

Defending global institutions f

Dysfunction and paralysis within global institutions precedes Trump, but he is accelerating their demise and exacerbating the international fallout



BARIA ALAMUDDIN

Coming out of a BBC interview in London last week, I was engulfed by vast crowds demonstrating against Donald Trump's visit to the UK. As a journalist, I was fascinated to discover what motivated people to participate: Many had been horrified at Prime Minister Theresa May's unseemly rush to invite him for an official visit. Yet, in this nation of etiquette and protocol, even leftist republican protesters were appalled at the disrespectful indignities heaped upon May and the Queen by this man, who, upon his arrival, conducted a newspaper interview designed to undermine the PM personally and torpedo her Brexit policy. Only 24 hours later, he stood shamelessly alongside May decrying this interview as "fake news."

Trump performed similar antics at the NATO summit: Brutally savaging German Chancellor Angela Merkel's immigration, energy and trade policies; but, after meeting face-to-face, described

their relationship as "tremendous." Trump lavishly praises dictatorial strongmen like Vladimir Putin, Rodrigo Duterte and Kim Jong Un, yet treats the world's most powerful women with excruciating contempt.

Meanwhile, Trump's warning that Europe risks "losing its culture" is an alt-right euphemism for the white, Christian West becoming diluted with Muslims. One can clearly discern the racist motivations behind his vicious attacks against London Mayor Sadiq Khan, as well as his "Muslim ban."

Trump was merely echoing previous US presidents when arguing that NATO members should increase military spending. However, his aggressive shock therapy approach risks killing the patient. These tactics aren't designed to strengthen NATO; the US president calculatedly undermines the alliance by inciting his supporters against it. Experienced Western leaders stoically tolerate these rhetorical hand grenades so Fox News viewers in Nebraska may enjoy their pound of raw flesh.

Rather than commending progress by NATO members toward the 2 percent military spending goal, or even taking credit; Trump unleashed a rant, impossibly demanding budget increases to 4 percent and darkly threatening



Trump and May before attending a joint press conference in London.

Stigma of mental diseases making the

The public discussion about mental health has become too focused on moder



LISA PRYOR

As public conversation about mental health has grown louder and busier in recent years, mental illness has become more than a category of disease with social and psychological dimensions. Especially in the case of depression and anxiety, mental illness has come to be seen as a proxy for what is wrong with the modern Western world.

Depression is like a Rorschach test: People see in it whatever they like, in order to make whatever point they like, about what they perceive to be the ills of society.

Blame for depression is found in capitalism, loss of religion, social media, processed food. Recently a book was released promising to tackle anxiety "for good" with a two-week sugar detox. Much good has come of the increased willingness to discuss mental disorders. There is greater acceptance than in the past that mental illness is real and common, and that when it arises, its causes are complex and cannot be explained away as weakness or lack of character. All of this is vital in reducing stigma, which in turn encourages people to step forward and seek help without shame.

But as a doctor who works in mental health, I think the direction of the conversation should give us pause. I

work in a public hospital where our patients include those with many conditions that have been slower to shed stigma, such as schizophrenia, mania, severe depression and personality disorders. This stigma differential is something I feel keenly when observing which diagnoses patients will or won't accept.

It is common for patients to resist a diagnosis with a psychotic component, insisting instead that what they really have is depression that should be treated with antidepressant medication rather than antipsychotics. They may describe themselves as having an anxiety disorder, when there is in fact a long-standing diagnosis of a personality disorder.

The conversation about mental health has become so focused on mild to moderate illness and stigma reduction that it does a disservice to people living with mental illness at the more debilitating end of the spectrum, fuelling misunderstanding of the nature and risks of these illnesses and under-resourcing of treatment.

Furthermore, the narrative that "mental illness does not discriminate" and "mental illness can happen to anybody," which has been important in tackling stigma, has had the unintended consequence of disguising the political and economic dimensions of the way that mental suffering, and the treatment of suffering, is unfairly distributed.

With so much of the recent focus of public discussion about mental illness based on celebrities — like the recent suicides of the designer Kate Spade



The greatest levels of mental distress are experienced by those in the most socioeconomically deprived areas.

and the food writer Anthony Bourdain — and so much attention on high rates of mental illness in the United States, people would be forgiven for thinking that mental illness is evenly distributed through the population or even disproportionately suffered by people in wealthy countries.

But far from the cliché that depres-

sion is a crisis of the wealthy West, depression is a global problem, and developing nations are not immune. World Health Organisation data show that the highest prevalence of depression by region is for women in Africa, at 5.9 per cent. Suicide is also a global problem. In 2015, 78pc of suicides occurred in low- and middle-income

countries.

Suffering is compounded when the groups that are most in need of treatment for mental illness are the very groups who are less likely to receive it.

This is the case even within wealthy countries. Consider a recent article summarizing research in

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