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Decolonising mental health systems - lessons from routine and emergency contexts
Professor Ghazala Mir and Dr Francis Poitier

Abstract

Background: Health systems globally are influenced by histories of colonisation, which impact on how services and programmes are designed and implemented and who can access them. Health systems reflect wider social norms and are a mechanism for social inclusion and exclusion in society. We draw on international studies to expose inequities in health system policies and practice both in the UK and the Caribbean. These inequities affect routine service provision but are most apparent during health emergencies such as Covid-19 or during catastrophic climate events.

Methods: We draw on three multi-method studies that involved systematic and document reviews, qualitative and trial data from the UK, Pakistan and three islands in The Bahamas. The studies explore the impact of colonial influences on mental health for Muslim communities in the UK and Pakistan and non-Bahamian residents from Haiti in The Bahamas. We also explore promising interventions to decolonise health systems in each context.

Results: Morbidity and mortality are adversely affected within current health systems for the groups on which we focus. In The Bahamas, short-term measures to supplement mental health services and programmes following Hurricane Dorian in 2019 demonstrated that the country was ill-prepared for prolonged health emergencies. The death toll and prolonged impact of the hurricane led to increased feelings of hopelessness, guilt and trauma, particularly for non-Bahamian residents from Haiti and the emergency exposed inequities in health system policies and responses. Culturally sensitive community outreach programmes and mental health support mechanisms formed part of the emergency response. In the UK, therapy services do not engage well with Muslim communities and achieve worse outcomes than for other faith group, yet these constitute a model for therapy service in Pakistan, a Muslim majority country. Engagement and outcomes for depression were transformed by a faith sensitive therapy, which achieved significantly better results for Muslims compared to both Cognitive Behavioural Therapy and social interventions. Improved outcomes were explained by increased client motivation, feelings of inclusion and trust, leading to better engagement. The approach created new care pathways and challenged racism and stereotypes within healthcare that could adversely affect Muslim service users.

Discussion: Decolonised knowledge, rooted in communities, and culturally diverse services are needed to support inclusive practice and improved health systems. Drawing on non-Western knowledge frameworks can positively transform health service delivery. These approaches need to be scaled up to achieve wider social change.