Previous published papers by the author addressed the issue of the epidemiology of mental illness across different cultures. This paper departs from this basis and stresses the need for examining mental illness within the context of any given culture. Thus, the application of rigorous criteria, such as those specified by DSM III or ICD-9, to all cultures, regardless of how different behaviors are viewed within the culture is deemed to be specious. Moreover, the treatment of mental illness has been shown to be related to the perception of mental illness within any given culture and is clearly affected by social norms.

Mental health professionals from over 20 countries were administered a questionnaire querying whether hypothetical cases would be diagnosed as mentally ill and if so what would be their diagnosis. Differences between professionals were discussed in light of cross-cultural variations. Suggestions for future research are offered.

INTRODUCTION

Unlike physical disease, the categorization of mental illness is also a function of social and cultural conceptions of human behavior and personality. How do epidemiologists compare the rate of mental illness across different countries? Since mental illness is dependent upon how a given society conceives of mental illness, it is necessary first to understand how the given culture defines mental illness. There may even be wide variation within a given country. What behaviors or perceptions of personality constitute mental illness in any given country? This study will compare conceptions of mental illness across a legion of countries from around the world.

Dohrenwend and Dohrenwend discuss the social and cultural influences on psychopathology. They explore the methodological problems in psychiatric epidemiology and make suggestions for future research in this field. They also raise the question as to whether Western classifications are applicable to non-Western cultures. Phillips and Draguns (1971) state that although there is controversy concerning the applicability of Western nosologies, the majority opinion...
in the field maintains that diagnostic categories are universal in representation, although different in distribution.

In 1980 the American Psychiatric Association published a new and different third edition of the Diagnostic and Statistical Manual (DSM III), which specified explicit sets of criteria for the different mental disorders in order to improve the reliability and validity of the diagnostic process. It was also hoped that these more rigorous criteria would provide the basis for more valid comparisons and research investigation. To what extent can DSM III be applied to all cultures and to what extent does it incorporate how different behaviors and personality characteristics are deemed within any given culture? Moreover, the treatment of mental illness has been shown to be related to the perception of mental illness within any given culture and is clearly affected by societal norms.

Comparison of psychiatric epidemiology across cultures has been minimal to date. The World Health Organization (WHO) studies (WHO 1966, 1971) have not compared psychiatric epidemiology across cultures, but rather have focused on the evaluation of mental health service activities across cultures, i.e. they've made a comparison of the service delivery system rather than of the illnesses themselves.

A study by Baskin found that there were significant differences in the predominance of psychopathology across countries. Hence, it is insufficient merely to talk about differences in psychopathology; one must also focus on what constitutes psychopathology in a given culture.

METHOD

Over 110 countries were sent questionnaires to be filled out by mental health professionals (psychiatrists, psychologists, social workers, or other related mental health professionals). Respondents were asked to complete general demographic information such as age, years of professional experience, country of birth, country of residence, professional discipline, and sex and to analyze five descriptions of individuals in order to determine whether they deemed the individual to be mentally ill and, if so, what diagnosis would be applicable. A total of 20 countries responded, including 93 different respondents. In some countries the questionnaire was duplicated by the Minister of Health/Mental Health and distributed to numerous mental health professionals. For example, Honduras Ministry of Health translated the questionnaire into Spanish and distributed it to 26 different mental health professionals. For Canada and Australia, the questionnaire was distributed to all of the different provinces and numerous responses were received.

With respect to professional discipline of the respondents, 18 were Ph.D. psychologists, 46 were psychiatrists, 11 were social workers, 13 were psychologists/social workers (Honduras), one respondent was an MD. Ph.D., and 4 respondents were either psychiatric nurses or MA psychologists. With regard to their age distribution, 8 Ss were between the ages of 21 and 30, 54 were between the ages of 31 and 40, 14 were between the ages of 41 and 50, 15 were between the ages of 51 and 60, and two Ss were 61 or over. Concerning their professional experience, 22 had five or fewer years of professional experience, 25 had had between 6 and 10 years of professional experience, and 45 had had 11 or more years of professional experience. One respondent did not indicate his or her years of experience. With regard to their sex distribution, 56 were males, 35 were females, and two did not indicate their gender.