



Special Series Introduction: Activist & Community Perspectives on Mental Health/Psychosocial Disability from the Global South

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In this issue, *Community Mental Health Journal* introduces a new series: *Activist & Community Perspectives on Mental Health/Psychosocial Disability from the Global South*. In recent months, reviews, critical commentaries and journal editorials have drawn attention to the marked under-representation of academic journal article authors, particularly first and senior authors, whose primary affiliation is with an institution located in a low- or middle-income country (LMIC) or the Global South (Abimbola & Pai, 2020; Kyobutungi et al., 2021; The Lancet Global Health Editorial, 2021; Naidu 2021; Olusanya et al., 2021; Sumathipala et al., 2004). Even within this ostensibly ‘critical’ literature, emphasis on the inclusion of authors with direct experience of mental health challenges/psychosocial disabilities, including those leading grassroots activist or social justice initiatives, has been minimal if not wholly absent. Where Global South mental health/psychosocial disability activism

is discussed or explored in the academic literature, it is typically filtered through the lens of academics in high income, Global North settings. We would thus expand on Seye Abimbola’s (2019) recent observations, adding that there is not only something “deeply wrong...[when] the academic literature to which we give priority does not reflect that local experts are at the forefront of addressing local problems”, but also that these local experts centrally include service users, advocates and activists who are actively working for social change.

Following Dados & Connoll (2012) we understand the term “Global South” to designate regions outside Europe and North America, including much of Asia, Latin America, Africa and Oceania, as well as colonized territories within settler states, that have experienced histories of colonial subjugation, and whose indigenous histories and knowledges have been politically and socially marginalized. Within these contexts, we use the term ‘activists’ and ‘advocates’ broadly to include those with direct experience of conditions variably labelled psychosocial disabilities, madness, distress, or ‘mental illness,’ and their families, kin and allies. Language and identities vary significantly both within and between national contexts, and we use these terms only as short hand for the purposes of this series introduction.

In developing this new series, we acknowledge that psychiatry as a discipline is tied to colonialism in that it has historically contributed to the erasure of “alternative ways of knowing, being, and doing” in the Global South (Mills, 2017, p.87). Our commitment to repair some of the harm caused by the way the academic Global North psy-complex is structured starts with opening up a forum for intellectual and experiential writing by advocates and activists in

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the Global South. We believe this to be a necessary step in acknowledging and working to dismantle historical epistemic injustice vis-à-vis Global South service user/experiencer knowledges, a process described by Medina (2017) as a “carefully cultivated refusal to see and acknowledge certain things and the suppression of other ways of seeing and experiencing the world” (p. 248). Space must be opened for the perspectives and concerns of those most directly named and impacted by colonial and neocolonial conceptualizations of ‘mental illness’ and associated ‘intervention.’

Values and Approach

The series’ editors and the editor-in-chief of *Community Mental Health Journal* share a concern with the exclusivity of academic psychiatry journals and the tendency, even among ostensibly progressive authors and commentators, to write *about* and not *with* Global South activists. It is equally concerning that there are so few spaces in which advocates and their allies, particularly those without formal academic backgrounds, can publish their work and perspectives. To facilitate such opportunities, we commit to the following:

- Provide direct assistance with manuscript development and editing in order to support authors with little or no formal academic training and/or for whom English is a second language;
- Provide direct assistance with manuscript submission, as needed or requested;
- Explicitly support an expanded view of ‘authorship’ that includes (co-) authorship of individuals with no or low literacy;
- Facilitate peer review processes premised on acknowledgement of the intersecting ableism, structural racism and (neo)colonialism built into mainstream academic review, and that are, instead, oriented toward supporting perspectives and styles that may not align with existing exclusionary norms;
- Support for publications that express and communicate critical perspectives on mental health/disability, services and underlying issues of ethics and social justice, even in instances in which gaps in the existing literature mean that ‘empirical references or citations’ are not available.

For the purposes of this special series we encourage creativity, for instance the inclusion of advocates with low literacy through the use of oral interviews or dialogues. More broadly, we also encourage collaborations between non-academic advocates and academic stakeholders, especially where such collaboration will enable individuals from

non-academic backgrounds access to the resources and technology needed to write and publish.

Inaugural Essays and Concluding Comments

The first two linked essays published within our series are by Ugandan psychosocial disability activist and director of the NGO *Mental Health Recovery Initiative*,

Kabale Benon Kitafuna (2022a, 2022b). Through these pieces, Kitafuna introduces readers outside Uganda to the local history and experiential realities of colonial and post- or neo-colonial psychiatry and associated legal systems, and to his and his colleagues’ efforts to challenge existing systems through legal activism, the strengthening of third sector advocacy, and peer support. This work is relevant to all of us— not just those working on mental health or global mental health in Sub-Saharan Africa—and we hope activists and researchers from the Global North, as well as Global South, will engage and—in the future—reference this vital work.

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