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Researchers' agency and the boundaries of global mental health: perspectives from and about Latin America

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ABSTRACT

The decolonise global health movement has critically reassessed the field's historical and political underpinnings, urging researchers to recognise biases and power imbalances through reflexivity and action. Genuine change is seen as the outcome of the researcher's self-awareness, often leaving the underlying structures of global health—and global mental health (GMH)—in the background. Here, we problematise how expectations around agency and change have been mobilised in discussions around decolonisation, highlighting the gradual and contingent nature of international collaboration in GMH.

We present three international research initiatives based in or focused on South America: RedeAmericas, the Platform for Social Research on Mental Health in Latin America and the HEalthcaRe wOrkErS project. Instead of comparing the three initiatives directly we identify and discuss common elements among them that challenge and redefine the boundaries of GMH by leveraging local leadership, creating hybrid expert profiles and implementing principles of equity and epistemic justice. Particular attention is given to the fragmentary translation of these principles into the project's concrete activities.

The interplay of agency and the structural confines of GMH is examined in each initiative, expanding the notion of 'boundaries' in the field beyond geographical or institutional demarcations. Using the notion of milieu, we call for a more nuanced understanding of the field as simultaneously shaping and being shaped by the tentative collaborative infrastructures developed by researchers. We advocate for a reconceptualisation of GMH that is as diverse and complex as the issues it seeks to address.

SUMMARY BOX

⇒ Although the decolonising global health movement encourages researchers to engage in reflection and action to challenge biases and privileges, a focus on reflexivity risks overlooking the structural dimensions of global mental health and the contested boundaries of the field.

⇒ We explore the interaction between researchers' agency and the boundaries of global mental health through three initiatives from and about South America: RedeAmericas, Platform for Social Research on Mental Health in Latin America and HEalthcaRe wOrkErS.

⇒ Using the concept of 'milieu' we argue that overcoming the colonial legacies and logics of global mental health—and properly assessing what researchers can or cannot do to transform it—involves fundamentally recognising its internal contingency and unclear limits.

⇒ Calls for transformation in global mental health should be accompanied by detailed accounts of how principles of justice and equity are concretely implemented within the daily operations of international projects.

INTRODUCTION

Driven by students and professionals, the decolonise global health (DGH) movement aims to critically reassess the field's historical and political underpinnings. Rather than a specialised subfield of global health, DGH is a critical movement, pushing for collective awareness of injustice in global health[1] and urging researchers to recognise biases and navigate power imbalances through reflexivity and action, avoiding complicity with the field's historical asymmetries.[2–4]

This emphasis on agency pays particular attention to values and trajectories.[5] Researchers are expected to reflect on their own backgrounds and agendas, the location from where they intervene, the interests they represent, their access to power and privilege and the audiences they address. Genuine change in the field requires a personal reassessment of values and commitments.[4 6]

Nevertheless, focusing primarily on researchers' attitudes and values might distract from attending to the underlying structures of global health—and global mental health (GMH). At the same time, if the agency is primarily associated with a personal, reflexive alignment with values, many contingent,

collective efforts by differently positioned researchers to 'navigate and manage the multiplicity and malleability of 'mental health"[7] might seem irrelevant and outside the boundaries of GMH. Through a focus on the researcher as an agent, is it possible to problematise the field itself?

We approach this question by presenting three international research initiatives based in or focused on South America: RedeAmericas, the Platform for Social Research on Mental Health in Latin America (PLASMA) and the COVID-19 HEalth caRe wOrkErS (HEROES) project. Drawing on our direct involvement as members and initiators, we focus on the dynamics between researchers' agency and the boundaries of GMH, such as the shifts of leadership across north and south (RedeAmericas), dynamics of inclusion and local accountability among early career researcher (ECR) initiatives (PLASMA) and the challenge of epistemic justice, pragmatic solidarity and sovereign acts in international research projects (HEROES).

Drawing from Seckinelgin's analysis of the constitution and functioning of the global AIDS field,[8] and Shiffman's analysis of global health governance,[9] we conceive of 'agency' in GMH as the capacity of individuals and networks to act autonomously amidst structural constraints. We understand the 'boundaries' of GMH as going beyond geographical or institutional lines, and as primarily producing shared narratives and assumptions about how mental health issues are understood and addressed, who addresses them, and with what resources. Instead of 'structures', which imply rigidity, we choose the term 'boundaries' because they accommodate the fluidity and negotiability of what GMH is, as demonstrated in the cases.

The next section describes each project, discussing their relevance in terms of agency and boundaries in GMH through issues of leadership, geographical selectivity and epistemic injustice.

REDEAMERICAS: CHALLENGING THE BOUNDARIES OF LEADERSHIP AND ADMINISTRATION BETWEEN THE NORTH AND THE SOUTH

RedeAmericas is a collaborative network of researchers, practitioners and other stakeholders in Latin America and the USA, first established through a grant (5U19MH095718-05) from the National Institute of Mental Health (NIMH) involving Argentina, Chile, Colombia and Brazil. It aimed at capacity building based on a pilot trial to introduce a recovery orientation and peer support into mental health services.[10] Initially led by coauthor ES, the initiative is currently led by coauthors ACF and FM, primarily comprising ECRs and local stakeholders.

ES had prior experience in building local capacity in Latin America and the Global South. For example, he facilitated the transition of a flagship US Fogarty programme to leadership by two South African investigators, who are now joint winners of the Lasker Award 2024.[11] This effort contributed to the eventual revocation of the requirement for US leadership in Fogarty training programmes.

Although the RedeAmericas grant included a mechanism for transferring control to Latin American investigators, the process encountered significant early challenges. Discrepancies between NIMH's and Latin American partners' institutional operations, including inadequate systems for required documentation and a lack of English-fluent administrators, posed major obstacles. Additionally, stringent national regulations for accepting US grants further complicated the situation. These issues made it difficult for the Chilean team—and others in the region, especially in Brazil—to assume leadership as planned. Consequently, leadership remained in the USA to manage these challenges while efforts were made to reduce inequalities.

The network continued to expand post-grant, engaging additional countries such as Mexico and Peru and focusing on nurturing early-career investigators. Despite this, efforts to transfer leadership to senior Latin American researchers were only partially successful, hindered by financial constraints and the project's prior identification as US-led. However, a senior investigator from Chile successfully obtained an National Institutes of Health (NIH) grant (5R01MH115502-05) as the principal investigator, with ES serving as one of the multiple principal investigators. This effort, while stemming from the RedeAmericas collaboration, was conducted independently from it.

Over time, ECRs assumed leadership roles, maintaining an active network and enhancing their capacity to submit grant proposals, with several securing funding (eg, 5R34MH131240-02 co-led by FM). As Latin American leadership grew, power dynamics within the network became more equitable. However, US teams still needed to assist with interpreting NIH grant requirements and advising on content and style for grant submissions. NIH programme officers recognise and support this collaborative approach but are unable to allocate resources specifically for these purposes. Additionally, US Institutional Review Boards (IRBs) occasionally required revisions to consent forms that had been meticulously prepared and approved in Chile, often reflecting US practices rather than substantive ethical concerns. While there is no standardised procedure to address these issues, in countries that frequently receive US grants, investigators are gradually developing the expertise to manage these challenges independently.

The constraints limiting senior Latin American investigators in the RedeAmericas network often stem from the international community's lack of recognition of Latin America's advancements in mental health. Despite pioneering contributions, such as significant research by Brazilian, Chilean and Peruvian scholars in the 1960s to 1970s,[12–14] and innovative public health programmes like Chile's universal access initiative for first-episode psychosis,[15] these efforts did not have local funding for

definitive randomised controlled trials, limiting their wider recognition.

Furthermore, Brazilian public health strategies, arguably more effective than their US counterparts[16] are often overlooked due to unfamiliarity and the stringent criteria of NIH funding. Applications for US grants are necessarily tilted toward what US investigators (and especially reviewers) know, and what NIH requires. Adequately understanding NIH funding rules and shifting priorities is not just a matter of knowledge, involving a degree of socialisation in its funding culture and this can take years, even for well-established international researchers. This misalignment results in funding applications that do not reflect the extensive knowledge and innovative practices developed in Latin American contexts, perpetuating a cycle where significant local innovations remain marginalised. Meanwhile, funds available from the countries themselves remain limited, notwithstanding a few exceptional circumstances where research funding is accessible (though not at NIH levels), such as in Sao Paulo, Brazil[17] and Chile.

The impact of these funding and recognition disparities extends to ECRs and non-academic public health professionals in Latin America. The necessity of aligning with international standards and gaining recognition from high-income country institutions often leads to the undervaluation of local expertise and practices that are more apt for the regional context. Furthermore, the current funding structures rarely allow non-academic professionals to assume leadership roles in research without endorsement from US-based researchers, reinforcing dependency and power imbalances. This systemic issue hampers the ability of local researchers and practitioners to influence GMH practices and underscores the need for systemic changes to foster equitable international collaborations.

These power imbalances shape—and limit—the boundaries of GMH. While Latin American concepts of public mental health have developed in parallel with the USA, the approaches diverge significantly.[13 18] The region places greater emphasis on collective action and social ecology and epidemiology, and acknowledges structural inequalities rooted in colonial and neocolonial histories.[19] However, donor countries like the USA often impose guidelines that mirror their own frameworks, which may not suit the distinct needs of Latin American countries and overlook the diverse strategies they have developed.

The RedeAmericas network is aware of these structural challenges, and they require recognition beyond theoretical discussions, extending into everyday practices. Reflexivity and continuous dialogue are crucial. Although ECRs are instrumental in initiating these discussions, gaining the confidence to question established norms is a gradual process. The group remains actively connected, organising meetings and proposing studies together to collaboratively address these issues. For instance, many RedeAmericas investigators are bridging these divides through new interdisciplinary, international initiatives focused on social justice, decolonial work and service users' experience in the region.

PLASMA: CHALLENGING THE BOUNDARIES OF INCLUSION AND LOCALITY IN GMH

Founded in 2016 by Latin American PhD students, including CM, GA-B and ECF, PLASMA aims to foster collaboration and debate among ECRs focused on mental health policy and practices in the region. While the self-proclaimed Movement for Global Mental Health[20] provided a context for our discussions, its focus on scalability, measurement and treatment gaps[21 22] seemed incompatible with the social, cultural and political entanglements of mental health in Latin America. Decolonial critiques[23–25] enriched the debate, yet Latin America's histories of violence and imperialism differed from the regions discussed in that literature, mainly Africa and Southeast Asia.[26]

The challenge was to articulate the specificity of Latin America against the universalistic ambitions of GMH, through a critical and comparative approach to the region. To foster interdisciplinary collaboration, PLASMA hosted workshops, including one on Latin America's role in GMH in Paris in 2017[27] and another on mental health as a 'social question' in London in 2018.[28] Over 30 PhD students, young researchers and senior scholars from Latin America, Europe and the USA shared their work in these spaces.

Networking is essential for career development, particularly for ECRs, as it involves building, maintaining and using relationships to enhance success.[29] In PLASMA's early stages we sought a forum for collective discussion and reflection on our interests, needs and roles as Latin American social scientists in Europe and to establish a Latin American presence that challenged and broadened the emergent definitions of GMH. In this sense, PLASMA was not solely a career-oriented networking exercise among ECRs, but an expression of its members' commitments to re-present the problems and achievements of their home countries to a wider audience.

PLASMA's regularity was challenged as its ECR-led membership progressed into diverse careers in academia, policy and practice across Europe and South America. Despite ongoing collaborations through publications and projects,[30–33] the COVID-19 pandemic and funding difficulties impacted the platform's activities.

This fragility also affected PLASMA's ability to support wider Latin American voices to impact GMH debates. We possessed expansive networks in Latin American public mental health systems, and there was a genuine desire to make the initiative accessible to them. However, the effort needed to maintain this openness and create bridges outstripped the resources of the primarily PhD student membership, despite our abundant enthusiasm. Limiting membership to Latin American ECRs based in Europe was intended to ensure the project's short-term

viability but restricted our capacity to act on our ambition to expand the initiative in Latin America over time, securing its sustainability through new funding sources while engaging in in-depth comparative research within the region. Decisions on inclusion, exclusion, expansion and sustainability marked the development of the initiative, leaving a strong sense of 'debt' towards our colleagues in Latin America. These dynamics go beyond individual researchers' beliefs and abilities, playing a key role in shaping and reshaping the boundaries of GMH.

PLASMA emerged from these choices. Despite inconsistent and intermittent funding, the workshops achieved our goals by highlighting Latin America's often overlooked role in GMH and fostering tentative connections between South American and European institutions. Additionally, PLASMA members have actively published in Spanish-language journals, countering the trend of prioritising high-impact, English-language publications typical for career advancement.[34] This approach contributes to efforts to diversify the linguistic landscape of global health and GMH, challenging the dominance of English in international collaborations.[35]

HEROES: CHALLENGING EPISTEMIC BOUNDARIES THROUGH FAIR RESEARCH INITIATIVES

Initially a study, HEROES evolved into a significant, 'South to North' initiative. Its overarching goal was to assess the impact of the COVID-19 pandemic on the mental health of healthcare workers (HCWs). It aimed to evaluate the COVID-19 pandemic's impact on HCWs mental health. HEROES focused on:[1] the effect of COVID-19 exposures on mental health symptoms and disorders like anxiety, depression and Post-traumatic stress disorder (PTSD) among HCWs globally[2]; the link between demographics, workplace exposures and mental health outcomes at various pandemic stages; and[3] the influence of regional and national health metrics on these health outcomes.

The HEROES study's structure included an administrative team co-led by ES and FM at Columbia U Mailman School of Public Health and Rubén Alvarado at the University of Chile, alongside an information technology team and local principal investigators, such as ER in Puerto Rico. Originally developed by a blend of junior and senior collaborators, HEROES emphasised sustainable local leadership, as learnt from RedeAmericas. This global initiative involved a diverse network of academic, health and community institutions across 19 Low- and Middle-income Countries (LMICs) and nine High-income Countries (HICs), in collaboration with the Pan American Health Organization and with support from the WHO, demonstrating its broad reach and commitment to local influence in health initiatives.

The day-to-day routine involved explaining interested local teams the methodological requirements for sites to join the study, and adapting the original designs to add site-specific items to instruments to capture data of particular local interest. This placed a considerable toll on the central team, composed primarily of ECRs who acted as 'double agents'[36] due to their familiarity with lesser-resourced settings and training in high-income countries.

Our team approach, based on cooperative leadership, equity and learning, nurtured a collaborative relationship between Global South investigators based on three principles: epistemic justice, pragmatic solidarity and sovereign acts.[37]

Epistemic justice in HEROES promotes fair inclusion and communicative equity among all team members, establishing participatory spaces for equal dialogue to address power imbalances. Pragmatic solidarity involves sharing local and global resources, exemplified by providing a cost-free platform for less-resourced teams. Sovereign acts allow participating countries to manage their data independently, countering common practices where data are often published by institutions in the USA or Europe.[38] This autonomy ensures that teams own their data and choose their involvement in cross-cultural analyses and publications.

From its inception, HEROES was a ground-up project, driven by voluntary work and genuine enthusiasm. Despite not being funded externally, except for a few small donations, it has significantly influenced research, policy and clinical practices. Particularly for collaborators in LMICs, the absence of external funding agencies dictating the agenda was a crucial advantage, enabling them to address the issues most relevant to their communities.

For some collaborators, HEROES marked their first involvement in a global comparative study. Although having established careers in public mental health involving extensive international collaborations, they often perceive their contributions to GMH research as minimal. This partly reflects a colonial division of expertise between global/international—in the north—and local/national—in the south.[39]

The HEROES project, by design, challenged these conventions. Centralising the project's data centre in Chile—an uncommon choice for multicountry studies—was a deliberate move. We instituted decolonial team practices, such as creating inclusive communication spaces and ensuring barrier-free data access for local teams. Additionally, we introduced 'acompañamiento' (Spanish for accompaniment), supporting junior LMIC investigators through partnerships with both junior and senior researchers from HICs and LMICs, fostering a culture of dialogue that has empowered team members to navigate and reshape their roles actively. The HEROES group is still actively publishing relevant data[40] developing interventions for HCWs,[41] and participating in policy-related discussions at the local, regional and global levels.

DISCUSSION: RESEARCHERS' AGENCY AND THE MILIEU OF GLOBAL MENTAL HEALTH

Global health and GMH have come under reflexive scrutiny, particularly, though not exclusively, through

a decolonial lens. This critique is often anchored on normative parameters, emphasising researchers' agency as the primary locus of change and hope. The field itself remains in the background, as a confined domain controlled by global north agents and institutions.

To bring this background into the foreground and attenuate the over-normative approach common to global health and GMH literatures,[42] we have described three initiatives that reveal the complexity of North-South relationships in GMH.

RedeAmericas illustrates how GMH leadership results from adaptation and experimentation. The initial intentions of funders and leaders do not secure an effective transference of control between the USA and countries in South America. Besides administrative incompatibilities, in the context of a history of donor-recipient relationships,[43] partners in Chile and Brazil struggled to 'own' an initiative with roots in the USA. Only a new generation of researchers, trained in and competent across South American and the US institutional and academic cultures, could embody this transition. Calls to undo hierarchies and establish reciprocity in South-North mental health partnerships[44] should consider the complexity of the process and its fluctuations.

PLASMA exemplifies the intricate relationship between agency and location in GMH and the somehow restrictive normative parameters of calls for decolonisation. Developed by researchers from the Global South during their training in Europe, the initiative reproduced the dominance of Global North institutions in GMH training and research. However, this imbalance produced a new, broad cohort of bi-cultural,[45] mobile researchers and experts who, in their concrete initiatives, are actively shaping what it means to be an agent and the limits of GMH.[46] The internal diversity of its members, its extra-institutional nature, and its commitment to local relevance and accountability represent an alternative approach to developing a voice in—and demanding changes from—GMH.

Lastly, HEROES presents a case of global south research leadership in mental health, built on principles of justice, solidarity and sovereignty. Born in and developed through the pandemic, the project integrated the discussions around decolonisation that emerged during this period,[47] while recognising the role of 'double agents' as bridges between the norms and standards of research across regions.

The initiatives discussed illustrate how researchers' collaborative agency challenges the boundaries of GMH in ways that conflict with the normative expectations of the DGH movement. The concept of 'milieu' offers an alternative metaphor to understand the symbiosis between agency and the boundaries of GMH. Originating from the work of Canguilhem[48] and re-elaborated by Rose[49] and Béhague,[50] milieu describes a dynamic ecosystem where organisms and environments continually interact and shape each other. Agents in a milieu simultaneously co-construct their own trajectories and the properties of their environment, in this case, GMH. Within the milieu, researchers' agency is expressed tentatively, often through incidental interactions and in gradual and even wandering ways.

Incorporating the concept of milieu into discussions of agency and boundaries emphasises the continuous formation of relationships within GMH. Agents not only exist within a predefined field but actively participate in its shaping and evolution. It is then difficult to determine who is part of and who can talk in the name of GMH. Debates around agency and the role of differently situated individuals in the field need to recognise this broader ambiguity.

The DGH movement heavily emphasises reflexivity, but the focus should expand beyond researchers alone. As noted by Bhakuni and Abimbola, the politics of global health often manifest in its more subtle elements, the 'authorship practices, research partnerships, academic writing, editorial practices, sensemaking practices, and the choice of audience or research framing, questions, and methods'.[51] Overcoming the colonial legacies and logics of GMH—and properly assessing what researchers can or cannot do to transform it—involves fundamentally recognising its internal contingency and the fuzzy boundaries of the field.

Limitations and future research directions

Our analysis of agency and boundaries within global mental health is grounded in three case studies, prioritising depth over generalisability. However, this focus may limit the broader applicability of our reflections. To expand the understanding of these dynamics, future research should undertake in-depth evaluations of other global mental health initiatives. Such studies could assess their efficacy, sustainability, and outcomes, and the processes that facilitate or hinder the concrete implementation of principles of justice and equity in global mental health practices.

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