



## Letter

# Envisioning a mental health science to empower vulnerable women, children and youth

Manasi Kumar

Department of Psychiatry, University of Nairobi, 00100 Kenya



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My career path was shaped by my parents political activism. My father, a political scientist, and my mother, a historian, both focused on social adversities and inequalities in India and other developing countries. Unlike them, I turned inwards, to the study of psychology; to understand the root causes of distress, the processes of individual-social change and the pathogenesis of distress, stigma and discrimination. While caste, religious and class differences were familiar to me, my time in the UK and Europe made me experience these first-hand. I learnt that the psychoanalysis I was so enchanted with had no representation or space for women of colour like myself- it was mostly white, a North-American and European driven exercise. I debated what Freud knew about poverty and disparities [1] and resolved to be mindful of these material living conditions (income, resource consumption quality of life) in my work with children and young people.

Fast forward 10 years and I am based in Nairobi (Kenya) working at a public University focusing on maternal, child and adolescent mental health. These groups easily become invisible despite their significant numbers. In my work I have seen how childhood adversities, lack of timely information, opportunities, access to quality health care, education, life skills, vocational training and social protection can deprive them of their innate capabilities. My firm belief is that mental health epidemiological and intervention research should actively study mechanisms of and target modifiable social determinants of health.

Social determinants refer to 'the conditions in which people are born, grow, live, work and age' [2]. Capabilities approach is the idea of assessing individual well-being focusing both on quality of life and social arrangements that impede or facilitate individual subjective well-being and human development through promotion of freedom and choice, social capital and reduction of disparities [3]. Individual well-being and social development are indeed connected, according

to this approach, as enabling a person to be free to do the things that he or she may value doing or being is the hallmark of development. Thus, the question is: in a society where children and young people go through tremendous socio-emotional, learning and life challenges, how healthy and successful would that society and its members be and what would their future be if there was greater equity. [4]?

In my work around psychosocial intervention development for pregnant and parenting adolescents, children and youth living with HIV or those in highly food-insecure communities or in emergencies, the effort has to be to study multi-level factors that impact psychological well-being. Monolithic approaches may not adequately work in such complex environments and populations. For example, we need to provide information to a depressed pregnant adolescent, address her health, material and emotional needs, provide support to her caregivers and empower the community, adolescent peers and health workers to make a shift all at the same time. For such multilayered approaches we need to have a strong evidence base, policy buy in and engaged partnerships (including participation of our research subjects) on the ground. Aside from this, we also need equitable global and local partnerships for sustained capacity building, technology-knowledge transfer and resource building; working together towards enhancing the lives of vulnerable children and adolescents [5].

I would urge us to maintain this self-reflexive impetus to 'see' racial, socio-political and health disparities more honestly. I strongly believe the identity and struggles of researchers like myself and our research participants will only be understood when global health research (largely led by Northern actors) reconciles its own schisms. Southern researchers like myself, especially young and female researchers from Africa, Asia and Latin America, do not need patronizing stances – they need equity with regards to agenda setting, access to resources and to be heard for how we want to change the field. Perhaps this is also what vulnerable children and young people want- equal representation, investment, participation, and opportunities.

### Contributors

MK is the sole contributor of the letter.

### Declaration of Competing Interest

None to declare.

E-mail address: [mkumar@uonbi.ac.ke](mailto:mkumar@uonbi.ac.ke)

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