

How to stop stigma: implementing The *Lancet* Commission on ending stigma and discrimination in mental health



Stigma is a powerful force for social exclusion. In a 2022 survey by the Global Mental Health Peer Network, 80% of more than 400 participants in 45 countries worldwide agreed that “stigma and discrimination can be worse than the impact of the mental health condition itself”.¹ In the 2022 *Lancet* Commission on Ending Stigma and Discrimination,¹ we proposed eight recommendations for global action. This Comment provides a brief update of the positive progress that has been made so far towards their implementation.

First, the Commission recommended that national mental health policies should align with human rights agreements, with a particular focus on stigma reduction, as stated in the WHO Comprehensive Mental Health Action Plan.² Following the *Lancet* Commission’s recommendation, WHO has now committed to adding several new stigma-related indicators to its 2024 WHO Mental Health Atlas to track global progress.

In the second recommendation, we proposed creating a WHO Anti-Stigma Toolkit. Work on this toolkit is now well underway, coproduced by staff from WHO (European Region), the Global Mental Health Peer Network, and King’s College London, London, UK. The toolkit will offer practical information on designing and implementing anti-stigma programmes at all levels. Rapid progress is being made, and the toolkit is planned for launch by WHO in mid-2024.

Work is also proceeding well in relation to the third Commission recommendation, to decriminalise suicide worldwide. The Global Mental Health Action Network hosts a Suicide Working Group, working closely with the [International Association for Suicide Prevention](#), United for Global Mental Health (UnitedGMH), and [Lifeline International](#). In the past 2 years, laws have been passed to decriminalise suicide in Ghana, Guyana, Malaysia, and Pakistan, and such efforts are ongoing in Bangladesh, Kenya, Nigeria, and Uganda.^{3,4} Successful strategies include having parliamentarians championing the cause, generating public sympathy, engaging supportive religious stakeholders, and using media coverage of the successful decriminalisation efforts of other countries. But despite these achievements, suicide remains unlawful in 16 countries worldwide.⁵

The workplace is an important locus of stigma in promoting social exclusion (fourth recommendation). To address this recommendation, in 2022 WHO published the Guidelines on Mental Health at Work, along with an accompanying WHO and International Labour Organization policy brief.⁶ Country implementation of work-related prevention and promotion programmes for mental health is included within the WHO Mental Health Atlas. Direct monitoring of the implementation of the guidelines is now in development.

Regarding training health-care staff in stigma reduction (fifth recommendation), the World Psychiatric Association (WPA) and the International Council of Nurses (ICN) have agreed to support and monitor the provision of anti-stigma training. A 2022 ICN report highlighted the shortage of mental health specialist nurses and the inadequate focus on mental health in education and training.⁷ In 2023 an ICN Charter for Change outlined the actions needed by governments to support the nursing workforce, including promoting access to care for nurses with mental health conditions.⁸ In the same year, WPA organised a series of six webinars on stigma in Asia,⁹ Latin America, and Africa.

In the sixth recommendation the *Lancet* Commission called upon international media organisations to issue policy statements and action plans on how they will contribute to reducing mental health stigma. UnitedGMH has led media roundtable discussions with more than 80 journalists in Africa, Asia, and Latin America. Their Media Manifesto, which calls upon media organisations to act to end stigma, has been disseminated to several media associations.¹⁰ UnitedGMH is also building partnerships with the International Federation of Journalists, Foreign Press Africa, and the Carthage Health Association, together representing more than 600 000 media professionals.

The seventh and eighth Commission recommendations refer to the active involvement of people with lived experience of mental health conditions in all anti-stigma activities. In 2022, the Global Mental Health Peer Network (GMHPN) did a global survey of the stigma and discrimination faced by people with lived experience.¹ GMHPN is now launching a series

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See [The Lancet Commission Lancet 2022; 400: 1438–80](#)

For more on the [World Psychiatric Association](#) see www.wpanet.org

For more on the [ICN](#) see www.icn.ch

For more on the [Global Mental Health Action Network](#) see <https://gmhan.org/>

For more on the [International Association for Suicide Prevention](#) see <https://www.iasp.info>

For more on [UnitedGMH](#) see <https://unitedgmh.org>

For more on [Lifeline International](#) see <https://lifeline-intl.com>

For more on the [International Federation of Journalists](#) see <https://www.ifj.org>

For more on [Foreign Press Africa](#) see www.foreignpressafrica.org

For more on the [Carthage Health Association](#) see <https://tn.linkedin.com/company/carthage-health-association>

of annual surveys for people with lived experience to track progress in stigma reduction against this baseline. Further, through GMHPN, people with lived experience will continue to engage in activities, including webinars, videos, and poetry, to actively promote the end of stigma and discrimination.

See Online for appendix

The evidence base is clear. Forms of social contact are effective in reducing stigma.¹ Progress in the first year since publication of the *Lancet* Commission is very encouraging. The challenge now is to implement these stigma-reduction methods in flexible, feasible, and sustainable ways across sectors, across countries, across continents, and over time.

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