

Toward racial equity in global mental health research

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Racism is rife. Building on the Black Lives Matter movement, we comment on the need to accelerate racial justice among mental health researchers. Over the past decade, recognition of the importance of mental health in low- and middle-income countries (LMICs) has grown, as seen through publication of landmark reports by the WHO and the World Bank. While LMICs are an increasing focus, people from LMICs continue to be underrepresented in publications, grants, and project leadership. Achieving racial equity in research is paramount (1). We focus here on the structures that create inequities between researchers in LMICs and those in high-income countries (HICs), which often fall along racial lines, with white researchers, often from HICs, holding privileged positions relative to black researchers, often from LMICs.

Colonial legacies have shaped the legal and political frameworks for healthcare delivery and research in Africa and have laid the foundation for systemic racism in global mental health. “Systemic racism” is a pattern of racial inequality that runs through behaviors, institutions, norms, and economic structures, leading to policies and practices that disadvantage people of colour (Table 1) (2). Systemic racism is often unintentional; grappling with it necessitates reflecting on assumptions about “the way things work.” For example, we see racism in teaching through using instances of human rights abuses drawn exclusively from LMICs (3), and through showing students models of cross-cultural research which lack equitable partnership with LMIC researchers of color (4). An accumulation of these subtle discriminations can lead to “internalized racism,” a feeling that, because of your race, you are less than others (5). This can lead to lower confidence and unwillingness to speak up in class, claim authorship, ask for a mentor, or consider yourself an expert.

“Institutional racism” is built into academic policies, processes, and hierarchies. A combination of funder requirements and lower grant management capacity of LMIC institutions has led to more research grants being held by HIC institutions with LMIC institutions as sub-awardees (6). This is perpetuated by LMIC institutions receiving flat rate overheads (e.g. less than 10%) while HIC institutions can negotiate rates of up to 60%. With this funding, HIC institutions can invest in their capacity without strengthening similar systems in LMICs. As a result of their institution’s greater capacity and power, HIC investigators often head research projects, claim first and senior authorship, and lead publications from data collected by LMIC partners (4). While some HIC collaborators play a valuable role as mentors for LMIC researchers, this is not a substitute for senior investigators from their home countries as role models.

Tackling systemic racism will require funders, researchers, journals, and global health departments in HICs reckoning with their own power and privilege and pushing for a change in policies. Funders should prioritize grants being held at LMIC institutions and invest in strengthening administrative structures, grants management capacity, and data storage systems in LMIC institutions. Global health departments at HIC institutions should adjust their promotion structures to reward partnership: prioritizing being a middle author rather than first or senior author and being a co-investigator with the primary LMIC grant-holder. A number of African institutions have invested in capacity-building of individuals and departments, but these initial efforts have limited impact unless structural changes address injustices between institutions. One example is the African Mental Health Research Initiative (AMARI) (<https://amari-africa.org/>), a multi-country capacity-building grant that is held by researchers at University of Zimbabwe with sub-awards to HIC partners. With strong African leadership, it works to train early-career

African researchers and embed them in a network of regional and HIC mentors, preparing them to be future mental health leaders of the continent. To date, AMARI fellows have led 44 publications.

Many HIC and LMIC investigators already prioritize partnership and cocreation (7). Notably, investigators of colour at HIC institutions and white investigators at LMIC institutions have multifaceted identities that interact with racism in complex ways (3). HIC-LMICs partnerships can be strengthened through training of HIC instructors, supervisors, and collaborators on implicit bias and cross-cultural pedagogy. There is need for attention to equity at every step in the training and research process: where data are stored; who sits on editorial boards; the timing of meetings; who determines the initial research question; who travels; and supporting true, rather than tokenistic, inclusion of LMIC authors on manuscripts.

Imbalances in power are seen across global health: a review of 27 global health journals looking for editorial board diversity showed that the majority of journal editors (68%) and editors-in-chief (73%) are based in high-income countries (8). Mental health researchers should lead in reducing disparities because we know the damaging effects that racism has on mental health. Promoting justice in our institutions and practices is a first step in confronting racism broadly. Mental health researchers are up to this challenge.

Table 1: Types of racism and their expression in global mental health

	Definition	Illustrative example from global mental health
Interpersonal racism	Ways that beliefs about race emerge in one-on-one or small group	White investigator asking her white collaborator, rather than her black collaborator, to give early

	interactions, from microaggressions to physical violence	<p>comments on a manuscript, not due to conscious belief about race, but rather because of a subconscious belief that those comments may be more helpful</p> <p>Black investigator feeling like she must get the “stamp of approval” from a white researcher before moving forward with her project rather than from a black mentor</p>
Internalized racism	Personal understandings of race that can alter perceptions about roles, hierarchy, and self-worth.	Belief by black young investigator that she is not qualified to run a project so does not submit a grant application
Institutional racism	Procedures, rules, policies, and norms within universities, businesses, and government that result in systematically disadvantaging people of colour	Grant management and finance requirements that make it difficult for LMIC institutions to submit or hold large grants
Systemic racism	A society-level force that brings together the different types of racism in a mutually reinforcing manner	Disproportionately few investigators of colour from LMICs in leadership roles in the field of mental health research
Historical racism	A legacy of the colonial era that may dismiss local knowledge as being irrelevant and invalid	Colonial era anti-witchcraft laws stigmatize African traditional healers, who have been reduced to an homogeneous group and largely been ignored in the creation of culturally-appropriate mental health interventions, despite their knowledge of indigenous modes of mental illness (9)

Source for definitions of racism: Annie E. Casey Foundation (2)

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