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Editorial

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Special Edition Editors

This special edition emerges from a desire to explore tension and hope in the field of mental health and create a space where developing theory meets the lived experience of people with mental distress. We collectively believe that continuing on the same path and remaining silent is no longer tenable. We argue that both services and research in the past 20 years have not produced significant steps towards either favourable approaches or an understanding of people with lived experience of mental distress (e.g., Bracken & Thomas, 2001; Demarco et al., 2025; Johnstone & Boyle, 2018; Pino-Posada, 2022; Robertson, 2017). Pioneering work started in the sixties, where it was asserted that "mental illness and its treatment are fundamentally socio-political, rather than medical issues, first gained prominence during the 1960s with the writings of such *antipsychiatrists* as Thomas Szasz, R.D. Laing, and David Cooper (Benson, 1982, p. 444; Counter and Spillane, 2017). Despite this early work, years later, it can be argued that little real progress has been achieved (Leifer, 1990a; Frazer-Carroll, 2023). For example, recovery around mental distress appears to be more effective in countries with a keener sense of community, such as India, in comparison to the UK or US, where services are presented as more sophisticated or advanced (e.g., Bhugra, 2005, 2013; Johnstone et al., 2019; LeFrançois, 2022; Warner, 2023). In addition, the continually increasing diagnostic categories in mental health and longer waiting lists are of concern (e.g., Ali et al., 2023; Frances, 2013a, b; Hvidtfeldt et al., 2020; Madan et al., 2024; Wilson-Burke, 2024). The 5th Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (American Psychiatric Association, 2013) had

541 categories compared to 228 categories in 1980, with no change in its text-revised version, DSM-5-TR (American Psychiatric Association, 2022).

Increasingly, both those who use services and those professionals wanting to support them report feeling limited or 'stuck' in what to do next (e.g., Biringer et al., 2017; Cea Madrid, 2023; Dwornik, 2022; Faulkner, 2021; Roberts & Lawn, 2023; Sweeney et al., 2016). In terms of recovery, or rather discovery, this means someone is unable to continue on their journey or does not know how to support that person. Here is the beginning of a shift in considering more what has happened to a person to make them feel stuck rather than what is wrong with that person (e.g. Dawson et al., 2021; DiBiase & Nathanson, 2023; Isobel, 2021; Rogers et al., 2023).

In curating the contributions in this special issue, we are reminded that mental distress is not just a matter of the mind but is entangled with power, place, and politics (Foucault, 1961/2003; Hunter, 2018; Iliopoulos, 2012; Russo, 2021; Scheper-Hughes & Lock, 1987). The papers here are not just academic explorations; they are intentions to challenge the poor treatment and experiences of those with mental distress (Robertson, 2017). This distress is not an individual failure or a biochemical glitch. Instead, it is located within broader systems, namely systems that isolate, dehumanise, and incarcerate (Bogue & Trestman, 2015; Gostin, 2008; Nwefoh et al., 2020; Preston et al., 2022; Reeder, 2023).

The papers in this special addition are stories of youth burdened by expectation, mothers navigating parenthood without adequate support, of the struggles of inmates and asylum seekers, of women who have survived institutional disregard, and veterans reinventing their careers (Leidenfrost & Antonius, 2020; Pestaña & Moreno, 2015). These are not merely case studies; they are testimonials calling us to account (e.g. Boyd, 2012; Brewer, 2018; Carswell et al., 2022; Cosgrove et al., 2021; Faulkner, 2017; Read & Reynolds, 1996; Russo & Beresford, 2015; Taylor, 2024).

In response to this, we look to Mad Studies, a relatively new area of academia which emerged from the diverse fields of critical disability studies, anti-psychiatry, the survivor movement, and the work of key social theorists such as Foucault (1961/2003), Cooper, (1967, 2013); Laing

(1985); Szasz (1960); Leifer (1990a) and Sedgwick (1990). In 2013, LeFrançois et al. (2013) wrote a critical reader on Canadian Mad Studies, which gave Mad Studies both focus and momentum. The use of the word 'mad' here acts as a provocateur for debate whilst attempting to reclaim an affirming identity for people with lived experience of mental distress (e.g., Beresford, 2020; Burstow, 2015; Castrodale, 2015; Howard, 2014). Mad Studies challenges the psychological, biological and genetic explanations of madness (Bracken & Thomas, 2001; Chamberlin, 1994; Faulkner, 2017; Sweeney, 2016), in turn celebrates and affirms difference and challenges legal and social constraints (Stylianidis et al., 2018; Thorneycroft, 2020). In doing this it contests the importance of seeing mental distress as an illness which people can make new *discoveries* where people are not cured or fixed but move to a new place of personal well-being (Repper, 2006, Robertson, 2017).

Mad Studies has three major tenants, firstly the central importance of the voice of people with lived experience (e.g. Demarco et al., 2025; LeFrançois et al., 2013; Sweeney, 2016), secondly a challenge to the medical model of mental distress (e.g. Bentall, 2003; Cooper, 2013; Johnstone & Boyle, 2018), and thirdly a critical examination of the history of mental distress (Foucault, 1961/2003; Porter, 1987). As Leifer (1990b) noted, "Far from representing the finest human thinking, the medical model actually represses creative ways of understanding and taking responsibility for ourselves and our lives. The medical model stands for constricted consciousness and the standardisation of behaviour" (Leifer, 1990b, pp. 247-248).

The papers in this special issue remind us that the social, political, and cultural context can create a Mad World (Frazer-Carroll, 2023), which oppresses people, and this is not something intrinsic to the individuals themselves. Mad Studies asserts that we should challenge the categories that define who is mad, who is not, and who gets to decide (LeFrançois et al., 2013; Patterson et al., 2020; Wilkinson & Pickett, 2009). In that tradition, we follow a vision that does not seek to fix or normalise, but to listen, honour, and support (Chamberlin, 1994). We appreciate how this support, communication, and connection can shape mental health. We challenge the geography of care,

asking what it means to truly reimagine community in service of those experiencing mental distress (e.g., Mishu et al., 2023; Tarizzo, 2012; Warner, 2023; Waggoner, 2022).

Each paper here resists the easy narrative, presenting no neat solutions, only ongoing, ethical, situated inquiries. The human condition is, by its nature, both complex and messy and needs to be researched as such (Cook, 2009). We need to embrace this and not accept straightforward and/or false solutions (Procknow, 2023; Rashed, 2019). Woven throughout any approach should be a commitment to rethinking how we understand and facilitate wellness (e.g. Argyriadis et al., 2024; Chye et al., 2023; Shetty, 2023; Thompson, 2018). Whether through evidence-based initiatives grounded in local context (e.g., Anakwenze, 2022; Das, 2023; Mosiichuk, 2024; Mukherjee, 2024; Slobodin et al., 2018) or through the radical act of telling a silenced story (Demarco et al., 2025; Karbouniaris et al., 2022). Those with lived experience of mental distress are not simply subjects of research but co-creators of knowledge (Akbay, 2022; Cook et al., 2019; Newman et al., 2015). Any work must resist epistemic injustice and the colonisation of minds and push back against normative psychiatric practices that too often pathologise the political. In doing so, they ignore the toll of the deprivation and poverty of people's experiences (e.g. Fanon, 1952; Ingleby, 1980; Knoblauch, 2020; Wilkinson & Pickett, 2009).

Fanon's (1952) analysis, for example, provides a critical lens on the pathologisation of the colonised, arguing that mental distress in such contexts is a direct consequence of oppressive power structures rather than individual pathology. His work exposes the racialisation of madness, wherein colonial regimes delineate racial categories to marginalise and interpret responses to systemic injustice as inherent pathology. Advocating for a decolonisation of the mind, Fanon (1952) challenges the presumed universality of Western psychiatric models, highlighting their failure to account for the socio-political determinants of suffering. While predating contemporary intersectional frameworks, his analysis embraces the intertwined influence of race and power on psychological experience, rendering his work foundational for Mad Studies, as proposed in this special edition (e.g. Beresford & Rose, 2023; Cooper, 2013; Pilgrim & McCranie, 2013).

To make significant advances in both understanding and subsequent services, we need to share and act upon people's expertise gained from their lived experience of mental distress. We therefore hope this special edition becomes a call to rethink, to imagine, and most importantly, to listen differently to people with lived experience of mental distress. We propose that Mad Studies may be a brave space (Williams, 2023) to put people with lived experience front and centre in developing theory, conducting research, and designing and delivering future services. Their voices have to be paramount in terms of whatever comes next in the field of mental distress (e.g. Demarco et al., 2025; Fox, 2008; Hardcastle, 2007).

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