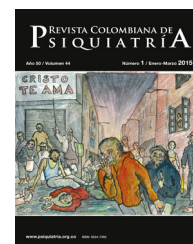




REVISTA COLOMBIANA DE PSIQUIATRÍA

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Editorial

A Journey of Collaborative Research on the Mental Health of Young People in Deprived Urban Areas in South America



This issue of the Revista Colombiana de Psiquiatría contains 12 papers from a single research programme with the acronym OLA. It was designed and organised by partners in London, Bogotá, Buenos Aires and Lima and funded by the Medical Research Council in the United Kingdom. The overall aim of the programme was to explore how young people in deprived urban areas can prevent episodes of mental distress and – particularly – how they can overcome mental distress once they have experienced it.¹

All data were collected in the poorer areas of Bogotá, Buenos Aires and Lima. This focus on people living in deprived neighbourhoods was important and unusual. These people are exposed to more risk factors for mental distress than people in wealthier contexts, but they are rarely targeted in research.

When planning the programme, we were aware of potential criticism of such an approach. Global mental health research has been criticised for imposing concepts and models of richer Western countries on less wealthy ones.² Our research design was decided on in the United Kingdom and implemented in South America. In addition to this general reservation about global mental health research, our focus on deprived areas made us consider three further risks:

We, as researchers from privileged social contexts, studied disadvantaged people in deprived areas and needed to avoid turning them into mere subjects of academic curiosity.

We used the concept of mental health of individual people. However, we did not want to suggest that the extensive social problems in deprived urban areas should be regarded mainly as psychological issues of individuals.

And finally, people living in deprived areas deserve empirical research to underpin helpful policies and interventions, but this should not distract from the need to overcome poverty as a root cause of much distress.

We hope that we had some success in managing these risks.

We started the journey of OLA in the Autumn of 2019 with cautious optimism. At that time, we could not anticipate the severe problems that we would face from March 2020 onwards. In particular, the pandemic significantly derailed

many of our original plans. It came with extensive practical problems and required new approaches in recruitment and data collection. Changes to the initially agreed budget by the funder added further complications. Despite these and other hurdles we managed to recruit participants to or above target of the originally planned programme and delivered a number of additional studies and initiatives. After several years of intensive collaboration, we managed to complete the research, analyse the data and provide various findings that we consider relevant for both research and practice. Some of them are reported in this issue. This positive experience may encourage others to embark on similarly ambitious journeys of international collaboration.

As a research programme, OLA aimed to collect data that can be used to answer a range of specific research questions, all important for the overall aim. The 12 papers in this issue address distinct aspects. All of them reflect well-conducted research and analyses, and all of them report findings that are new and relevant.

Four of the papers identify factors that contribute to mental distress and may be targeted in prevention strategies. They show the harmful impact of parental alcohol misuse,³ of the experience of bullying,⁴ and of engagement with social media,⁵ and detail explanations of young people themselves for why they feel distressed.⁶ An analysis of the quality of life of young people reflects the adverse context they live in as they are particularly concerned about their personal safety. Yet, it also shows their resources with high satisfaction with the people they live with and their sex life.⁷

Two papers demonstrate that resources of young people can diminish the effect of stressful experiences. Their resilience, the social support they receive and their social capital appear all helpful and can diminish the negative effect of adversity.^{8,9} Also two papers address how people can recover when there already are manifest symptoms of anxiety and depression, and show the helpful role of social support, coping strategies and positive new experiences.^{10,11}

Further findings demonstrate how the behaviour of young people, i.e. whether they participate in sport activities and engage with social media, are linked with how symptoms of

anxiety and depression change over two years.^{12,13} Detailed analyses of day-to-day activities show that the impact of some activities is not straightforward. Household chores make people more relaxed but do rather deteriorate their mood.¹³ Finally, a study from Peru shows how groups of patients and professionals can discuss ways to improve mental health services and arrive at shared recommendations.¹⁴

The results reported in this issue complement each other. Some of the papers arrive at similar conclusions from different angles, e.g. about the crucial role of social support and families. We believe that policies and overall approaches of public mental health in deprived urban areas – in South America and beyond – should be informed by empirical data and that the findings of OLA represent an important contribution to that required evidence base.

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