



The Global Mental Health Peer Network (GMHPN) is a global mental health care user organisation working to ensure that the “voices” of persons with lived experience with mental health conditions throughout the world have the platform to share their experiences, views, opinions and perspectives in a well-established and sustainable structure. GMHPN’s promotes a human rights-based approach within an operating framework focused on empowerment, recovery and peer support – where lived experience is the driving force behind destigmatization, quality of life, equality and equity.

GMHPN developed from the successful initiatives of Movement for Global Mental Health, a virtual network of individuals and organisations operating from rotating global secretariats in Australia, India, and South Africa since 2007 to improve services for people living with mental health conditions worldwide. It is from this solid foundation that GMHPN was launched in 2018 to create a more extensive, globally diverse mental health community and cadre of leadership to enhance the value of sharing initiatives and experiences. GMHPN underpins all of its work through the promotion of international treaties and human rights instruments, and accountability measures under domestic laws, to emphasize the importance of protecting and respecting the rights of persons with lived experience.

1. Definition of “Lived Experience”

In the context of the Global Mental Health Peer Network (GMHPN), a person with a LIVED EXPERIENCE is someone who has or had difficulties in maintaining their mental health as a result of experiencing symptoms of a mental health condition or disorder or psychosocial disability, however mild or severe, and require/d some form of mental health intervention (not restricted to pharmacological treatment, but inclusive of counselling, peer support, and other alternative treatments or therapies).

The term LIVED EXPERIENCE used on its own, refers to the collective experiences of persons with lived experience.

Lived experience is generated beyond the aspect of knowledge and skills, where persons with lived experience has an in-depth experience of the social and human rights impact of living with a mental health condition through the hardships of being ostracised, marginalised, segregated and discriminated against, whilst struggling to navigate the mental health system to seek services or support programs that would be beneficial to the person as an unique individual and that would be a departure point towards a recovery and overall wellbeing destination. The mental health system is not the only societal system that poses obstacles to navigate through – for a person with lived experience, accessing other life opportunities such as education, employment and housing are equally difficult.

Lived experience's unique and in-depth perspectives are the catalysts for change and transformation of all societal systems to become stigma and discrimination free, promote inclusion, promote life in the community, improve quality of life, respect for and protection of human rights, and empowerment of all persons with lived experience – ultimately improve mental health and overall health outcomes.

2. Terminology

The GMHPN recognised that there are a variety of terms used globally when referring to a person with a mental health condition or disorder or psychosocial disability - deriving at a consensus globally on which term to use universally, will never be possible since people with lived experience have their own preferences of which term/s they are comfortable with.

The GMHPN **prefer the use of the following terminology** when referring to a person with a mental health condition or disorder or psychosocial disability – on the principle of placing the person first:

- Person with lived experience
- Person with psychosocial disability
- Person with a mental health condition/ mental disorder/ mental health problem
- Service user/ mental health care user

Terms to be avoided, because of their attributes of having some discriminatory connotations:

- Mentally ill
- Mentally challenged
- Mentally disturbed
- A schizophrenic
- A bipolar
- A depressive

Terms to NEVER use when referring to a person with lived experience – which are disrespectful and promote discrimination:

- Crazy
- Mad
- Insane
- Lunatic
- Disturbed

In general, a person **should never be defined by their mental health status.**

3. What the GMHPN stands and advocates for

The **vision** of the GMHPN is to “*strengthening the voices of persons with lived experience globally through empowerment and inspiring respect and acknowledgement of their experiences, views and opinions as valued and equal citizens of the world*”.

Two principles are fundamental to the GMHPN:

- Working together with all stakeholders involved to affect the desired change
- The views, opinions and experiences of persons with lived experience reflect the change desired

Through the principles, the objectives of the GMHPN are to:

- Create communities where persons with lived experience are valued as equal citizens of the world, free from stigma, discrimination, inequality and inequity
- Give a voice to the voiceless and create a platform where what persons with lived experience say and share, matters
- End isolation from the world and connect mental health care user groups and movements globally to form a community of experts by experience and who are empowered to self-advocate and advocate on a broader and global scale

4. Views and Perspectives – Collective Statement

4.1. The GMHPN stands by its views and perspectives as a collective in view of mental health – and supports and advocates for:

- 4.1.1. The GMHPN is built on the premise of an integrated and holistic response to mental health care and services that incorporates medical, social and human rights models - this approach critically emphasizes the multidimensional aspects of mental health conditions and societal challenges that cannot be addressed in isolation as a medical problem
- 4.1.2. We believe in a human rights-based approach within an operating framework focussed on empowerment, recovery and peer support – where lived experience is the driving force behind destigmatisation, quality of life, equality and equity
- 4.1.3. The GMHPN underpins all of its work through the promotion of international treaties and human rights instruments, and accountability measures under domestic laws, to emphasize the importance of protecting and respecting the rights of persons with lived experience
- 4.1.4. The GMHPN strongly supports and advocates for a person-centred and recovery approach to mental health care and services - it is challenging the paradigm of medical traditions and institutional care models that have subjected individuals with mental health conditions to severe human rights violations, developed structures of societal segregation, and denied the inherent human dignity and voice of this community
- 4.1.5. The GMHPN focuses on the development of lived experience leadership in mental health to enhance meaningful participation in the development, design, review, implementation, monitoring and evaluation of services at all stages and in all aspects of life
- 4.1.6. Building global lived experience leadership and stakeholder partnerships are essential to be the catalysts of change and transformation in mental health, where lived experience are at the centre of policy and action and

where lived experience voices are reflected in these policies, plans and practices

- 4.1.7. People with lived experience must be acknowledged as equal partners and thus power imbalances need to be restored and establish recognition of the value of lived experience contributions to the socio-economic status of every nation

4.2. The GMHPN strongly opposes and condemns:

- 4.2.1. Discrimination on the basis of psychosocial disability (lived experience) in any form or in any aspect of life
- 4.2.2. Any form of stigma attached to mental health conditions, disorders or psychosocial disabilities and the consequences thereof (e.g. human rights violations, abuse, segregation)
- 4.2.3. Any form of human rights violations and of which are in violation of international human rights instruments
- 4.2.4. Exclusion of persons with lived experience from community life or discussion platforms that directly or indirectly impact on the lives of persons with lived experience
- 4.2.5. Substitute decision-making and where power imbalances exist that denies persons with any person diagnosed with a mental health condition or disorder or psychosocial disability to make informed decisions or supported decision-making where required

5. Organisational Policy

The GMHPN has a set of key rules and regulations as an international lived experience organisation:

- The GMHPN do **NOT** accept funding from pharmaceutical manufacturers or distributors of pharmaceutical products
- The GMHPN **ONLY** appoints persons with lived experience in any and all of its structures and operational functions, and this include: staff members, volunteers, executive committee members including sub-committee and forum members – this is non-negotiable
- The GMHPN believes strongly in building and sustaining partnerships with diverse role-players in the field of mental health and human rights – and **respect the views and opinions of others**, even in the event of such views and opinions being contradictory to what the GMHPN stands and advocates for