

**Network building for ESRC bid: Risk and Resilience in Child Mental Health: A Cross Cultural Study of Children in India, Peru, Vietnam and the UK.**

**What we did**

We, Ginny Russell, Abby Russell and Daisy Elliott, went to India, Vietnam and Peru respectively throughout February 2019. The purpose of the trips was to increase our understanding of i) mental health ii) the Young Lives data set in the three countries and iii) to build relationships and wider networks. This was in order to inform an Economic and Social Research Council (ESRC) Secondary Data Analysis Initiative utilising data from 'Young Lives', a longitudinal cross-cultural cohort that has been active in all three countries for over 15 years. We are currently developing this application which looks to draw cross-cultural comparisons across these countries (see attached for *Case for Support* and *Pathways to Impact* documents).

Our trips were organised to underpin the development of the ESRC bid, and were facilitated by our proposed co-investigators: Prudhvikar Reddy- an Associate Professor at the Centre for Economic and Social Studies in Hyderabad, India, Pham Minh Thai- an economist and Research Fellow at the Centre for Analysis and Forecasting of Vietnam, Academy of Social Sciences based in Ha Noi, Vietnam, and Alan Sanchez- a Senior Researcher at the Group for Analysis of Development in Lima, Peru; all of whom have worked for Young Lives and were involved in collecting the data. They each arranged a plethora of meetings for each of us with stakeholders in each setting: their Young Lives colleagues, families, teachers, doctors and clinicians, amongst others.

We each stayed in people's houses (booked through Air BnB) during the bulk of our trips, to experience a more embedded perspective on local culture. Workbooks provided the team with prompts and questions to initiate conversations with stakeholders on areas of interest such as:

- History and social context in the host country
- The Young Lives data set
- Pathways to care for children with MH problems
- Differences between boys and girls/gender inequality

Thus the Research Support Fund (RSF) enabled us to produce our own situated knowledges in these areas. The team cross compared what each had ascertained at a consolidation meeting after the return to the UK.

Between the three of us we structured our trips through keeping to the aforementioned workbooks, recording each day in a reflexive diary and taking photographs which we shared day-by-day via WhatsApp (also used for safeguarding). Ginny Russell also gave a seminar whilst at the Centre for Social and Economic Research in Hyderabad which encompassed research plans for the ESRC bid, and was provided with useful feedback from the large Indian team.

We further consolidated our diaries and experiences on our return through an Egenis seminar at Byrne House (University of Exeter) entitled “Developing a cross cultural comparison of child mental health: stories from the field” (PowerPoint slides attached). Since our trips these activities have led to considerable development of the ESRC bid.

In addition to the trips, the RSF supported several meetings with the core Young Lives team in Oxford, and UK meetings with potential partners: *UNICEF*, *Save the Children* and *Equal Measures* - a group of cross-sector partners which contributes to research by measuring progress towards gender inequality and influencing policy on an international level. This was of high importance and a key priority as such partnerships are a requirement for ESRC funding.

### **How the RSF helped/influenced the ESRC bid**

Our trips brought to light many considerations for our proposed ESRC bid. Four major themes emerging from our trips, influencing our bid are i) gender inequality, ii) the establishment of stakeholder communities and networking with professionals in the host countries, iii) gaining a deeper understanding of the strengths and limitations of the Young Lives data, and finally iv) a re-evaluation of the scope of our bid.

#### *i) Gender Inequality.*

During our trips, the focus on girls’ mental health has become a prominent theme in the ESRC bid.

Gender inequalities were particularly obvious in India. For example, formal photographs of meetings with village leaders always cut out the women in the room, see Photos 1 and 2.



*Photo 1 the official photo of Ginny’s meeting with village mayor and associates*



*Photo 2 the photo taken by Ginny at the same location, showing the women (who were not featured in the official record).*

In terms of child mental health, Ginny gleaned that structural gender inequalities meant that Indian mothers were frequently blamed for their children’s mental health difficulties. One clinical psychologist described how mothers at her clinic were positioned as having a ‘bad seed’ and being ‘bad mothers’ if families were told the child had an intellectual disability that could not be cured by medicine. In more than one instance, this had led to the father divorcing the mother, leaving her stigmatised, with no means of financial support and with a disabled child to look after. Such narratives may contribute to mental health difficulties in offspring, as well as mothers.

We had been seeking an angle to our research proposal that was novel and would add to our cross-cultural understandings. Based on our pre-existing knowledge, we expected gender inequality to be high in India, but we were not sure whether the issues that face women and girls were the same across the Young Lives countries. While on our placements, we decided to explore gender differences and perceptions of gender equality. We were able to build a detailed understanding of the issues facing girls in each of the countries through triangulating the perceptions of the people we each interviewed. In Vietnam for example, Abby explored this in meetings with a large NGO, a politician responsible for child protection legislation, teachers and female undergraduate students. Each provided a unique perspective on the issues facing girls on a societal level, for example dropping out of school to work or care for family members, as well as at individual level, for example by talking to

female students about how they perceived they were treated in relation to boys, and whether they believed they had equal opportunities (they did). For Ginny, the glaring inequalities observed in India led to deeper reflection that such inequalities were also present in the UK, although less obvious as perhaps not so severe, but also masked due to living in the culture and not having the benefit of an outsiders' perspective.

As a result of these experiences, our bid now specifically focusses on girls' outcomes and addresses gender inequality compared between India, Vietnam and the UK in its main objectives, as follows: to assess which factors in girls' adolescence predict their resilience to mental health difficulties, despite early adversity; and to assess whether gender inequality predicts type of girls' and boys' mental health problems.

*ii) Establishment of stakeholder communities and networking with professionals in the host countries.*

Our trips allowed us to establish stakeholder communities who will help shape the dissemination and impact from the work. Our international stakeholder communities currently comprise of people from a range of backgrounds including professionals such as data managers and doctors, to families. We hope that through consulting with them throughout the process of the project and the development of the bid, that the work can be more impactful and meaningful. Indeed, some of our newly established communities had ideas about how the findings of our bid could be disseminated in their country, and what the impact of these might be. For example, an organisation in Vietnam felt that evidence that supported the existence of mental health difficulties in Vietnamese children, and a detailed exploration of this by gender, could aid in their current drive to establish political legislation for mental health and thus increase the mental health workforce and availability of services.

Meeting with academics and clinicians beyond our host institutions as well as speaking with other Non-Governmental Organisations (NGOs) who have relevant experience in the field of child mental health was also incredibly useful. While in India, Ginny was able to meet with *Save the Children* India office who we have since been in conversation with as potential partners on the bid offering an in-kind contribution of their local expertise and helping us with the dissemination of our work. While in Peru, Daisy met with local UNICEF offices, and Abby met with a large NGO in Vietnam. Since the trips we have been in conversation with the *UNICEF Innocenti* team with the possibility of working collaboratively with them on this project in an advisory capacity consulting on methods and results involved in the design, delivery and development of the studies.

*iii) Gaining a deeper understanding of the strengths and limitations of the Young Lives data.*

Forming a deeper understanding of the strengths and limitations of the Young Lives data has also been impacted on the development of our bid. We learnt about the verbally delivered data collection methods which involved enumerators creating excellent relationships with the participants. These relationships were considered integral to the low attrition in subsequent waves of Young Lives. We also became aware that, due to the heterogeneity of

the all three countries, numerous languages were spoken locally and the survey was orally translated by local experts alongside the teams collecting data. This procedure has resulted in data from groups of people in each of the three countries who have never been included in research in the area of mental health, and afford a unique opportunity to explore data that is culturally-heterogeneous both within and between study countries. In each country we were able to speak to people who had collected and managed the Young Lives data, and heard about quality control procedures employed such as double-entry of all collected data. In Vietnam, the director of the Centre for Analysis and Forecasting, where Abby was based, was excited about our proposed use of the mental health data from Young Lives: he felt that he and his team had an excellent understanding of the other aspects of the cohort focussing on nutrition, poverty and physical development, yet the mental health data had not been adequately evaluated. He perceived that this was an excellent time to conduct such as study as interest and awareness around child mental health in Vietnam is beginning to increase and Young Lives is the only longitudinal cohort in the country. Likewise in Peru, the Young Lives team were keen to use the data that had been untouched since it was collected in 2002. We all also got the impression from the non-professional people we spoke with that mental health as a concept and mental health constructs were not well understood. A focus on awareness of mental health problems in children was therefore construed as a potential impact of the ESRC bid.

*iv) A re-evaluation of the scope of our bid.*

An unanticipated outcome from our trips and meetings with the Young Lives team in Oxford is whether or not we could analyse the Peru data and thus have a Peruvian partnership on the bid at all because of conflicting interests with another bid which utilises the data from Peru, and due to the Peru data not being publicly accessible. In addition, on her trip to Peru, Daisy learned that the Young Lives team did not have data from the full cohort in round 1 due to budgeting constraints, affecting our statistical power for this country. Since returning and having spoken with Oxford (the institution submitting the conflicting bid) and Alan Sanchez we have decided to change the focus and leave out Peru's involvement, whilst leaving open the door for future collaboration should the Peru data be made open access. Thus the RSF funding has led to a direct restructuring of the team and a focus on India and Vietnam. Our reflection that inequalities and social determinants of child mental health are similar to many systemic inequalities in the UK has led us to include a UK comparator: the Millennium Cohort Study – another longitudinal study which followed 19,000 children and their families from their birth in 2000-1 and measures mental health via the strengths and difficulties questionnaire at the same time points as Young Lives.

## **Outputs of RSF**

- A completed ESRC secondary data analysis application (planned submission date, 24<sup>th</sup> June) including letters of support from non-academic partners.
- Strong relationships with non-academic partners including UNICEF.

- A report and seminar(s) to inform other researchers in the UK and internationally about our aims and findings, what challenges there were and how we overcame them.
- An engaged network of stakeholder communities across India, Vietnam and the UK.

### **Future plans**

We now have a near complete case for support ready to submit to the ESRC Secondary Data Analysis Initiative. This bid includes the involvement of stakeholders, international co-investigators and partnerships with *UNICEF, Save the Children* and *Equal Measures*.

We have purposely included a broad scope in our bid following our visits to Peru, India and Vietnam, increased our focus on gender inequality, and heard from international stakeholders the key issues that they believe may contribute to findings on girls' risk of mental health problems and what promotes their resilience. We met with academics in each country keen to be involved in such a programme of work; as such we hope that this will lead to further applications for grant funding and development of a wider set of questions after the ESRC project is complete.

The RSF funding has directly contributed to our ability to deliver a strong grant application through applying the situated knowledge gathered about child mental health in each country. Having the funding to support such trips has allowed us to develop integral international stakeholder communities. On a personal level, being able to network in such a way and experience new cultures, their norms, health services and gendered expectations in particular, has led to our own development in terms of learning to work in the field and general knowledge about the topic of mental health. Not only this, but the trips also allowed us to become more aware and critically reflexive about mental health, how it is categorised biomedically on an international scale and the pathways to care, not just in other cultures, but also in our own.