COVID-19, global mental health, and universities in high income countries

We welcome Kola et al's review on COVID-19 and mental health in low- and middle-income countries (LMIC) (1). Our view is that this could have gone further, to call on universities in high income countries (HIC), and academics working within them, to make changes to improve equity with universities and academics in LMIC. Given that HIC universities hold disproportionate power and funding, we propose a fundamental shift is needed. Imbalances in power and privileges are seen right across global health, with one study finding that 80% of leaders of global organisations active in health were nationals of high-income countries, 90% were educated in high income countries, and 70% were men (2). Grants are disproportionately held by HIC institutions, with LMIC institutions or investigators as sub-awardees (3). Academics working in universities or other institutes of higher education in HIC predominated as authors of the recent Lancet Commission on Global Mental Health, relative to global mental health leaders from LMIC (4). Re-imagining also requires acknowledging these past mistakes

Looking toward a better future for global mental health, we call on HIC universities to pro-actively look for ways to play a more mutual role. This will require disruption of existing structures to allow for redistribution of power. Many HIC institutions acknowledge the interdependent nature of partnerships between HIC and LMIC, but translating this to action requires changes to policies. For instance, we would like leaders in HIC universities to work with LMIC partners to advocate to funders for more research grants to be led and administered by LMICs. This will require HIC institutions to create helpful incentives for faculty who receive sub-awards from LMIC institutions, rather than owning the whole grant. We would like a change in performance frameworks so that HIC and senior LMIC investigators are rewarded for authorship on publications in which they play an authentic mentoring role, rather than the current policies which are weighted, in our view, too much towards being first or senior author. We would like to see a culture of research capacity-building and mentorship of researchers from LMIC (5). Learning from capacity building in LMIC can inform ways to support researchers with a variety of intersectional identities, to redress historical inequities in academic success in both HIC and LMIC. Affordable joint Master and PhD programs between HIC and LMIC universities, and mutual capacity building, would enable LMIC universities and academics to directly feed into decolonising curricula. Alongside training and completion of degrees, energy should be directed to creating pathways to long-term careers for mental health researchers in LMIC, and building up supportive research institutions (5). To improve on the past in global mental health, HIC institutions must champion equity, solidarity and true partnerships between people with different experiences, knowledge and needs from around the world. We will need to find ways to establish and monitor this new reciprocal global mental health.

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