Persons with mental illness (mental disability) across the world face discrimination and barriers to their participation as full and equal members of society. There is evidence from many countries that persons with mental illness (mental disability) are excluded from development initiatives and are therefore at heightened risk for descending into poverty. Poor mental health is both a cause and consequence of discrimination and denial of rights.

The lack of accessible, affordable and quality mental health care leading to poor mental health outcomes is well documented by the World Health Organization and many national organizations. There is also increasing and strong evidence that persons with mental illness (mental disability) are likely to die 10-15 years earlier than those who do not have mental illness.

The UN Convention on Rights of Persons with Disabilities recognizes that “discrimination against any person on the basis of disability is a violation of the inherent dignity and worth of the human person” and recognizes the need “to promote and protect the human rights of all persons with disabilities, including those who require more intensive support”. The UN Convention on Rights of Persons with Disabilities also recognizes the inherent universality, interdependence and indivisibility of human rights.

Social Justice is a way of addressing this interdependence and indivisibility of rights. The principles of social justice are about equity of access to opportunities and services and equal rights leading to better outcomes.

Accordingly, we call upon the international community, national governments, aid organizations, international health and development organizations, professional mental health and health organizations and mental health and health service providers to recognize the discrimination and social exclusion faced by persons with mental illness (mental disability), to address mental illness as a matter of immediate priority and improve social justice for persons with mental illness (mental disability) by the following actions:

1. Reduce the treatment gap for mental illness by improving access to comprehensive, quality mental health services delivered in the community and in a manner that is acceptable to persons with mental illness (mental disability) and their families and respect their rights as equal members of the community.
2. Reform and reorient mental health systems to provide recovery oriented services.
3. Reduce the premature and high mortality of persons with mental illness (mental disability) by implementing health interventions to specifically address their physical health needs and ensure that persons with mental illness (disability) have equal access to all health promotion, prevention, treatment and rehabilitation programmes as other persons in the community.
4. Implement habilitation and rehabilitation programmes for persons with mental illness (mental disability) to attain and maintain their independence and full and effective participation in all aspects of community life.
5. Implement programmes for mental health promotion and prevention programmes to reduce mental illness (mental disability), in particular, to reduce the high incidence of suicides.
6. Ensure that persons with mental illness (mental disability) are included in all development goals and programmes to reduce unacceptably high levels of poverty amongst persons with mental illness (mental disability).
7. Recognize the negative impact of economic upheaval and economic distress on people’s mental health and include a mental health impact assessment when implementing economic reform strategies and programmes.
8. Improve participation of persons with mental illness (mental disability) and their families in community and all areas of civic life.
9. Involve persons with mental illness (mental disability) and their families in decision making process by ensuring their effective participation in planning, delivery, implementation and monitoring of mental health, health and other social services.

10. Ensure that persons with mental illness (mental disability) have equal educational opportunities as others and in particular, ensure that the educational needs of children with mental health and behavioural problems are mainstreamed in the existing educational system.

11. Ensure that persons with mental illness (mental disability) have equal access to employment and income generation activities as other members of the community.

12. Promote adequate standard of community living by providing equitable access to good quality and non-segregated housing for persons with mental illness (mental disability).

**Furthermore**, to achieve the above, we call upon national governments and the international community to:

a. Increase funding for mental health, health and other services for persons with mental illness (mental disability).

b. Remove all policy and legal barriers to full and effective participation by persons with mental illness (mental disability) in all aspects of civil, political, economic, social and cultural life in the community.

c. Implement public education and awareness programmes to reduce stigma and discrimination against persons with mental illness (mental disability).

**Finally**, we note that the 66th World Health Assembly made up of the Member States of the World Health Organization has adopted the WHO Comprehensive Mental Health Action Plan 2013-2020 and 157 Member States of the United Nations have ratified the UN Convention on Rights of Persons with Disabilities. We now call upon all countries to implement the Comprehensive Mental Health Action Plan and the UN Convention on Rights of Persons with Disabilities to achieve Social Justice for Persons with Mental Illness (mental disability). We also call upon countries to actively engage psychiatrists and other mental health professionals in the implementation of the WHO Comprehensive Action Plan and the UN Convention on Rights of Persons with Disabilities.