

# Rewriting social justice and equity into global mental health

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Global mental health (GMH) has emerged in the last two decades as a distinct branch of the field of global health. Whilst global health itself lacks a clear definition, there are some key qualities and aspirations that are discernible, and logically should extend to apply to GMH. Across the literature, as individuals try to reckon with what global health means, the principles of social justice and equity form a point of convergence that many seem to agree on [1-3]. Indeed, this general consensus has developed to a fault, at times turning these supposed guiding principles into mere buzzwords. Yet, these considerations seem to be largely absent in GMH discourses [4]. GMH has developed a vocabulary that is sterile, focusing its endeavours around solving treatment gaps through scaling up, indulged by a fixation on (standardized) biomedical solutions [5,6] that lack adequate contextualization [7]. Other approaches to the psy-disciplines are increasingly embracing biomedical alternatives and seeking to incorporate practices informed by principles of social justice to develop more holistic approaches to mental health. Yet, the field of GMH seems to have stubbornly chosen to ignore these directions and continues to promulgate the reductive and simplistic idea of a resource problem that ought to be solved by scaling up access to services and medications.

In an attempt to challenge the current dominant directions, I start by exploring why social justice and equity matter to GMH. To

illustrate what this means for practice, I point to some emerging research directions that have advanced these principles by interrogating the social dimensions of mental health. I end by providing a suggestion – making space for voice and choice – as a starting point for future research that seeks to incorporate principles of equity and social justice in GMH.

## **The necessity of social justice for honest science**

I argue that we do ourselves a great detriment if we exclude social justice from defining the way we do research and that doing so does not lead to better science. In part a legacy of a dominant biomedical bias, there is the tendency to omit discussions that interrogate the role of power within global (mental) health [8-10]. This leads to a preference for research that is ‘value-neutral’ and rooted in positivist traditions, hence social justice rarely drives research. However, being driven by social justice and equity allows us to be honest with ourselves – because acknowledging injustice and inequity begs us to ask the question of ‘why’ in a sincere way. Asking why things fail from a technocratic and biomedical perspective biases the answer from the outset, because it only allows us to draw from a limited pool of pre-established and scripted answers, causing us to simply regurgitate the same old answers such as a lack of feasibility or acceptability. Asking why things fail from a social justice perspective allows us to pierce through the surface and understand how structures and

power come to shape inequity and injustice and cement them so deeply into the status quo that they become seamless, even invisible, to those who choose not to look twice. It allows us to understand that it is not merely the manner in which biomedical solutions are implemented that fail people. Rather, it is the wider systems within which these solutions operate that fail people [11] because they allow and encourage ongoing systemic violence and structural inequalities.

### **Interrogating social dimensions of mental health: New horizons in GMH**

Against this backdrop, some scholars are seeking to reinvigorate the way we think and work in GMH. They point our attention to the political economy of mental health, and underline the need to incorporate social realities in our understandings of mental health [12]. Mental health needs to be situated within its wider social, economic, political and historical contexts, which renders a biomedical perspective alone insufficient to understand the complex and multi-layered processes that shape it [13-15]. Theoretical directions, such as the social determinants of mental health, have emerged to facilitate such conceptualizations [16, 17]. To operationalize these understandings, there have been calls for a paradigm shift that puts greater emphasis on social interventions in GMH [18-20]. Social interventions suggest a way forward that broaden the parameters of the range of possibilities we allow ourselves to envision when thinking about change. They necessarily encourage us to take on a more encompassing and multisectoral perspective on mental health. The emergence of this literature, coupled with a pandemic that has laid bare the deep injustices and inequities in global health in a way that we can no longer ignore [21, 22],

allow for a moment that offers the possibility to shed our old ways, and embed social justice in our modus operandum.

### **Making space for voice and choice**

Incorporating considerations of choice and voice, I argue, form easily implementable starting points when thinking about designing and implementing GMH research and practice rooted in efforts towards social justice. Voice and choice are both foundational aspects of what social justice means and entails, as well as being mechanisms in the quest towards achieving social justice and equity. Although seemingly simple considerations at first glance, they allow to poke questions that peel back the individual layers when asked with intent. Voice not only refers to whose voices we choose to listen to, but also the extent to which we choose to value various voices. It pushes us to reconsider whose voices we are making space for; what it means to truly listen; how we disrupt institutionalized hierarchies that perpetually keep the voices of everyday people, who matter the most GMH, at the bottom; and acknowledge when we need to step back and let go of some of our own power to allow voices to be fairly distributed. On the other hand, choice allows people to exert their agency, and acknowledges that all of our individualities and contextual realities necessarily make it impossible to be encompassed under one single standardized solution [23]. It allows a basic sense of dignity, which is too often denied, by recognizing that people know what is best for themselves and their communities [13].

GMH needs to wake up and radically reconsider its ways of being. While the current body of research certainly has its use and value, continuing down a single-track focus will

at best hinder GMH from fulfilling its aspirations of creating meaningful impact, and at worst come to replicate and perpetuate the very wrongs it seeks to undo. The compounding crises experienced in the last years have shed light on the importance of mental health and brought it forward as an area of concern - this momentum provides GMH with an opportunity to regroup and reorient itself more closely with the goals of social justice and equity in order to live up to the promise of its potential.

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