Innovations in global mental health have focused on addressing the ‘supply side’ barriers to reduce the treatment gap and, in doing so, have redefined core assumptions regarding mental health care. However, such innovations alone will not reduce the treatment gap because of the gap between the understanding of mental disorder that mental health specialists use and how the rest of the world conceptualizes psychological suffering. This talk describes our attempt to bridge this ‘credibility’ gap in three ways: by distinguishing mental disorders that could benefit from biomedical interventions from milder distress states; by offering interventions for distress states mainly through low intensity psychosocial interventions delivered outside the formal health care system; and by basing the descriptions of diagnostic categories on the patterns of phenomena observed in general populations, rather than those observed in specialist settings.

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