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Challenges to and actionable steps to help build a diverse lived experience pipeline[a]

Domain and challenge	Actionable step
Employment	
Invisibility or absence of initiatives to proactively hire PD/LE research staff	Visibly and proactively advertise for, recruit, and hire undergraduate and postgraduate lab managers, research assistants, and other staff
Underutilization of NIH diversity supplements to support PD/LE individuals	Take advantage of NIH diversity supplements as a mechanism to include and support students and trainees
Underrepresentation at the faculty level	Include psychiatric disabilities in faculty diversity initiatives, signal support for applicants with PD/LE, and address discrimination in hiring
Program admissions	
“Red flagging” applicants who mention mental health	Articulate and enforce program policies that preclude any use of psychiatric disabilities for the purposes of disqualification
Admissions protocols that punish students with disabilities for disrupted academic trajectories	Explicitly acknowledge and allow disruptions due to lived experience or disability and reframe of experiences of adversity as diversity assets; remove so-called “bright line” disqualifiers to matriculation, such as specific grade point averages or GRE scores
Absence of visible support for PD/LE applicants	Clearly communicate on websites, admissions materials, etc. that applicants with psychiatric disabilities are welcome, will be supported, and will be guaranteed accommodations
Academic ableism	
Lack of visible support in academic departments and research centers	Senior researchers should “speak out and speak up” with regard to support for students and junior colleagues.
Unhelpful academic accommodations	Provide academic accommodations that actually meet the needs of individuals with often complex and multifaceted mental health challenges and that go well beyond minimal interpretations of the ADA (which are often based on general medical and sensory disabilities)
Lack of visible role models	Highlight the accomplishments of invited speakers and organizing events featuring successful PD/LE graduate students, postdocs and researchers
Lack of visible support within professional clinical and training associations	Mental health research and professional associations should include individuals with disclosed PD/LE on boards and committees, develop fellowship and mentoring programs akin to those found for members from underrepresented gender and racial-ethnic minority groups, and publicly signal their support on websites and in the planning of conferences and selection of invited speakers.

Deficit-oriented academic cultures	Deficit language is often ubiquitous in academic departments and abnormal psychology courses, especially with respect to “serious mental illnesses” such as schizophrenia, and active efforts must be made to deemphasize deficits and cultivate a deeper understanding of the impact of such language on PD/LE students, staff, and faculty.
Lack of representation on journal editorial boards	As is increasingly common in the United Kingdom, journal leadership, including of high-impact journals, should include researchers with disclosed psychiatric disabilities on editorial boards.
Tokenism when including trainees or researchers with lived experience on grants	When PD/LE researchers or research staff are included on grants, the purpose should not be tokenism or superficial representation but rather should be intended to support meaningful contributions and, when present, should reflect consideration of concerns or criticisms with project design, implementation, or analysis.
Other prejudice and discrimination	
Microaggressions and derogatory language about psychiatric disabilities	Increase awareness of (unintentional) microaggressions, such as ubiquitous references to school shooters as “crazy” in classroom settings or tolerance of derogatory comments about people with stigmatized diagnoses or addictions (who may in fact be in the room), particularly by instructors, faculty, and leadership
“Benevolent othering”	Increase awareness of and sharply limit ostensibly empathetic or benevolent descriptions of PD/LE that in fact reinforce rather than challenge stereotypes about ability, capacity, and potential for intellectual contributions
Funding	
Glass ceilings with respect to extramural funding	Provide additional, formal and informal, mentoring and support for PD/LE early-career and junior researchers in obtaining independent extramural funding
Lack of dedicated funding for user involvement and leadership	Explicitly require that stakeholder participation be present in every funded clinical and services grant (as already mandated by the National Institutes of Health Research in the United Kingdom) and explicit support for service user–led projects and community-based participatory research
NIH does not allow applicants to select “psychiatric disabilities” as their disability category	Rather than placing psychiatric disabilities in a catch-all “other” category, allow applicants to select psychiatric disability as a stand-alone choice
Lack of transparent reporting on success rates of applicants with psychiatric disabilities	NIMH, NIDA, and other entities funding work on mental health and disability should regularly and transparently report submission and success rates for applicants with disclosed psychiatric disabilities.
Explicit inclusion of proposal reviewers with PD/LE	In parallel with initiatives to increase representation of reviewers from other underrepresented groups, researchers with disclosed psychiatric disabilities should be explicitly sought for both ad hoc and standing NIMH and NIDA (and other relevant) review committees.

[a]ADA, Americans With Disabilities Act; GRE, Graduate Record Examination; NIDA, National Institute on Drug Abuse; NIH, National Institutes of Health; NIMH, National Institute of Mental Health; PD/LE, psychiatric disability/lived experience.