

“Sleepy Joe”, “el loco”, and evolving debates about mental health and democratic leadership in the Americas

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In July 2024, the United States president, Joe Biden, ended his re-election bid following extensive scrutiny towards his mental health and “fitness to govern”, with detractors deriding him as “Sleepy Joe”.¹ Mr Biden’s predecessor, the current president-elect, Donald Trump, has himself elicited much psychiatric conjecture and “armchair” diagnostic perspectives.¹ Meanwhile, when Argentina’s now-president, Javier Milei, campaigned in 2023, speculation over his behaviours and alleged depressive episodes engendered an oft-cited moniker—“*el loco*” (the madman). One year on, psychopathological rumours about Mr. Milei are intensifying, and Brazilian politicians have encountered similar controversies.^{2,3}

Throughout the Americas and beyond, these incidents have reanimated longstanding discussions about introducing mental health examinations for political figures, raising challenging questions for psychiatrists, for policymakers, and ultimately, for voters.²⁻⁶ Underpinned by sociopolitical impetus, such procedures could potentially reinforce democratic credibility, but practical and cultural factors may limit their implementation and efficacy.

In the United States, numerous mental health professionals have endorsed obligatory psychiatric assessments in political domains, with comparable sentiments echoed by the general population.^{5,7} Typically, presidential incumbents and nominees have waived their privacy rights by periodically releasing personal health reports⁵; interestingly, Mr. Trump did not do so during the 2024 electoral cycle. Intended to promote transparency, this tradition has concomitantly provoked scepticism about competing interests or “cover-ups”.⁵ In this regard, Mr. Biden’s disclosures made no mention of psychiatric symptoms, as physicians unsuccessfully urged him to undergo cognitive testing.⁸

Separately, fearing electoral fallout, Mr. Milei reportedly opposed leaks of his medical records, but paradoxically, his “*el loco*” persona actually boosted his appeal for distinct constituencies, symbolising

authenticity, creativity, and nonconformity.² Notably, most private sector jobs in Argentina require psychophysical examinations, as do some Brazilian employers.² Notwithstanding doubts about “fitness to govern” and prior initiatives, these jurisdictions lack equivalent mandates for political positions.^{2,3,9}

Whilst politicians are increasingly sharing their experiences of psychiatric symptoms, “Sleepy Joe” and “*el loco*” exemplify how mental health can be misconstrued and weaponised, particularly across the Americas where stigma persists.⁶⁻¹⁰ In a polarised era of digital media and misinformation, culturally-contingent paradigms could thus preclude the broader acceptance of mental health examinations in democratic politics. For example, Brazil’s constitution affirms the right to non-self-incrimination, which has even generated disagreements over road traffic breathalysers, let alone around proposals that might be deemed politically compromising.¹¹

Other complex issues endure about who is best suited to evaluate the mental health of political leaders.⁴⁻⁶ In high-profile cases, evidence-based medical opinions may still be hindered by biases, prompting arguments for impartial physician panels and stringent safeguards.³⁻⁶ That said, significant risks for manipulation and impunity remain, as demonstrated by constitutional transgressions in Brazil, the United States, and elsewhere, alongside the historical misuse of psychiatric practices by authoritarian regimes in Argentina.¹²

Equally, without adequate contextualisation, lay voters might conceivably underestimate the implications of more “common” mental health disorders or, conversely, consider a psychiatric diagnosis in itself to be disqualifying for political positions.⁶ The latter transpired in 2023, when the United States Senator, John Fetterman, was receiving in-patient treatment for depression after an earlier stroke; this event stimulated concerns about his “fitness to govern”, though presently, Mr. Fetterman continues to serve with health-related accommodations.¹⁰

Moreover, should routine mental health assessments be instituted, psychiatrists would likely need to serve as educators during media and public interactions to clarify the purpose of applicable diagnostic evaluations and their ensuing results. Simultaneously, ethical boundaries may



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restrict their input, like the American Psychiatric Association's Goldwater Rule, which prohibits commentary on the mental health of individuals without firsthand consultations or consent.⁶ Hypothetically, this could inadvertently create expertise deficits for stigma, disinformation, or political manoeuvring to fill.

To bridge this gap, one solution could entail moving beyond diagnostic classifications, instead focussing on the executive functions necessary for effective leadership.^{4,6} Accordingly, instruments for measuring disability and functional capacity, such as the World Health Organization's International Classification of Functioning, Disability and Health, the Disability Assessment Schedule, or computerised cognitive test batteries, could better elucidate the disorder-specific deficits (if any) in politicians experiencing mental ill-health.^{4,6} However, these instruments have not been comprehensively validated against the responsibilities and stressors of political office, posing interpretive and explanatory difficulties.

Likewise, illustrative cross-comparisons with the responsibilities of other high-stress roles could enhance the wider understanding of functional assessments. For instance, akin to airline pilots, politicians may need to exhibit "good" emotional regulation, decision-making, communication, crisis management, and additional functional capacities; incidentally, depending on the jurisdiction, pilots themselves are often subject to various mandatory psychological tests.¹³ Nevertheless, for political figures, the lack of empirical criteria surrounding "fitness to govern" complicates these analogies, as notions of "good" leadership in one country (or indeed for one voter) might not resonate universally.^{5,6}

So, where does this leave us? Compulsory mental health examinations of national leaders could support openness and accountability. Yet, their success and legitimacy would hinge on robust safeguards and sociocultural conventions about privacy and stigma, which inevitably vary cross-jurisdictionally. Amidst worsening geopolitical instabilities, the Americas are becoming a testing ground for the interactions between sociocultural expectations, mental health, and democratic governance. In the spirit of pluralism and participation, we encourage psychiatrists, political and legal actors, and, above all, voters to proactively engage with these dialogues to help shape future standards for leadership across their societies.

Contributors

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Declaration of interests

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