

Announcing the *Lancet* Commission on stigma and discrimination in mental health



Stigma and discrimination against people with mental ill health are global problems and have severe consequences in terms of social exclusion.¹ Such social exclusion is associated with barriers to health care,^{2,3} increased unemployment,⁴ and premature mortality.⁵ Evidence is clear from high-income countries, and is emerging from low-income and middle-income countries (LMICs), that interventions can be effective in reducing such stigma and discrimination.⁶⁻⁸ We now need a reappraisal of this field and a set of radical and practical recommendations to guide action locally, nationally, and globally to address mental health-related stigma and discrimination.

This reappraisal has been initiated through a global collaboration, the *Lancet* Commission on Stigma and Discrimination in Mental Health. The Commission has six main aims. First, we will define stigma and discrimination, summarising the various models that have been developed, and provide an integrative framework to guide the work of the Commission. Second, we will summarise the global evidence of how people with mental illness experience stigma and discrimination. Third, we will describe the wide-ranging impacts of stigma, including barriers to clinical services, biases in the behaviour of health-care providers, violation of basic human rights, and adverse social implications, such as in marriage and the workplace. Fourth, we will conduct a literature review on the effectiveness and cost-effectiveness of interventions to reduce stigma and discrimination related to mental illness. Fifth, we will identify what policies, resources, initiatives, culturally relevant narratives, and interventions are required to eradicate mental health-related stigma and discrimination, and what needs to be done to drive the systemic legal, financial, social, and health changes that are required. Finally, the Commission will provide a set of actionable recommendations to put these changes into practice, including measures developed with key stakeholder and target groups, including service users and carers, policy makers, clinicians, educators, carers, celebrities, philanthropists, and researchers.

Since stigma and discrimination occur globally, although their manifestations vary by context and culture,

a serious and coordinated international effort is required to produce strong Commission recommendations. The 21 Commissioners (appendix) are drawn from 15 countries and have experience in governmental and non-governmental organisations, service user groups, universities, and other research centres. Most of the Commissioners are from LMICs and most are women. Service user involvement is central to evidence-based interventions to reduce stigma and discrimination, and the Co-Chairs (GT and CS) bring their own, and their family, experiences of living with severe mental illness, alongside their understanding of the global picture of evidence and practice related to stigma reduction. The Commissioners are supported by the members of the Commission's advisory board (appendix), including people from more than 12 further countries with strong representation from service user groups in LMICs.

We expect to gather information about the impact of stigma on individuals, families, communities, and at wider structural and systemic levels. To assist us in doing this, the Commission Co-Chairs welcome feedback to inform the Commission's work through the Commission's website from readers about their experiences of stigma and discrimination in mental health and what has been helpful to counteract these experiences.

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See Online for appendix

For the Commissions website see <http://www.indigo-group.org/the-lancet-commission-on-stigma-and-discrimination-in-mental-health-lcs/>



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We aim for our Commission report to be published in 2022. To optimise the impact of this work for people affected by stigma, we plan to identify communication strategies to enhance public dissemination and engagement with, for example, service users, carers, the print, broadcast, and social media, philanthropists, and advocacy groups. Health is a human right and mental health is no less and no more important than physical health.⁹ We anticipate that the Commission's report will forcefully argue for the right to mental health, for service user empowerment, for support, care, and treatment for all who need these services, and for sustained resources to eradicate stigma and discrimination related to mental illness, all as core elements of what it means to live in a civilised world.¹⁰

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