempted suicide on earlier occasions.
Association with ‘clinical depression’ - substantially lower than Western reports.
Were conditions/information for the establishment of a psychiatric diagnosis inadequate?

Gururaj & Isaac, 2001, 2004
Causative factors for suicides in South Asia – India

F Nearly 90% of those who completed suicide belonged to the lower and middle socio-economic strata.

F Presence of physical illness, various stressful life events, employment and other economic factors were important.

F Many suicides were of the impulsive type committed within hours of the triggering factor. (Gururaj & Isaac, 2001, 2004, Philips 2002)
Study of suicides in developing countries

Causative factors were combined, cumulative, interrelated to one another and un resolving in nature

Psychological autopsy

or

Socio-cultural autopsy?
Suicides by farmers in India

- Increasing numbers of suicides by farmers, since the mid 1990s
- The numbers rose from less than 12,000 before 1995 to more than 18,000 during 2004-2005
- Amounted to 14% -16% of total suicides in the country
- About 20% of the suicides by farmers – by pesticide poisoning
Suicides by farmers in India – Karnataka State

F More than 2/3 rd of the suicides were by farmers of 5 states, Andhra Pradesh, Maharashtra, Karnataka, Kerala and Madhya Pradesh

F Growing media attention and coverage

F Expert Committee for Study of Farmers’ Suicides, in Karnataka
FARMERS’ SUICIDES IN KARNATAKA
-A Scientific Analysis
(Report of the Expert Committee for Study on Farmers’ Suicides)

BANGALORE
April - 2002
Ref: No.JDA(Dev)/SPSC/Report/2002

Sri S.M. Krishna,
Hon'ble Chief Minister,
Government of Karnataka,
Vidhana Soudha,
Bangalore - 560 001.

Respected Sir,


The Expert Committee constituted by the State Government vide Government Order No.Kra the 06/331/Kra u/w 06/2001 dated 2.8.2001 has completed the Scientific Study on the causes of farmers' suicide in the State and recommended measures to reduce the farmers' distress.

The Committee has looked into all available information, through the Scientific study and gathered data from Police report, Deputy Commissioners report, District Administration and farmers' perception in addition to field visits. It is hoped that the report will serve the purpose for which the Committee was constituted. We have great pleasure in submitting this report.

With regards,

Yours faithfully,

Dr. K.S. Dehipande, Member

Sri J.V. Gomkari, IFS, Member

Dr. Mohan K. Iasri, Member

Dr. P.K. Shetty, Co-opted Member

Sri K.S. Jayaprakash Reddy, Member

Dr. S.C. Reddy, Member Secretary

Dr. G.K. Veeresh, Chairman
Expert Committee for Study of Farmers’ Suicides – Findings & Recommendations

F “Debt trap” – loans at punitive rates from the rural money-lenders
F Shift from food crops to cash crops
F Increase in cultivation costs
F Decline in state investment in agriculture
F Crashes in prices of crops
F Water stress - drought
Suicides by farmers in India

- Deepening “agrarian crisis”
- Steady increase in numbers of farm suicides, 2000 – 2006
- International media attention on suicides by cotton farmers in Vidarbha (Maharashtra)
- Cotton suicides: “Is globalization killing India’s cotton farmers?”
more than 90% of GDP on such "active" labour-market policies, the idea of Danish-style "flexicurity" is more a slogan than a serious suggestion. Academics agree that employers are far better at training workers than the state. Few politicians in either party support a dramatic expansion of government training programmes.

An alternative approach is to give displaced workers a subsidy if they are forced into a lower-paid job. Such "wage insurance" already exists in a modest form on both sides of the Atlantic. Since 2003 Germany has a scheme where the government makes up 70% of the wages lost by people over 50 who are forced into a lower-paying job. France has a similar scheme with no age qualifications, but limits the subsidy to two years. Since 2002 America's TANF has offered wage insurance to any trade-displaced worker over 50; the government pays half the difference between the old and new wage for two years, up to a maximum of $10,000.

Getting other things right

These experiments are too new to evaluate. But in theory wage insurance is appealing. It helps solve workers' fears that they will suddenly lose income, but also keeps labour markets flexible by encouraging people to find new jobs quickly. Many

**Cotton suicides**

**The great unravelling**

**BeneV and Marcus**

Is globalisation killing India's cotton farmers?

RAW cotton from the fields outside Wardha rolls slowly into town, roped to the back of bullock carts. The animals' horns are painted as brightly as the trucks that trundle past them. Their cargo is off-loaded in the forecourt of a ginning plant, where it collects in steep white mounds that look much like the snowscape of a fancy Swiss ski-resort.

Only one in 12 of India's farmers has ever heard of the WTO. The mostly illiterate cotton farmers of Vidarbha—the north-eastern corner of Maharashtra, where Wardha is located—surely count among the others. But even the most exalted of trade officials has heard of them. In the past 18 months more than 1,200 farmers in this, the cotton bowl of India, have taken their own lives to escape debts to money lenders.

These men have become the most poignant example of India's "agrarian crisis". This was widely blamed for the previous government's defeat in the green revolution. But farmers have been dealing with low world prices for ten years. Last season the market guaranteed prices of about 2,000 rupees a quintal. Prices are low, so heavily subsidised, principally around aims to cut kerosene subsidies, principally around aims to cut kerosene subsidies and encourage the government's defeat in the
Suicides by farmers in India

Study by Oxfam:

Farmers' plight was worsened by “their indiscriminate and forced integration” into an “unfair global system”
Suicides by farmers in India

- “Relief packages” for farmers announced by various state governments

- Massive “Loan waiver scheme” (debt write-off) introduced by the Federal Government (Government of India)

- Helped more than 40 million farmers

- Cost of the scheme amounted to 1.6% of the GDP
Suicide prevention strategies

- Detection and treatment of depression and other mental disorders including alcohol and drug abuse.
- Training – primary health care personnel.
- Enhanced access to mental health services.
- Interventions aimed at psychological reaction to physical illness.
- Assessment and interventions for those who attempt suicide.
- Interventions for ‘high-risk’ and special groups
Suicide prevention strategies

- The sales of antidepressants and suicide rates in Norway and its counties 1980-2004
- Heightened awareness of depression and its treatment
- Increased sales of non-TCA antidepressants
- Fall in suicide rates in Norway and its counties
Good news from India

The meaning of the world’s biggest election
“In north-eastern Maharashtra, a parched cotton growing terrain where rates of indebtedness and suicides among farmers are high, ……everyone seems to have voted Congress. Asked why, they cite the loan-waiver scheme, the decent price for cotton set by Maharashtra’s Congress government…..”

(The Economist, 21 May 2009)