

of communication, such as the intentional absence of eye contact or expected discussion of a patient's condition with the elder of a community group. These exchanges were particularly revealing, as it became evident that not only verbal communication but also body language is culturally specific and, as such, open to misinterpretation.

Further to this, I engaged in meetings with the hospital's translator services, consultants, nursing staff and patients. Through them I was made aware of the educational tools used to strengthen communication between staff and patients. These included posters, books, leaflets, radio broadcasts and community meetings, all established in an attempt to integrate the healthcare paradigms of the Aborigines with the Western approach to medicine.

Throughout the study it became apparent that the Aborigine people had suffered serious psychological damage from decades of displacement and were finding it difficult to cope in a climate of change and cultural overhaul. For example, the relatively new abundance of alcohol has led to its frequent misuse by this group. This has become such a problem that, on 17 September 2007, the Federal Government of Australia imposed a drinking ban in certain Aborigine districts. Many in, and out, of the region feel that these measures are too quick, easy and generalising, and miss the root of the problem.

There is a specific need within the mental healthcare system to understand the normal behaviour and health patterns for a population, so that professionals can intervene more appropriately. For example, to diagnose a patient as suffering from delusions, a physician is required to have an adequate understanding of what is a normal belief for that patient's culture and society. It is difficult to feel confident in such diagnoses if, at very basic levels, there is inherent miscommunication and misunderstanding.

The challenges in communication between Western medics and Aborigine patients in Australia's Northern Territory affect the mental well-being of this population and in many cases have led to patients absconding from the hospital system. They have resulted in much neglect of health, both physical and mental. Through a lack of efficient communication between the health system and the Aborigine community, and the subsequent frustrations suffered, malnutrition, depression, child abuse, alcoholism and substance misuse are rife in this region.

Although, in Britain, we are fortunate not to have such an obviously displaced sub-population, I am reminded through this work of the continual need to assess cultural differences when recommending healthcare pathways to patients. There is, I believe, evidence that good mental health begins with a feeling of being understood.

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Correction

Helping each other help children – worldwide research networks in child and adolescent mental health. *International Psychiatry*, 5, 84–86. The authorship of the paper should have read: 'Stefan Ehrlich, Nicolas Jefferson-Lenskyj and Paul L. Plener'. The second author's affiliation is: '4th-year medical student, University of Queensland, Australia'.

The mental health initiative of the Association for Health and Welfare in Nilgiris

Sir: I spent my medical school elective placement in the foothills of the Nilgiris valley in the southern Indian state of Tamil Nadu. The mental health initiative of ASHWINI (Association for Health and Welfare in Nilgiris) works among the Adivasis 'original inhabitants' of the Gudalur and Pandalur Taluks. I was particularly interested in understanding the indigenous influences on the delivery of mental healthcare. The opportunity to conduct qualitative interviews with community mental health workers and practitioners gave me an insight into native experiences of mental health within a specific environment.

Although there was strong representation of biomedical ideas among the community mental health workers, a biomedical model inadequately represents the complexity of individual concepts of illness. Care was delivered in a combination of mystic models (more akin to community ways of thinking) and biomedical models (representative of allopathic medicine). This combination forms a holistic medium in which patients are cared for with spiritual, physical and social welfare considered. I found ASHWINI's healthcare delivery impressive, arguably affording patients a better prognosis when managed within a community rehabilitation system, than did the frequently fragmented care and social isolation I have witnessed in the UK.

Adivasi culture is very inclusive, with exclusion from society a rarity. It struck me that the minutiae of mental disorders appearing in Western criteria may represent behaviours in Adivasi societies accepted within the spectrum of normality. There is a danger in introducing Western classifications into mental health practice in diverse populations. The distinction between disease and psychiatric disorder has been confused, and the mapping of criteria for pathology onto culturally diverse experiences may be false and clinically useless. Research has highlighted the need to understand common vignettes of mental illness and social pressures acting on society in the creation of effective services. The overwhelming need is not to develop a universal gold-standard model of care, but one that is culturally conducive. The most valuable lessons from this research are the cultural insights offered about Adivasi communities, for example the need for prevention and assessment of suicide risk (suicide has been the most common outcome of those with mental illness) and acknowledgement of the central role of the family unit within the community when diagnosing and managing psychiatric illness.

Ultimately, the greatest priority in mental health is appropriate and accessible services. In order to create effective, community-orientated interventions there is a need for exploration and understanding of community dynamics. I hope that the research I conducted with the aid of the bursary will both provide further perspective on the delivery of effective mental healthcare and contribute to the development of culturally sensitive interventions.

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