



# Initiating the Process of Decolonising the Teaching Materials (in Global Mental Health) - Edinburgh

≡ Overview of Intellectual Colonisation and Decolonisation

≡ Initiating the Process of Decolonising Teaching Materials (in Global Mental Health)

≡ Game: Battle for the Bags!

Lesson 1 of 3

# Overview of Intellectual Colonisation and Decolonisation

---

Link: <https://bit.ly/4aWO2zy>



---

1







## Step 1

### Colonialism



Colonialism can be defined as the domination of people and their land to gain power, control, and wealth ([Blakemore, 2023](#)). Between the 15th and 19th centuries, European nations, including the British Empire, embarked on a brutal global programme of colonisation. The believed superiority of the Christian religion, racism, and the pretence of acting in the best interests of Indigenous people were excuses used to justify colonisation ([Blakemore, 2023](#)).

## Step 2

### Intellectual Colonialism



Despite the widespread dissolution of European colonial territories in the 1940s and '50s, intellectual colonisation continues ([Trubnikova & Nazarova, 2018](#)). In addition to appropriation, intellectual colonisation involves the destruction of cultural identities, knowledge systems, and technologies and the replacement of them with those generated by the colonisers. This ensures the continued dominance and oppression of Indigenous peoples.

# Decolonising the Curriculum at the University of Glasgow

The University of Glasgow acknowledges it has benefited from the slave trade and upheld structural racism ([University of Glasgow, n.d.](#)). The institution has pledged to proactively address historical and ongoing issues through the process of decolonising the curriculum ([University of Glasgow, 2022](#)).





# Decolonising Goes Beyond Equality, Diversity, and Inclusion Measures



Decolonising the curriculum is not the same as taking measures to ensure equality, diversity, and inclusion (EDI). While EDI measures create space for marginalised communities' perspectives within the curriculum, they have been critiqued for not fundamentally changing how the curriculum is designed and delivered.

Attempts to decolonise the curriculum go further by assessing and rectifying the extent to which colonial ideas are present within the learning materials and have shaped their development. This involves a recognition that knowledge within academia is not neutral but is constructed and influenced by socio-historical and political contexts.



Instead of simply adding in non-White perspectives, students are provided with opportunities to explore how power relations and cultural exclusion affect knowledge creation and what forms of knowledge they are taught to value as important. Decolonising the curriculum involves challenging colonial knowledge systems ([University of Essex, 2023](#)) and creating opportunities for alternative knowledge systems to be engaged, developed, and valued equally ([Ferguson et al., 2019](#); [Jansen, 2019](#)).



## Step 1

### The Importance of Decolonising the Curriculum



Decolonising the curriculum is important to help close the attainment gap between White students and those from Black And Minority Ethnic (BAME) backgrounds. [The University of Edinburgh \(2019\)](#) identified that White students are significantly more likely to be awarded a First or 2:1 degree than their BAME peers. Some contributing factors included:

- BAME students feeling unaccepted in the university.
- A lack of role models, including few BAME staff members.
- The Eurocentric curriculum.

## Step 2

### Responsibility for Decolonising the Curriculum



Unequal power dynamics may make students feel uncomfortable about raising issues with their teachers. It is essential to recognise that it is not the responsibility of students from marginalised groups to challenge colonised curriculums and practices. Decolonising the curriculum is the responsibility of those involved at all levels of education.

# Initiating the Process of Decolonising Teaching Materials (in Global Mental Health)

---

1



In this section, the team members involved in the Global Mental Health (GMH) decolonisation project are introduced. The methods and findings of the project are overviewed.

## Team Members



Ms Mia Wilson, Ms Ailsa Foley, Dr Julie Langan Martin, Dr Dimitar Karadzhov, Ms Isla Campbell, and Dr Laura Sharp

---

## Project Overview

Two GMH courses were audited using a tool developed by the [Decolonising the Curriculum Working Group at Reading University](#). They collated 27 questions to support staff in discussing teaching content, methods, and assessments through a decolonial lens. Upon familiarisation with the 27 questions, the GMH team identified that some questions pertained to the field under study as a whole (in this case, GMH), rather than specific aspects of curriculum content. As such, the questions were categorised into two groups:

Questions about specific curriculum strategies and content. These were used to audit the two GMH courses with a decolonising lens.

Overarching field-related questions. These were set aside to revisit after the two GMH courses had been reviewed.

Of the 27 initial questions, 16 were allocated to the first category. Two were considered similar so were combined. The fifteen questions below were those used for the audit (n.b. question two was the combined question).

1	Are students encouraged and supported to familiarise themselves with the discipline's origins and past?
2	Do students have opportunities to reflect on how knowledge in the discipline was defined in the first place, who were considered legitimate producers of knowledge, what knowledge claims were made, and what epistemologies were employed? What principles, norms, values, and worldviews inform your selection of knowledge for your curriculum? (think about absences as well as presences, centres as well as margins)
3	Are there opportunities to interrogate the canon of texts in the discipline – how and why certain bodies of knowledge were identified and marked as foundational?
4	What ideas/figures/histories have been hidden/excluded from the curriculum in this discipline? Why? How has this



	come about? What agenda has it served?
5	How has our discipline/global progress been held back/compromised through exclusion?
6	How will our discipline/global progress be further held back/compromised if we do not change?
7	What resources within your school/context are available to support decolonising the curriculum activities?
8	How does your teaching content fit within the overall programme structure, and do decolonised approaches feature across the whole programme?
9	What are your social identities and how does it influence your research methodologies and teaching philosophy?
10	To what extent does your curriculum draw on subjugated histories, voices, cultures, and languages?
11	How does your teaching recognise and affirm the agency of Black and first-generation students? How does your teaching legitimate and respect their experiences and cultures?
12	Can you speak Indigenous or regional languages and relate to the cultures and lived experiences of all students? Do you draw on these valuable resources in your teaching?

13	How does your curriculum level the playing field by requiring traditional/White students to acquire the intellectual and cultural resources to function effectively in a plural society?
14	How do you build a learning community in your classroom where students learn actively from each other and draw on their own knowledge sources?
15	How far do your teaching and assessment methods allow students to feel included without assuming assimilation?

## Audit Outcomes

Through the audit, several problem areas were identified, along with a range of small adaptations and more extensive developments that could be made to help remedy issues. Here is an example of a problem identified through the audit and some ideas of how it could be addressed.

## Models of Health

## Problem

In an early week of one of the courses audited, different models of health are introduced: the biomedical, socio-cultural, biopsychosocial (BPS), and salutogenic. The first is referred to as the 'traditional biomedical model', all models were developed by Western scholars, and the BPS model is almost exclusively discussed for the remainder of the week and course.

## Possible Solutions

<b>Tokenistic</b>	Remove the word 'traditional'.
<b>Meaningful</b>	Introduce Eastern models of health (e.g. Ayurveda, Chinese medicine) too.
<b>Radical</b>	Explore how health systems operating within the BPS model have integrated practices from Eastern models of health without acknowledgement (e.g. mindfulness). Throughout the week and course, include an evidence-based discussion of how health issues are interpreted and treated differently depending on whether various Western or Eastern models of health are applied.

## **Student Workshop**

The project team progressed many of the small adaptations and began to make some of the larger developments before inviting students to a 2-hour workshop, in which they provided feedback on the changes and suggested additional ones.

Workshop participants were invited to pursue the Athena Swan EDI award by engaging with the project team to further develop their suggestions and create and develop new learning content. Several MSc students were interested in this opportunity.





# Game: Battle for the Bags!

---

1

## Game: Battle for the Bags!

The room will now be divided into two groups. A series of problems identified by the team during the decolonisation audit and workshop will be presented. Call out solutions to each problem to fill your group's goodie bag(s). The amount of goodies earned will depend on whether the solution is:

- Tokenistic: One handful
- Meaningful: Two handfuls
- Radical: Three handfuls



## The Psy-Disciplines

**Problem:** The learning materials discuss evidence-based practices in both psychiatry and psychology with aspects of clinical/personal recovery. There is no acknowledgement of the epistemology of the psy-disciplines being Eurocentric, or acknowledgement of medications or methods of managing mental illness used in other cultures. There was no recognition that only Western medicines and methodologies have been

sufficiently researched to form 'evidence-based' practice, and many non-Western practices have been appropriated [e.g. mindfulness].

If the same effort had gone into researching non Western methodologies, evidence based practice may look very different.

How can the week be adjusted/amended to remedy the Eurocentrism and failure to acknowledge the power dynamics that have influenced the development of psychology and psychiatry into what they are today?

## **The Psy-Disciplines** —

### **Tokenistic**

- Acknowledge Eurocentrism

### **Meaningful**

- Provide a discussion of alternative medicines/practices used in non-Western contexts

### **Radical**

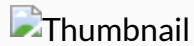
- Offer a critique of the history of the psy-disciplines that recognises the stealing of resources [knowledge, plants, practices], the ridiculing of

some cultures for using some medicines, and the lack in progress made through the banning of some psychotropic drugs.

- Encourage discussion of how racist approaches to research and resource gathering feeds into medicalised racism within the disciplines today. The use of black bodies in experimentation for example.
- Encourage discussion of the inappropriateness of exporting the psy-disciplines to non-Western cultures as they are culturally embedded in the West

## Critiquing the Evidence Hierarchy

**Problem:** In one of the courses, the evidence hierarchy is introduced and some limitations are acknowledged. However, there is no recognition of the Eurocentrism of the evidence hierarchy.



## **Critiquing the Evidence Hierarchy** —

### **Tokenistic**

- Acknowledge that the evidence hierarchy is Eurocentric as part of the critique but without expansion.

### **Meaningful**

- Develop learning materials that examine how colonialism has resulted in certain forms of knowledge-gathering being viewed as better than others and how this has led to the erasure of some forms of knowledge-gathering.

### **Radical**

- Develop content highlighting the value of knowledge gained through Indigenous research methods (e.g. storytelling, ceremonies, art creation, etc) and include knowledge gained through such methods throughout the course. Incorporate Indigenous research methods into the course, possibly as a formative or summative assessment.



## Decolonising the Classroom

**Problem:** During the workshop, the students were invited to participate in a positionality activity as a group discussion. They were asked to describe an ideal childhood for a single child, and an ideal childhood for 10 children under the protection of WHO. This period of the workshop took a direction that the facilitators had not anticipated.

Three [Caucasian] students contributed to the discussion. The rest of the class was silent despite efforts from the team to encourage other speakers. At the end of the discussion, the tutors highlighted that nobody had identified community, land, or spirituality/religion as a priority and that this may be important to many communities. At this point, a student who had previously been quiet raised their hand and expressed that they were from an Indigenous community [Indonesia] and that their list had been so different from the other suggestions in the class that they had not felt confident contributing to the discussion.

This discussion highlights the difficulties in creating a space where all opinions and thoughts feel welcome and managing discussions so that a minority of voices do not dominate whilst not shutting anyone down or singling anyone out. It shows how easy it can be for the voices of those most impacted by colonialism to be silenced or missed.

How do we as facilitators create a space where everyone feels able to speak?