

# **COURSE MANUAL**

## **Global Mental Health (Elective)** **(PH-C-000)**

**Course Instructors: Abdul Kalam Azad &  
Priyamvada Singh**

**Spring: 2026**  
**Academic Year 2025-26**  
**Venue: Room 108, 2nd floor, T4 Block**  
**Date and Time: TBD**

### **Part I: Course and Instructor Information**

#### **Course Information**

Course Duration: 1 semester (15 weeks)  
Credit Hours: 60  
Meetings: 2 per week  
Location: Room 108, 2<sup>nd</sup> floor, T4 Academic Block  
Prerequisites: None  
Equivalent Courses: N/A  
Exclusive Courses: N/A

#### **Instructors Information**

Instructor: Abdul Kalam Azad  
Email: [abdul.azad@jgu.edu.in](mailto:abdul.azad@jgu.edu.in)  
Phone: +91-8638979213  
Office: Savatri Block, 1<sup>st</sup> Floor, North Side, Room 03

Co-instructor: Priyamvada Singh  
Email: [priyamvada.singh@jgu.edu.in](mailto:priyamvada.singh@jgu.edu.in)

## **Keyword Syllabus**

Global mental health, determinants of mental health, treatment gap, health inequity, psychosocial intervention, social suffering, MHPSS, mental health action plan, SDG Target 3.4,

## **Part II: Course Description**

### **Course Aim**

This elective course aims to provide a comprehensive understanding of global mental health using human development approach. The Lancet commission on Sustainable Development Goals (SDGs) and Mental Health acknowledges the collective failure to respond to global health crisis as monumental loss of human capabilities. This course endeavors to equip our students with the necessary knowledge and skills to contribute positively in this field to alleviate suffering and contribute to realize better human potential. SDGs broaden the global mental health agenda from a focus on reducing the treatment gap for people affected by mental disorders to the improvement of mental health for whole populations. Throughout the course, we will explore various aspects of global mental health, including the socio-structural determinants of mental health disparities, inclusive policies, and evidence-based interventions.

We will also try understand the four foundational pillars of global mental health i.e. recognizing global mental health as a global public good, adopting a dimensional approach that conceptualizes mental health as a continuum from wellness to illness, understanding the interdisciplinary approach to global mental health intervention and making human rights a central tenet of global mental health action (Collins 2020).

Upon completion of the course, our students should be able to prepare several actionable strategies for policymakers, funders, health system managers, advocates, and communities. Among these could be use of policies to address upstream social, cultural and political determinants of mental health; the scaling of mental health services and the integration of mental health into global health priorities, the application of innovative approaches to extend mental health care among others. They will also be ready to undertake research projects on mental health issues and evaluate mental health interventions.

### **Course Learning Objectives**

- To familiarize with the global mental health history, important milestones and current trends.
- To develop understand of global mental health in the context of sustainable development goal
- To critically appraise the foundational pillars of global mental health
- To understand global mental health governance.
- To familiarize with ongoing debates like decolonizing global mental health and critique of global mental health movement
- To develop skills to undertake research and evaluate mental health programs
- To develop skills to evaluate global mental health policies
- To develop understanding of social, cultural and political determinants of global mental health
- To take an interdisciplinary approach to the issues of mental health and gain insight into

how mental health is interconnected.

- To critically contrast and compare approaches to a specific mental health topic in different countries

### **Teaching Methodology**

This course will combine active learning modes involving interactive lecture and workgroup. The lectures will be provided by the course instructor and guest lecturers both by academics and practitioners. In the workgroup, the students will select a mental health condition and work in a group to prepare a portfolio on the comparison of two countries' approaches to the selected global mental health issue. They will also make a poster and make presentation.

### **Assessment and Grade**

To pass this course, students must obtain a minimum of 40 points in the cumulative aspects of coursework, e.g., formative assessments and summative assessment (presentation, portfolio and end term exam). The assessment will carry the following weightage:

- Formative Assessment
  - o Class and workgroup participation (10)
  - o Presentation (10)
- Summative Assessment
  - o Country Portfolio 40
  - o Final Presentation 10
  - o End Term Exam 30

<b>Student Grade</b>	<b>Out of 100</b>	<b>Grade Description</b>
Outstanding (O)	90+	
Excellent (A+)	80-89	
Very Good (A)	70-79	
Fair (B+)	60-69	
Satisfactory/Acceptable (B)	40-59	
Pass	40	
Retake	<40	Student did not demonstrate good grasp over the material and its application on health issues.

## **Part III: Class Policies**

### **Academic Integrity and Plagiarism**

Learning and knowledge production of any kind is a collaborative process. Collaboration demands an ethical responsibility to acknowledge who we have learnt from, what we have learned, and how reading and learning from others have helped us shape our own ideas. Even our own ideas demand an acknowledgement of the sources and processes through which those ideas have emerged. Thus, all ideas must be supported by citations. All ideas borrowed from articles, books, journals, magazines, case laws, statutes, photographs, films, paintings, etc., in print or online, must be credited with the original source. If the source or inspiration of your idea is a friend, a casual chat, something that you overheard, or heard being discussed at a conference or in class, even they must be duly credited. If you paraphrase or directly quote from a web source in the examination,

presentation or essays, the source must be acknowledged. The University has a framework to deal with cases of plagiarism. All forms of plagiarism, including use of AI, will be taken seriously by the University and prescribed sanctions will be imposed on those who commit plagiarism.

### **Disability Support and Sexual Harassment Requirements**

JGU endeavors to make all its courses accessible to students. All students with any known disability needing academic accommodation are required to register with the Disability Support Committee [dsc@jgu.edu.in](mailto:dsc@jgu.edu.in). The Committee has so far identified conditions that could possibly hinder a student's overall well-being. These include: physical and mobility related difficulties; visual impairment; hearing impairment; medical conditions; specific learning difficulties e.g. dyslexia; mental health.

The Disability Support Committee maintains strict confidentiality on the matters under its purview. Students should preferably register with the Committee during the month of June/January as disability accommodation requires early planning. DSC will coordinate all disability related services such as appointment of academic mentors, arranging infrastructural facilities, and course related requirements such as special lectures, tutorials and examinations. All faculty members are requested to refer students with any of the above-mentioned conditions to the Disability Support Committee for getting them disability-related accommodation. Faculty members are also requested to be sensitive to the needs of such students and cooperate with the Disability Support Committee and the School, extending students the necessary support by maintaining utmost confidentiality of the matter.

In accordance with the Student Handbook, students should not indulge in displaying pornographic materials, obscenity or in gambling, ragging or sexual harassment, nor practice discrimination based on race, religion, caste, and place of origin. Foreign students must be shown due courtesy and treated in a dignified manner.

### **Safe Space Pledge**

This course may discuss a range of issues and events that might result in distress for some students. Discussions in the course might also provoke strong emotional responses. To make sure that all students collectively benefit from the course, and do not feel disturbed due to either the content of the course or the conduct of the discussions it is therefore incumbent upon all within the classroom to pledge to maintain respect towards our peers. This does not mean that you need to feel restrained about what you feel and what you want to say. Conversely, this is about creating a safe space where everyone can speak and learn without inhibitions and fear. This responsibility lies not only with students, but also with the instructor.

### **Cell Phones Laptops and Similar Gadgets**

There will be some in-class exercises for which laptops will be useful. Students may also need to use their devices to search for texts of official documents or scholarly publications. However, these devices must not be used for social networking or exploring matters not directly related to the subject under discussion. Cell phones must be in silent mode and texting or sending or receiving calls is strictly prohibited.

## **Part IV. Tentative Session Plan**

Week	Theme/Module	Sub-topics
------	--------------	------------

<b>1</b>	<p><b>What Is “Global” in Global Mental Health?</b></p> <p>This week introduces the emergence of global mental health as a field, examining its historical origins, institutional actors, and moral claims, while situating it within broader global health, development, and governance agendas.</p>	<ul style="list-style-type: none"> <li>• Emergence of Global Mental Health (GMH)</li> <li>• GMH as a moral, political, and scientific project</li> <li>• Key actors: WHO, World Bank, NGOs, philanthropic capitalism</li> <li>• North–South knowledge flows and agenda setting</li> <li>• Critiques of universality and neutrality in “global” frameworks</li> </ul>
<b>2</b>	<p><b>Mental Health Burden: Metrics &amp; DALYs</b></p> <p>This week critically examines how mental health is measured globally, focusing on epidemiology, DALYs, and burden estimates, and explores how metrics shape visibility, priorities, funding decisions, and understandings of mental distress.</p>	<ul style="list-style-type: none"> <li>• DALYs, YLDs, and epidemiological visibility</li> <li>• Quantification as governance and priority-setting</li> <li>• Mental health metrics vs lived experience</li> <li>• Political economy of data production</li> <li>• Ethical and epistemic limits of global indicators</li> </ul>
<b>3</b>	<p><b>Psychiatric &amp; Diagnostic Categories</b></p> <p>This week explores the global circulation of psychiatric diagnostic categories, analysing debates on universality, medicalization, and overdiagnosis, and questioning how diagnostic systems reflect cultural assumptions, institutional power, and political interests.</p>	<ul style="list-style-type: none"> <li>• Global circulation of DSM and ICD categories</li> <li>• Medicalization and diagnostic expansion</li> <li>• Overdiagnosis vs unmet need debates</li> <li>• Pharmaceutical influence in global psychiatry</li> <li>• Cultural mismatch and diagnostic violence</li> </ul>
<b>4</b>	<p><b>Culture, Meaning &amp; Idioms of Distress</b></p> <p>This week examines cultural concepts of distress, explanatory models, and idioms of suffering, while critically interrogating how mental health knowledge is produced, validated, translated, and ethically measured across diverse social and cultural contexts.</p>	<ul style="list-style-type: none"> <li>• Explanatory models of illness</li> <li>• Idioms of distress vs symptoms</li> <li>• Translation and misrecognition</li> <li>• Help-seeking outside biomedicine</li> <li>• Cultural competence vs cultural humility</li> </ul>
<b>5</b>	<p><b>Social Suffering &amp; Structural Violence</b></p> <p>This week situates mental distress within conditions of poverty, inequality, and structural violence, challenging individualised models of mental illness and examining how social,</p>	<ul style="list-style-type: none"> <li>• Poverty, inequality, and distress</li> <li>• Structural violence as determinant of health</li> <li>• Social suffering vs individual pathology</li> <li>• Precarity, unemployment, everyday violence</li> </ul>

	economic, and political forces shape experiences of suffering.	<ul style="list-style-type: none"> <li>• Limits of clinical responses to social problems</li> </ul>
<b>6</b>	<b>Mental health in Humanitarian Crises</b>  This week critically analyses mental health in humanitarian and post-conflict settings, exploring how interventions operate within humanitarian systems and how suffering, memory, and recovery are framed and governed.	<ul style="list-style-type: none"> <li>• MHPSS</li> <li>• NGO-driven mental health interventions</li> </ul>
<b>7</b>	<b>Scaling Up, Task-Shifting &amp; Systems Strengthening</b>  This week examines strategies to scale up mental health services in low-resource settings, focusing on task-shifting, evidence-based interventions, and system strengthening, while critically assessing ethical, labour, and contextual challenges.	<ul style="list-style-type: none"> <li>• mhGAP and task-shifting logic</li> <li>• Lay counsellors and CHWs</li> <li>• Evidence-based packages</li> <li>• Standardisation vs contextual care</li> <li>• Labour, burnout, and ethical burdens</li> </ul>
<b>8</b>	<b>Gender, Care &amp; Intersectionality</b>  This week explores how mental distress is shaped by gender, care work, violence, and intersecting social inequalities, using feminist and intersectional perspectives to examine whose suffering is recognised and how mental health needs are addressed.	<ul style="list-style-type: none"> <li>• Gendered patterns of distress</li> <li>• Care work and emotional labour</li> <li>• Violence, reproduction, and coercion</li> <li>• Intersectionality (gender, class, caste, race)</li> <li>• Feminist critiques of psychiatric knowledge</li> </ul>
<b>9</b>	<b>Decolonizing Global Mental Health</b>  This week critically engages with decolonial perspectives, examining colonial legacies, knowledge hierarchies, and the psychiatrization of social suffering, while exploring possibilities and limits of epistemic pluralism in global mental health.	<ul style="list-style-type: none"> <li>• Colonial histories of psychiatry</li> <li>• Knowledge hierarchies in GMH</li> <li>• Indigenous and alternative epistemologies</li> </ul>
<b>10</b>	<b>New Frontiers: Climate, Digital Tech &amp; Surveillance</b>  This week examines emerging challenges in global mental health, including climate-related distress, digital mental health technologies, and data-driven interventions, highlighting ethical	<ul style="list-style-type: none"> <li>• Climate anxiety and ecological grief</li> <li>• Displacement and disaster mental health</li> <li>• Digital mental health platforms</li> <li>• Datafication and surveillance</li> </ul>

	concerns around surveillance, inequality, and technology.	<ul style="list-style-type: none"> <li>• Ethical limits of technology use in health</li> </ul>
<b>11</b>	<p><b>Rethinking the Future of Global Mental Health</b></p> <p>This final week synthesises course themes to explore alternative futures for global mental health, emphasising community-based, rights-oriented, and socially just approaches, and encouraging students to reflect on their own positionality.</p>	<ul style="list-style-type: none"> <li>• Beyond biomedical dominance</li> <li>• Community-based and collective care</li> <li>• Rights-based and justice-oriented GMH</li> <li>• Rethinking evidence and impact</li> </ul>

### **Provisional Reading List**

Collins, P. Y. (2020). What is global mental health?. *World Psychiatry*, 19(3), 265.

Koplan, J. P., Bond, T. C., Merson, M. H., Reddy, K. S., Rodriguez, M. H., Sewankambo, N. K., & Wasserheit, J. N. (2009). Towards a common definition of global health. *The Lancet*, 373(9679), 1993-1995.

Patel, V., Saxena, S., Lund, C. & et al (2018). The Lancet Commission on global mental health and sustainable development. *Lancet*, 392, 1553-1598. [https://doi.org/10.1016/S0140-6736\(18\)31612-X](https://doi.org/10.1016/S0140-6736(18)31612-X)

World Health Organization. (2022). World mental health report: Transforming mental health for all.

Biehl, J., & Moran-Thomas, A. (2009). Symptom: Subjectivities, social ills, technologies. *Annual Review of Anthropology*, 38(1), 267-288.

Thornicroft, G., Sunkel, C., Aliev, A. A., Baker, S., Brohan, E., El Chammay, R., ... & Winkler, P. (2022). The Lancet Commission on ending stigma and discrimination in mental health. *The Lancet*, 400(10361), 1438-1480.

Prince, M., Patel, V., Saxena, S., Maj, M., Maselko, J., Phillips, M. R., & Rahman, A. (2007). No health without mental health. *The lancet*, 370(9590), 859-877.

Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Resources for mental health: scarcity, inequity, and inefficiency. *The lancet*, 370(9590), 878-889.

Patel, V., Araya, R., Chatterjee, S., Chisholm, D., Cohen, A., De Silva, M., ... & Van Ommeren, M. (2007). Treatment and prevention of mental disorders in low-income and middle-income countries. *The lancet*, 370(9591), 991-1005.

Jacob, K. S., Sharan, P., Mirza, I., Garrido-Cumbrera, M., Seedat, S., Mari, J. J., ... & Saxena, S. (2007). Mental health systems in countries: where are we now?. *The Lancet*, 370(9592), 1061-1077.

Saraceno, B., van Ommeren, M., Batniji, R., Cohen, A., Gureje, O., Mahoney, J., ... & Underhill, C. (2007). Barriers to improvement of mental health services in low-income and middle-income countries. *The Lancet*, 370(9593), 1164-1174.

Group, Lancet Global Mental Health (2007). Scale up services for mental disorders: a call for action. *The Lancet*, 370(9594), 1241-1252.

Collins, P. Y., Patel, V., Joestl, S. S., March, D., Insel, T. R., Daar, A. S., ... & Walport, M. (2011). Grand challenges in global mental health. *Nature*, 475(7354), 27-30.

United Nations High Commission. (2017). Mental health and human rights: Report of the United Nations High Commissioner for Human Rights. *UN, Geneva, January, 31, 2017*.

Burgess, R. A., Jain, S., Petersen, I., & Lund, C. (2020). Social interventions: a new era for global mental health?. *The Lancet Psychiatry*, 7(2), 118-119.

Hickling, F. W. (2020). Owning our madness: Contributions of Jamaican psychiatry to decolonizing Global Mental Health. *Transcultural Psychiatry*, 57(1), 19-31.

World Health Organization. (2021). *Comprehensive mental health action plan 2013–2030*. World Health Organization.