

Ethics in Child Mental Health Research

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BRIEF DESCRIPTION OF THE RESEARCH PROJECT

TeaLeaF (TEAchers LEAding the Frontlines) Mansik Swastha is a research program that aims to evaluate teacher-delivered transdiagnostic mental healthcare for school-aged children in rural India.

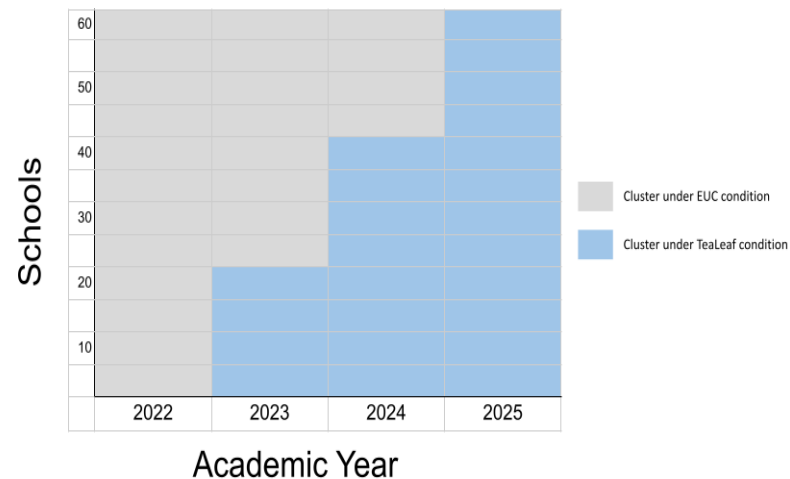


Figure 1: Trial diagram showing the flow of schools by study condition over time.

The study is designed as a stepped-wedge cluster randomized controlled trial to reflect the change to a 3-variable study of effectiveness, implementation and context.

BACKGROUND



Our research is set in the rural Darjeeling Himalayas, a region of the State of West Bengal in India.

Mental health issues may find cultural interpretations by the local communities where they identify the cause and symptoms and resort to possible treatment with some socially sanctioned therapist.



ETHICAL ISSUES



“Usual Care” and Ethical Obligations to Vulnerable Children

A primary objective of the TeaLeaf trial is to evaluate the effectiveness of a novel model for children’s mental healthcare in the real-world setting of rural primary schools of Darjeeling. To appropriately answer this research question, it is necessary to have a valid comparison condition (i.e. control condition).

ETHICAL ISSUES



“Usual Care” and Ethical Obligations to Vulnerable Children

In essence, the initial proposal was for a ‘no treatment control’ which potentially would expose children to undo risk resulting from i) stigma associated with identification and ii) the unstructured attempts of teachers to respond to struggling children.

ETHICAL ISSUES



“Usual Care” and Ethical Obligations to Vulnerable Children

Based on these concerns, the protocol was restructured so that rather than ‘no treatment’ the children in the control condition will receive Enhanced Usual Care (EUC). EUC was conceptualized as a scaled-down version of active treatment (*Tealeaf: Mansik Swastha*).

ETHICAL ISSUES



Labelling, Language, and Understanding Children's Struggles

Early versions of the intervention incorporated diagnostic labelling of children. The research team perceived these words as a way to technically capture and define common childhood struggles; however, parents responded strongly fearing that they were being told that their child was “mental/crazy.”

ETHICAL ISSUES



Labelling, Language, and Understanding Children's Struggles

In exploring how communities understood the children that we were labelling with a diagnosis, we recognized that parents and teachers perceived these same children as struggling or different from their peers.

ETHICAL ISSUES



Labelling, Language, and Understanding Children's Struggles

There appeared to be greater concern about a “mental health” intervention amongst the families of students, particularly when their child was chosen for further individual attention in the intervention. After holding numerous, sensitive conversations around the details of the intervention to demonstrate its possible benefit to their child, families of students showed acceptance to take forward the intervention.

CONCLUSION



We offer the following recommendation to others:

1. Enhanced usual care may offer a path forward to ethically responding to the needs of vulnerable children with mental illness while also conducting rigorous controlled research.
2. Reconciling the language and understanding of mental illness between researchers and community stakeholders is a process of continuous listening, reflection, and iteration. Combining perspectives may ultimately yield to less stigmatizing interventions and research.