AEN-PSM PRINCIPLES FOR A PUBLIC, ETHICAL, AND COMMUNITY-BASED MENTAL HEALTH SYSTEM

The Spanish Association of Neuropsychiatry and Mental Health Professionals (AEN-PSM) is a multiprofessional organization founded in 1924, historically linked to the development of public mental health in Spain. Over recent decades, the Association has oriented its identity toward community models, human-rights-based approaches, and clinical practices sensitive to the complexity of suffering. Today, this orientation is expressed in a dual commitment: an ethical-clinical one, centered on dignity and non-maleficence, and a social-political one, which situates psychological suffering within the fabric of people's living conditions.

From this perspective, AEN-PSM adopts a broad understanding of emotional distress. Suffering is not understood solely as an individual deficit or as a strictly medical category, but as a human experience shaped by relationships, inequalities, traumas, biographical trajectories, and sociocultural contexts. This perspective requires clinical practice that does not reduce complexity to isolated symptoms and that incorporates narrative, meaning, and sense as central dimensions of care.

The normative framework guiding AEN-PSM is the United Nations Convention on the Rights of Persons with Disabilities, which Spain ratified in 2008 and which requires modifying traditional care structures. This Convention demands a shift from models of substituted decision-making to models of support for decision-making, independent living, and community inclusion. For AEN-PSM, this is not an abstract aspiration, but an operational criterion that must translate into legislative, institutional, and cultural changes. This includes promoting genuinely informed decisions, advance planning, collaborative practices, and a progressive reduction of the use of coercive measures — formal and informal — until their complete eradication.

The Spanish mental health system has grown in resources and clinical activity but continues to be subject to structural tensions: high care pressure, insufficient time for attention, fragmentation of services, and the habitual use of coercive measures. AEN-PSM maintains that increasing resources is necessary, but not sufficient if the same logic persists. Reform must not be limited to "doing more," but to "doing better": strengthening public services, ensuring dignified working conditions, expanding specialized training, and promoting care practices that provide good treatment, time, continuity, and meaningful accompaniment.

Placing dignity at the center requires critically reviewing practices that have become normalized: involuntary admissions without adequate safeguards, mechanical and chemical restraints, forced treatments, "soft" coercive measures such as punishment, blackmail, and manipulation, or excessively rigid protocols. AEN-PSM maintains that coercion cannot be confused with care and that care quality is inseparable from respect for human rights. From this perspective, the Association advocates for open-door units, spaces for clinical dialogue,

and models that prioritize trust, voluntariness, participation, and high-quality therapeutic relationships, such as Open Dialogue, which has already demonstrated its effectiveness in numerous services and territories, both in Spain and in other countries.

Likewise, we emphasize that mental health is inseparable from social conditions. Factors such as poverty, childhood maltreatment, job insecurity, lack of housing, loneliness, racism, or gender-based violence directly influence suffering. For this reason, AEN-PSM conceives mental health as a field of social justice. This approach requires public policies that recognize the centrality of social determinants and promote community support, supported employment, dignified economic benefits, proximity-based services, and mutual aid networks. No health system can, by itself, sustain the weight of socially produced suffering.

Transforming care also requires transforming institutions. AEN-PSM proposes expanding community-based devices, promoting voluntary support for decision-making, generalizing open-door units, establishing independent ethical audits that rigorously supervise mental health services, guaranteeing the participation of people with lived experience, and developing a rational and ethical use of psychotropic medications, which includes deprescribing, transparent information, and continuous professional training. Likewise, it maintains that the evaluation of services should be based not only on activity indicators but also on their impact on autonomy, well-being, and people's life projects.

The quality of the system depends on its professionals. Care pressure, the lack of independent and neutral supervision, and job insecurity compromise clinical practice. For this reason, AEN-PSM calls for strengthening specialized health training, creating supervision devices and spaces for reflection, and promoting a professional culture that fosters critical thinking, interdisciplinarity, and the ability to work with uncertainty without resorting to violence or overmedicalization.

Language is also part of care. The Association emphasizes the need to abandon terminologies that reduce people to a diagnosis and to recover ways of naming that restore subjectivity. Asking what someone has lived through — and not only what diagnosis they have received or what symptoms they present at a given moment — opens therapeutic possibilities and prevents forms of damage, including symbolic damage, that affect identity and recovery.

Finally, AEN-PSM understands vulnerability as a shared human condition, not as a deficit. Recognizing this allows for the establishment of horizontal relationships among professionals, users, families, and communities. Mental health is a collective project that requires support networks, solidarity, social participation, and sustained ethical commitment. The necessary changes do not depend solely on major reforms, but also on everyday decisions: each act of listening, each respectful encounter, and each practice that prioritizes dignity contributes to transforming the system.

AEN-PSM envisions a future in which public mental health services are more just, more community-based, and more respectful of freedom and singularity. A future in which clinical care, human rights, and social determinants are not separate domains, but parts of the same commitment: to accompany without harming, to promote autonomy, and to build community.

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