

Public Mental Health Ethics: Time to Consider and Address Relevant Challenges

Mental illness (MI) and substance use disorders (SUD) account for approximately 7.4% of the global burden of disease, comparable to that of HIV/AIDS, tuberculosis, and diabetes. Many complexities and confounding risk factors, some with socioeconomic roots, underpin the prevalence of MI and SUD. Persons who suffer from MI or SUD are disproportionately represented among homeless or precariously housed populations, and within the criminal justice system. They suffer from stigma and discrimination, and are subject to abuse from other members of the public and those in positions of power (e.g., police). Persons with MI or SUD are gravely underserved by the social welfare and health care systems in many countries. In high income countries, people living with severe and persistent mental illness suffer from a life expectancy gap (10-15 years lower than average). Whether and how these elements manifest in the context of MI and SUD varies from country to country.

The increasing recognition of the importance of mental health and wellbeing has resulted in increases in funding from governments in many countries and are reflected in the recently ratified Sustainable Development Goals of the United Nations. Some recent milestones in addressing myriad of challenges associated with MI and SUD include: (a) tremendous strides in community mental health support, through programs such as Assertive Community Treatment; (b) the use of drug courts to help initiate treatment for substance abuse away from the criminal system; (c) mounting evidence of successful harm reduction measures, such as needle exchange programs, that have led to positive policy and programmatic changes; (d) de-stigmatization of certain conditions like depression and anxiety through increased public awareness; and (e) increasing innovation and use of internet based, and mobile, approaches to the deliver treatments and services.

Despite the substantial burden of MI and SUD, and the growing attention it is receiving among national and international level policy makers, important public health ethics questions remain unanswered. For example:

- Questions of autonomy and freedom linger with regards to consent to treatment for persons with psychosis and are being reshaped with the emerging use of tracking devices for persons with criminal records.
- The politics and ethics of space and place surface with respect to the placement of community based treatments and services, and its links to the health and wellbeing of consumers. What are the rights and responsibilities of residents and communities to promote or object to such centres to assist persons with MI and SUD? What is reasonable to expect in terms of their architectural values, and costs associated?
- What are the public policy implications of how we define mental illness? How should epistemological and ontological questions about what is an MI influence public policy, including how public research funds and programmatic funds are allocated?
- Questions of freedom, privacy and anonymity are raised with respect to the individual use and governance of online devices for the treatment of MI and SUD.

Interest in the public health ethics dimensions of MI and SUD is slowly growing; the recent symposia on [“Prevention of antisocial behaviour in children and adolescents: Ethical, social and philosophical aspects”](#) and papers by [Bell et al.](#) and [Velhelmsson](#) are examples of important work published in this journal. Still, more focus is needed on identifying and understanding the ethical

issues that arise from existing and novel programmatic and policy interventions addressing population level concerns about MI and SUD.

The goal of this call-for-papers in *Public Health Ethics* is to continue to build upon the nascent steps towards a *public mental health ethics* as a robust sub-discipline of the broader field of public health ethics. We are looking for submissions that analyze ethical challenges in MI and SUD through a public health ethics perspective.

Topics of interest include, but are not limited to ethical challenges related to:

- Understanding various liberties in the context of MI and SUD and public health policy and programs
- Place and space of MI and SUD prevention and treatment programs and their impacts in public health
- How MI and SUD are understood, discussed, and debated in democratic settings and its effects on public policy
- Emerging technologies, such as internet delivered and mobile therapies.

This special issue will be guest-edited by Cynthia Forlini of the University of Sydney, Carla Meurk from the University of Queensland, and Diego S. Silva of Simon Fraser University.

The deadline for submission has now been extended till January 31, 2017 but contributions can be submitted continuously up to that point and will be processed for possible publication online as they arrive.

To submit a contribution, you must clearly state that it is intended for this special issue in the cover letter or note accompanying your submission via the Public Health Ethics online submission system, accessible from here: http://www.oxfordjournals.org/our_journals/phe/for_authors/index.html