

***The right of everyone to mental health***

***Abstract summary:***

This report challenges the dominant biomedical paradigm and the role of unequal power relationships that characterizes and treats mental distress for people around the globe today. Importantly, the report elaborates how the dominant biomedical narrative of mental health, closely guarded by biomedical gatekeepers, contributes to a global burden of obstacles the fuels systemic and widespread human rights violations and impedes the paradigmatic change needed to respect, protect, and fulfill the right to mental health of everyone. The report provides guidance to stakeholders on how the right to health is threatened by the existing mental health paradigm and how rights-based change is possible, affordable, and occurring in communities across income settings around the world. Critically, the report characterizes the global state of mental health not as a crisis of chemical imbalances but a crisis of power imbalances, requiring urgent policy responses to address the social determinants of mental health as well as the inward reflection of powerful stakeholders on their role in perpetuating a corrosive status quo. Care and support in the community must replace outdated models of excessive biomedical treatment and institutionalization including the use of coercion and the gratuitous, first line use of psychotropic medicines.

***Key messages:***

- There is no health without mental health: Mental health is grossly neglected within health systems around the world. Where mental health systems exist, they do so in isolation, segregated from regular healthcare, despite the intimate relationship between physical and mental health.
- To address the grossly unmet need for rights-based mental health care and support, an assessment of the ***global burden of obstacles*** that has maintained the status quo is required, these include: the **dominance of the biomedical paradigm; power asymmetries** in policymaking, medical education and research, and care relationships; and, the **biased use of evidence in mental health**
- There is unequivocal evidence that the dominance of and the overreliance upon the biomedical paradigm, including the front-line and excessive use of psychotropic medicines, is a failure. Yet, around the world, biomedical interventions dominate mental health investment and services. This is not only a failure to integrate evidence and the voices of those most affected into policy, it is a failure to respect, protect, and fulfill the right to health. When resources appear to scale up mental health services, particularly in low and middle income countries, investments must not be dominated by medicalized service models.
- Power and decision-making in mental health policy, services, and care relationships is concentrated in the hands of biomedical gatekeepers, particularly biological psychiatry. These gatekeepers, backed by the pharmaceutical industry, consolidate this power based on two outdated medical myths: that people experiencing mental distress and diagnosed with “mental disorders” are **dangerous** and that biomedical interventions in many cases are **medically necessary**. These concepts and other

“conventional wisdoms” perpetuate stigma, discrimination, and the unacceptable practice of coercion and violence that is widespread in mental health systems today.

- The biased use of evidence has corrupted our knowledge about mental health and is a serious human rights issue. Power and the dominance of the biomedical paradigm distorts how evidence is used in policy making and service delivery, affecting progress towards rights-based mental health services around the world today. A troubling example is the use of evidence to inform people with mild and moderate forms of depression that they should receive psychotropic medications (antidepressants), despite the clear evidence that any positive effect is because of placebo. The excessive use and misuse of psychotropic medications violates the right to health.
- The evolving normative framework ushered in by the Convention on the Rights of Persons with Disabilities around mental health requires a paradigm shift. There are many paths towards this change, but only one direction.
- A shift away from the dominance of the biomedical paradigm and vast power asymmetries requires mental health policymaking to scale across public sectors and integrate mental health throughout public policy. There is a human rights imperative to bring the social, psychosocial, and underlying determinants of mental health to the forefront of mental health promotion.
- The evidence and human rights imperative for a paradigmatic shift in mental health policy and decision-making is a powerful external force for change. However, change also requires courageous action from within the corridors of power, specifically from within the psychiatric profession. The power and proximity the profession has to policymaking establishes a responsibility to use their influence to support the process of navigating mental health systems from isolated silos of mistrust and paternalism to integrated community models that foster empowerment, resilience, and inclusion.
- Psychosocial distress will always be a part of the human experience, particularly in the face of growing inequality and discrimination. Outdated paternalistic concepts of treatment must be replaced with psychosocial care and support in the community and at the primary care level. Low cost, effective options are possible and being used around the world today.
- Champions of the paradigm shift in mental health are necessary to facilitate the rights-based change required. Key stakeholder champions include Member States, the leadership of organized medical professions, including psychiatry, academic centres working on mental health, and civil society.