



## MISSION STATEMENT

The [Centre for Mental Health, Human Rights, and Social Justice](#) is a global, multi-institutional platform dedicated to the study of rights-based approaches to mental health law, policy, and practices. The Centre serves as an accountability hub, using human rights discourse to challenge and critique the status quo in mental health. As an independent and multi-disciplinary collective of scholars and activists, our aim is to promote a transformative and decolonised vision of mental health that centers the lived experience of directly impacted people.

This global research consortium fulfills its mission through the following pillars of work:

**1. MENTAL HEALTH FUTURES:** We collaborate with regional and local activists and psychosocial disability advocates to support transformative advocacy and rights-based approaches to mental health.

**Current/Future Projects:**

- Mad Thinking
- Un-Mapping Global Mental Health
- Rights-based approaches to policing and crisis response
- Reproductive justice and mental health
- Rebalancing the influence of corporate actors

**2. POLICY LAB:** We collaborate with governments and other stakeholders to support and expand policy mandates that promote rights-based approaches to mental health. In particular, we support initiatives that challenge colonial and neoliberal policy agendas.

**Current Projects:** Housing First in Brazil

**3. RESEARCH HUB:** We undertake and promote original research that broadly aims to shift the current biomedical paradigm and fully integrate human rights in mental health policies and practices.

**Current/Future Projects:**

- [Health and Human Rights Journal](#)
- Medical coercion and human rights
- See also our [full publications list](#)

**4. DIALOGUE SPACE:** We bring together lawyers, psychologists, psychiatrists, medical anthropologists, decision-makers, grassroots advocates, and people harmed by outdated systems and approaches to mental health to discuss innovative approaches and emerging evidence in the field. We provide a critical lens from which to view global, regional, and national developments in mental health reforms and discourses.

**Current/Future Projects:**

- Un-Mapping Global Mental Health
- Dialogues on mental health and harm reduction

### Academic Partners

University of Essex, Human Rights Centre  
(Co-Founder, Julie Hannah and Alberto Vasquez)  
University of Massachusetts—Boston (Co-Founder, Lisa Cosgrove)  
Vilnius University (Co-Founder, Dainius Pūras)  
Columbia University (Ana Carolina Florence)  
London School of Economics (Akriti Mehta)  
Gothenburg University (Damon Barrett)  
University of Philippines (Lee Edson Yarcia)

### Institutional Partners (provisional)

Human Rights Monitoring Institute, Lithuania  
International Network Towards Alternative and Rights-based supports (INTAR),  
Global  
Deinstitute, Brazil  
The Beahr Lab, United States  
International Centre on Human Rights and Drug Policy, Global  
Institute for the Development of the Human Arts, United States

## Proposed Programme of Work (fully costed)

### Core project costs (over 5 years)

- Leadership buy-out time: **\$100,000/year**
- Fellowship (independent scholar and/or post-doctoral appointment): **\$50,000/year**  
*This could be an annual, named fellowship in honour of a pioneer in the field of critical mental health.*
- Meetings, convenings, communications and project development work: **\$35,000/year**
- Project management/coordination: **\$24,000/year**
- Enhancing our research platform (see further explanation to the right): **\$225,000 over three years**

## Individual Project Budget Forecasts:

**Health and Human Rights Journal: Institutionalizing Research on Mental Health and Human Rights:** [Health and Human Rights Journal](#) is the only academic journal maintaining an exclusive focus on global health through the lens of human rights. Started by Jonathan Mann in 1994, the Journal continues to be published by the FXB Center at Harvard University, in partnership with the Dornsife School of Public Health, Drexel University.

The Journal is proud to have achieved an impact factor of 1.55 which is very high for a non-clinical niche publication. It publishes 50-60 articles each year, collated into two issues in June and December. It is an open access journal, meaning that readers can access the publications at no cost; furthermore, authors do not pay to publish unless they can use open access grants. It is therefore uniquely available to authors and readers because of the financial support from its publishers.

Submissions on mental health and human rights are received regularly by the Journal, indicating an ongoing need for a specific platform for publication on this topic. Presently mental health papers are published within the general papers section of each issue, but as a result they are not featured in editorials, and do not receive the promotion or attention that they warrant. Despite this, the numbers of papers received and published is significant, and could be higher and more impactful if there was a separate platform and an editorial team dedicated to developing this separate feature.

The presence of a permanent dedicated section on mental health and human rights would create a far greater awareness of mental health as a human rights issue and could become a powerful force for transformation in this overlooked aspect of health and health rights. A new section (to be potentially named in honour or in recognition of the legacy of a pioneer in this field) on mental health and human rights would benefit from the Journal's established reputation and impact, and the Journal would benefit from an expanded readership and author stream. Overall, the goal of this new publishing platform is to elevate mental health to the level of parity with physical health in human rights literature and advocacy. **(Estimated costs: \$225,000, over three years)**

**Mad Thinking.** Mad Thinking is a knowledge development and exchange initiative dedicated to produce, systematise and disseminate user/survivor and critical research to advance the rights and inclusion of persons with psychosocial disabilities, including users, survivors and mad persons, across international and national agendas. Psychosocial disability activism and advocacy, critical global mental health, and user/survivor research are gaining momentum. Currently, work in these fields is happening in siloes and there is a need to bring together researchers, policy advocates, community activists enriching their respective actions. Additionally, there is a need for curation of user/survivor knowledge and for platforms, conferences, and meetings to disseminate their work. Furthermore, there is a need for building links between global South and global North as well as between research as activism/advocacy. **(Estimated costs: \$150,000)**

**Un-Mapping Global Mental Health: participatory research into the discourses, people, institutions, and money that make mental health global.** Global Mental Health (GMH) is an influential and growing field, described as an 'organizational project' labouring to make mental health mobile. Yet little is known about the configurations of discourses, people, institutions, and money foundational to knowledge production in Global Mental Health. A group of key players are well-known and widely cited; however, there is little insight into which stakeholders are excluded from decision-making and agenda setting in GMH and the opaque mechanisms and processes through which these exclusions occur. Evidence shows that people with lived experience, those who identify as people with psychosocial disabilities, and service users and psychiatric survivors (especially those from and in global South contexts), are under-represented in global knowledge production about mental health. Linked to this, much research (even that which is co-produced) is funded from and designed in the global North and is not participatory from inception onwards. Despite this paucity of participatory knowledge generation and agenda setting, GMH significantly influences mental health policies, research, funding, and discourses in the global South. This research project will make important interventions within GMH, and the fields of global health and medical sociology more broadly, by disentangling the intricate networks and assemblages that make up Global Mental Health. **(Estimated costs: \$500,000)**

**Dialogues on mental health and harm reduction.** In partnership with the International Centre on Human Rights and Drug Policy, Harm Reduction International and the Collective for Harm Reduction and Mental Health, we will convene a series of research-led, practitioner exchanges to identify shared challenges, best practices and common advocacy goals within the harm reduction and critical mental health fields. **(Estimated costs: \$75,000)**

**Housing First in Brazil.** The Centre has partnered with the Ministry of Human Rights and Citizenship in Brazil to support the development and implementation of a national evidence-based supportive housing program called Housing First. Housing First is an intervention addressing housing and treatment needs of chronically unhoused individuals, including those with mental health and substance use issues. It operationalizes human rights, including the rights to housing, health (harm reduction), and participation (shared decision-making). We aim to build upon our partnership and develop new impact-oriented research to demonstrate how Housing First can serve as a model for other low and middle-income countries seeking to end homelessness, using human rights to construct a framework for participatory monitoring and evaluation. **(Estimated costs: \$500,000)**

**Reproductive justice and mental health (under development)**

**Rebalancing the influence of corporate actors (under development)** (digital medicine, psychedelics and mental health)

**Medical coercion and human rights** (European coercion accountability hub in partnership with HRMI and Gothenburg University)