*1.Which challenges do you see, either at the local, national and/or regional level, in realizing the right to mental health in different areas (e.g. in the medical field, the humanitarian sector, places of detention or else) and in ensuring that persons with psychosocial disabilities or with mental health conditions are able to uphold their autonomy, independence and dignity by avoiding discriminatory or stigmatizing laws, policies practices;*

There is an increasing number of documents and initiatives, firstly from the UN Human Rights Council (resolutions on mental health and human rights), WHO and UN OHCHR (Guidance on community mental health services/mental health legislation, 2023), WHO (QualityRights initiative, Guidance, 2021) that send clear messages and urge UN Member states to move from status quo to the policies and practices that empower users of services and invest in non-coercive rights based practices.

However, despite these initiatives and many innovative practices in different countries, these good practices are far from prevailing in mental health systems. in general, mental health systems within countries globally remain heavily reliant on status quo that is based on discriminatory laws, practices and attitudes. On the level of formulation of policies there may be improvement and willingness to change the situation in the field of mental health services. However, on the level of implementation there remain systemic obstacles that create incentives to divert from ambitious goals and to continue investing in status quo.

The main obstacles are: a) overuse of biomedical model and biomedical interventions; b) power asymmetries that disempower users of services; c) biased use of knowledge and evidence.

These obstacles reinforce each other, and all together they reinforce vicious cycle of discrimination, disempowerment, coercion and excessive medicalization. In both global North and global South mainstream mental health services do not follow the main principles of the Convention on the Rights of Persons with Disabilities. These principles are also to large extent ignored by the messages that are shaping medical education and research and that are sent from many academic centres

*2. To what extent are persons with lived experience able (or not) to actively participate in processes/decisions affecting them and what challenges exist regarding their full inclusion in society?*

I want to start by recognizing a fundamental truth: the right to participate in decisions that affect our lives is a basic human right. Yet, people with lived experience of psychosocial disabilities often face significant barriers to fully exercising this right. In a report I developed as the UN Special Rapporteur on the Right to Health from 2017 this is articulated as follows:

“The effective realization of the right to health requires the participation of everyone, particularly those living in poverty and in vulnerable situations, in decision-making at the legal, policy, community, and health service levels. Empowering people to meaningfully participate in decisions about their health and well-being means engaging a diverse range of stakeholders – including users and former users of mental health services, policymakers, service providers, health workers, social workers, the legal profession, the police, carers, family members, and the wider community.”

The right to participate is firmly rooted in a human rights framework. It was first declared in the Alma Ata Declaration of 1978, and it continues to be a central focus of the United Nations Convention on the Rights of Persons with Disabilities, or CRPD. Specifically, Article 29 of the CRPD calls for the full and effective participation of people with disabilities in public affairs without discrimination, and Article 12 demands equal recognition before the law. Together, they challenge us to promote an inclusive environment where every person’s voice matters.

In many areas, we’ve seen progress. There is broad consensus that participation is essential, and in some places, positive changes are happening. For example, at the policy level, Brazil’s plans to implementation of a national Housing First strategy to protect and promote the right to housing for people with psychosocial disabilities involved extensive community participation in shaping policy. The implementation process is underway and continues to engage meaningfully with people with lived experience. In Peru, the abolition of guardianship laws was achieved through consultation with those directly affected – individuals with psychosocial disabilities, human rights organizations, mental health professionals, and legal experts.

At the health services level, Brazil’s national health conferences involve participants at all levels, shaping health priorities from the local to the national stage. In the UK, the NHS has initiatives like the Involvement Hub and Citizens’ Panels, giving patients a direct role in policy development and service design.

At the treatment level, peer support programs and shared decision-making are creating space for people with lived experience to have a say in their own treatment.

Finally, research has been moving towards the leadership and meaningful inclusion of individuals with psychosocial disabilities in shaping the priorities for funding and centering the communities who stand to be impacted by research about them in the research process.

But despite these advancements, too often participation is limited. In many cases, it’s tokenistic—where individuals may be consulted but have little real influence over decisions. This is driven by factors like power imbalances, epistemic injustice, and the lack of mechanisms that hold decision-makers accountable.

**Challenges to Full Inclusion**

There are still significant challenges.

Stigma and discrimination continue to exclude people with psychosocial disabilities from decision-making processes.

Power imbalances persist, leaving decision-making bodies without the leadership or representation of those with lived experience. A great imbalance between the global north and south continue.

Legal barriers, like guardianship laws in some countries, still restrict individuals from exercising their autonomy.

Finally, lack of support—whether in resources, accommodations, or systems—often makes it impossible for individuals to engage meaningfully.

**The Path Forward**

So, where do we go from here?

First, we must invest in empowerment and capacity building. It’s time to move beyond rhetorical commitments to participation and foster leadership, giving people with psychosocial disabilities the tools to advocate for themselves and set the agenda.

We also need to create inclusive governance models that ensure their voices are heard and their needs addressed in policy and service development.

Addressing discrimination is key—through legal action, public education and advocacy, we must challenge misconceptions and promote inclusion. States must be held accountable by a robust civic space.

Finally, we need monitoring and accountability mechanisms that centre international human rights standards to measure the process and outcomes of policy decisions, which also  guarantee meaningful participation.