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WPA Position Paper
On Social Justice for Persons with Mental Illness GA 23.10.15

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Background

The World Psychiatric Association's (WPA) Position Statement on Social Justice for Persons with mental illness (2017)[1] acknowledges the detrimental impact of discrimination and stigma on social justice for persons with mental illness[2] and psychosocial disabilities[3]. While the position statement does make critical points, the manner in which it defines social justice needs to be expanded. Particularly, in the aftermath of the COVID-19 pandemic the WPA feels it is pertinent to address the significant role and influence of social, political, and economic disparities in hindering processes of social justice for persons with mental illness and/or psychosocial disabilities.

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[1] World Psychiatric Association, WPA Position Statement on Social Justice for Persons with Mental Illness (October 2017). https://www.wpanet.org/_files/ugd/e172f3_b4a2579719e6474292f4e12d4fa4506e.pdf

[2] "Mental illness" or mental disorders (APA; ICD-11), refer to all disorders characterised by disturbance in an individual's cognition, emotional regulation, or behaviour, which may cause clinically significant distress or impair functioning.

[3] "Psychosocial disabilities" (UN CRPD) are those disabilities that arise from barriers to social participation experienced by people who have or who are perceived to have mental conditions or problems.

Research has shown that there is a significant correlation between socioeconomic disparities and poor mental health. The COVID-19 pandemic, pre-existing social and economic inequalities and mental illness have led to a syndemic.[4,5] Vulnerable and marginalized populations, including persons with mental illness and/or psychosocial disabilities, have been disproportionately affected in the pandemic's aftermath, and are faced with a variety of barriers in access. Persons with mental illness and/or psychosocial disabilities are likely to face denial of rights, unemployment, homelessness, poverty, food insecurity and have limited access to healthcare and education. Moreover, the pandemic has also increased the overall burden of illness[6]. Notably, these challenging social and economic circumstances have heightened the risk of distress and mental health problems, driving the burden of mental illness.[7]

In its position statement on the Roles and Responsibilities of the Psychiatrist of the 21st Century, WPA noted that 'psychiatry in the 21st century will be affected by human and financial resources and demographic and societal factors… Under these changing circumstances, the role of the psychiatrist is also due to change in a number of arenas.'[8] The pandemic and its significant impact on mental health and wellbeing has demonstrated the need for psychiatrists to engage with mental health, not just as medical practitioners, but as advocates of social justice.

Thus, in this position paper, WPA further expounds what social justice for persons with mental illness and/or psychosocial disabilities may be envisioned as, and the role psychiatrists can play in making it a reality.

WPA recognises that persons with mental illness and/or psychosocial disabilities have faced historical injustices and exclusion within communities and institutions around the world and continue to. Unfortunately, little progress has been made in addressing these injustices, resulting in systemic and structural barriers in exercising rights and full participation of persons with mental illness and/or psychosocial disabilities in society. To dismantle these barriers effectively, a rights-based, person-centred systemic response which takes into account the social and structural determinants of mental health is required. Person-centred responses refer to services and policies that are designed from the perspective of service users, rather than service providers or administrators.[9] Most importantly, these responses must be informed by persons with lived experience of mental health conditions and their families and informal carers.

Social Justice and Mental Health

Historically, social justice has been perceived as an alternative to charity: to be addressed through redistribution of economic resources among groups affected by hierarchical inequalities: experienced

[4] Mezzina R, Gopikumar V, Jenkins J, Saraceno B, Sashidharan SP. Social Vulnerability and Mental Health Inequalities in the "Syndemic": Call for Action. Front Psychiatry. 2022 May 30;13:894370. doi: 10.3389/fpsyt.2022.894370. PMID: 35747101; PMCID: PMC9210067.

[5] Kola L, Kohrt BA, Hanlon C, Naslund JA, Sikander S, Balaji M, Benjet C, Cheung EYL, Eaton J, Gonsalves P, Hailemariam M, Luitel NP, Machado DB, Misganaw E, Omigbodun O, Roberts T, Salisbury TT, Shidhaye R, Sunkel C, Ugo V, van Rensburg AJ, Gureje O, Pathare S, Saxena S, Thornicroft G, Patel V. COVID-19 mental health impact and responses in low-income and middle-income countries: reimagining global mental health. Lancet Psychiatry. 2021 Jun;8(6):535-550. doi: 10.1016/S2215-0366(21)00025-0. Epub 2021 Feb 24. Erratum in: Lancet Psychiatry. 2021 Mar 8;: PMID: 33639109; PMCID: PMC9764935.

[6] Saqib K, Qureshi AS, Butt ZA. COVID-19, Mental Health, and Chronic Illnesses: A Syndemic Perspective. Int J Environ Res Public Health. 2023 Feb 13;20(4):3262. doi: 10.3390/ijerph20043262. PMID: 36833955; PMCID: PMC9962717.

[7] Saqib, K., Qureshi, A. S., & Butt, Z. A. (2023). COVID-19, Mental Health, and Chronic Illnesses: A Syndemic Perspective. International journal of environmental research and public health, 20(4), 3262. https://doi.org/10.3390/ijerph20043262

[8] World Psychiatric Association. WPA Position Statement on Roles and Responsibilities of the Psychiatrist of the 21st Century (2017). https://www.wpanet.org/_files/ugd/e172f3_ef9bc92ce00b442985fc569859a159bd.pdf

[9] Coulter A, Oldham J. Person-centred care: what is it and how do we get there? Future Hosp J. 2016 Jun;3(2):114-116. doi: 10.7861/futurehosp.3-2-114. PMID: 31098200; PMCID: PMC6465833.

or inherited. Over the years, this conceptualisation has evolved and today, social justice is understood as having access to and being able to exercise fundamental rights and duties, economic opportunities and social conditions that promote wellbeing and enable participation on an equal basis in society.[10]

While there is no singular definition of social justice, broadly it may be understood to imply social welfare through equal rights and equitable access to resources and opportunities. It is critical that processes of social justice ensure equity and not just equality, since equality of access alone does not account for persons having differing levels of resources, which in turn influences their capability. In pursuit of social justice, equality of capability[11] must be the goal, and not mere equality of access.[12,13]

It is essential to recognise and uphold the inherent rights of persons with mental illness and/or psychosocial disabilities, followed by systemically disassembling structures which promote inequity of access and resources, by addressing exclusionary and discriminatory practices. These responses to address these systemic barriers must be informed by the guiding principles of the UN Convention on the Rights of Persons with Disabilities (CRPD), which include non-discrimination, equality of opportunity, and full and effective participation in society.[14]

There exists a bi-directional relationship between mental health conditions and poverty, homelessness, and unemployment, meaning that while poverty, homelessness, and unemployment can be caused by mental health conditions, they also play a significant role in predisposing individuals to mental health conditions.[15] For instance, studies have shown that persons – children and adults - from low-income households are at an increased risk of poor physical and mental health, and that these risks persist across the lifespan. However, due to limited resources such persons are least likely to be able to access quality physical or mental health care.[16]

Researchers have also highlighted the importance of addressing risk factors for mental illness during pregnancy, childhood, and adolescence, as the onset of a majority of chronic mental health conditions occurs before adulthood.[17] While the risk of mental illness is increased by factors such as exposure to violence or other traumatic events, multiple studies have found social inequalities to be a critical risk factor, with implications on long-term physical and mental health.[18,19] In addition to psychiatry,

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[10] Reisch, M. (2002). Defining Social Justice in a Socially Unjust World. Families in Society: The Journal of Contemporary Social Services, 83(4), 343–354. doi:10.1606/1044-3894.17

[11] 'Capability', in this position paper is understood as defined by Martha Nussbaum, as the opportunity available to individuals to be well-nourished, access healthcare and education, and exercise civil rights.

[12] Martha Nussbaum (2003) CAPABILITIES AS FUNDAMENTAL ENTITLEMENTS: SEN AND SOCIAL JUSTICE, Feminist Economics, 9:2-3, 33-59, DOI: 10.1080/1354570022000077926

[13] Sen, A. (2005). Human Rights and Capabilities. Journal of Human Development, 6(2), 151–166. doi:10.1080/14649880500120491

[14] United Nations Convention on the Rights of Persons with Disabilities (2006). https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-persons-disabilities#:~:text=Equality%20of%20opportunity%3B,disabilities%20to%20preserve%20their%20identities.

[15] Draine, J. (2013). Mental Health, Mental Illnesses, Poverty, Justice, and Social Justice. American Journal of Psychiatric Rehabilitation, 16(2), 87–90. doi:10.1080/15487768.2013.789684

[16] Hodgkinson S, Godoy L, Beers LS, Lewin A. Improving Mental Health Access for Low-Income Children and Families in the Primary Care Setting. Pediatrics. 2017 Jan;139(1):e20151175. doi: 10.1542/peds.2015-1175. Epub 2016 Dec 12. PMID: 27965378; PMCID: PMC5192088.

[17] Marmot M. Social determinants of health inequalities. Lancet. 2005 Mar 19-25;365(9464):1099-104. doi: 10.1016/S0140-6736(05)71146-6. PMID: 15781105.

[18] Campion J, Javed A, Vaishnav M, Marmot M. Public mental health and associated opportunities. Indian J Psychiatry. 2020 Jan-Feb;62(1):3-6. doi: 10.4103/psychiatry.IndianJPsychiatry_687_19. Epub 2020 Jan 3. PMID: 32001924; PMCID: PMC6964446.

[19] Fusar-Poli P, Correll CU, Arango C, Berk M, Patel V, Ioannidis JPA. Preventive psychiatry: a blueprint for improving the mental health of young people. World Psychiatry. 2021 Jun;20(2):200-221. doi: 10.1002/wps.20869. PMID: 34002494; PMCID: PMC8129854.

research studies in the fields of psychology, community medicine and epidemiology too have found evidence of social inequalities being a substantial risk factor.[20]

Ensuring access to employment and housing; improving parenting skills; promoting perinatal, infant, and school-aged children's mental health are known to be effective measures for reducing social inequalities. A variety of research studies with different population groups have established that investing in the aforementioned areas is likely to significantly impact mental health outcomes.[21]

Therefore, in additions to elaborating upon the scope of social justice for persons with mental illness and/or psychosocial disabilities, in this position paper the WPA also focuses on the systemic and policy level changes required to ensure social justice for all persons, as in its absence, communities and individuals are at a higher risk of experiencing distress and poor mental health.

The subsequent sections of this position paper identify the key areas requiring immediate addressal to ensure social justice for persons with mental illness and/or psychosocial disabilities.

1. Facilitating access to Mental Health Care

As per the Global Burden of Disease study, the estimated global prevalence of mental disorders is 13% (not including substance use disorders).[22] Another study found that mental health, neurological and substance use disorders contributed to 7.4% of the global disease burden.[23] Yet, there exists a significant treatment gap, wherein a minority of people in need of mental health treatment and services are able to access adequate care[24], due to poor quality, high costs or unavailability.[25]

There also exist significant disparities, globally, in the demand and supply of services and resources for mental health care and treatment. Even though 80% of the global population resides in low-and-middle-income countries (LMIC), where mental health resources are limited, 90% of the resources for mental health are located in high income countries.[26] As a result, an estimated 76-85% of persons with severe mental disorders, residing in LMIC, receive no care or treatment due to limited resources. At the same time, in high-income-countries, with better resources, the treatment gaps continues to persist due to stigma, discrimination and rights violations.

This gap can be attributed to inaccessible and poor-quality services, insufficient human resources for mental health care, low funding and investment in mental health infrastructure and negative attitudes of healthcare providers. Quality plays an integral role in facilitating access to services. To ensure quality, mental health services should be designed keeping in mind not just the nature of care

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[20] Jessica Allen, Reuben Balfour, Ruth Bell & Michael Marmot (2014) Social determinants of mental health, International Review of Psychiatry, 26:4, 392-407, DOI: 10.3109/09540261.2014.928270

[21] World Psychiatric Association, WPA Position Statement on Preventing Mental Illness (2017). https://www.wpanet.org/_files/ugd/e172f3_bb05c63f6e8043aa8907e1f80c20dfd7.pdf

[22] Institute for Health Metrics and Evaluation: Global Burden of Disease Study 2019. www.ghdx.healthdata.org. IHME, accessed 6 April 2023.

[23] Vos, T., Abajobir, A. A., Abate, K. H., Abbafati, C., Abbas, K. M., Abd-Allah, F., ... Murray, C. J. L. (2017). Global, regional, and national incidence, prevalence, and years lived with disability for 328 diseases and injuries for 195 countries, 1990-2016: A systematic analysis for the Global Burden of Disease Study 2016. The Lancet, 390(10100), 1211-1259. doi:10.1016/S0140-6736(17)32154-2

[24] Kessler RC, Aguilar-Gaxiola S, Alonso J, Chatterji S, Lee S, Ustün TB. The WHO World Mental Health (WMH) Surveys. Psychiatrie (Stuttg). 2009 Jan 1;6(1):5-9. PMID: 21132091; PMCID: PMC2995950.

[25] Jansen, S., White, R., Hogwood, J., Jansen, A., Gishoma, D., Mukamana, D., & Richters, A. (2015). The "treatment gap" in global mental health reconsidered: sociotherapy for collective trauma in Rwanda. European journal of psychotraumatology, 6, 28706. https://doi.org/10.3402/ejpt.v6.28706

[26] Saxena S, Thornicroft G, Knapp M, Whiteford H. Resources for mental health: scarcity, inequity, and inefficiency. Lancet. 2007 Sep 8;370(9590):878-89. doi: 10.1016/S0140-6736(07)61239-2. PMID: 17804062.

provided, but also in a manner that it does not violate the basic and inherent rights that persons with mental illness and/or psychosocial disabilities are entitled to.[27]

To bridge the treatment gap, concerted efforts must be made to make mental health services accessible and affordable, alongside improving the availability and quality of specialised mental healthcare services. These efforts must not be limited to using community spaces as a means of delivering services, rather they should be channelised to harness knowledge, resources and strengths within communities to promote mental health and wellbeing.

To ensure accessibility, it is crucial that mental health services offered within, and outside communities are designed to respond to the mental health needs of a variety of groups. They must be designed to accommodate diverse social, economic, and cultural realities, and take into consideration the influence exerted by the social and structural determinants of mental health.[28] The process of designing these services must be collaborative and done in consultation with persons with mental illness and/or psychosocial disabilities, their families and communities, and in compliance with international rights-based frameworks like the Universal Declaration of Human Rights, the CRPD and other relevant international and national legal frameworks and instruments.

The planning of mental health services requires a complex healthcare ecosystem approach. In addition to providing funds and efforts on making available specialised mental health care services for people in acute distress who are asking for help, the focus must include providing care and services within the community. Most importantly, rather than focusing solely on establishing mental health hospitals and in-patient psychiatric facilities, efforts must be made to mainstream mental health care services, by shifting the centre of gravity of mental health services from hospital-based/institutional care to community-based services integrated with primary healthcare services and identifying strategies to mitigate the impact of social and economic stressors on mental health and wellbeing.[29] Community based services must not be limited to out-patient services, and must be expanded to include voluntary acute inpatient services and care as well.

Studies have found that the provision of mental health services in a location different from services for physical health care contributes to stigma and may discourage persons from seeking care and treatment for mental health conditions.[30] Thus, the integration of mental health treatment and care with general health care services could serve as a means to destigmatise seeking mental health care and treatment, and also address challenges related to insufficient human resources.

To facilitate access to mental health care services, efforts by mental health professional and policymakers must extend beyond making mental health services available. As per Article 25 of the CRPD on the right to health, all persons with disabilities, including persons with mental health conditions, are entitled to enjoy the highest attainable standard of health without discrimination on any grounds. Article 25 also emphasis the principle of parity, mandating that treatment and care for mental health conditions, is provided at par with physical health conditions, without discrimination

[27] World Health Organization. (2012). WHO QualityRights tool kit: assessing and improving quality and human rights in mental health and social care facilities. World Health Organization. https://apps.who.int/iris/handle/10665/70927

[28] Saxena, S., Thornicroft, G., Knapp, M., & Whiteford, H. (2007). Resources for mental health: scarcity, inequity, and inefficiency. The Lancet, 370(9590), 878–889. doi:10.1016/s0140-6736(07)61239-2

[29] Rosen A, Gill NS, Salvador-Carulla L. The future of community psychiatry and community mental health services. Curr Opin Psychiatry. 2020 Jul;33(4):375-390. doi: 10.1097/YCO.0000000000000620. PMID: 32452944.

[30] Latoo J, Mistry M, Wadoo O, Islam SMS, Jan F, Iqbal Y, Howseman T, Riley D, Sura D, Alabdulla M. Why mental health service delivery needs to align alongside mainstream medical services. Asian J Psychiatr. 2022 May;71:103053. doi: 10.1016/j.ajp.2022.103053. Epub 2022 Feb 25. PMID: 35248843.

on any grounds.[31] Yet in several parts of the world persons with mental illness and/or psychosocial disabilities face discrimination and exclusion in insurance coverage or inhumane treatment such as long periods of forced hospitalisation, seclusion and restraint.

Studies have found that lower insurance benefits for mental health conditions, compared to physical health conditions, restricted insurance coverage and low rates of reimbursement also contribute to barriers in accessing mental health services.[32] By advocating for insurance coverage and universal health care, psychiatrists can play an important in making mental health services accessible.

A key intervention, to eliminate the array of barriers in accessing mental health care, particularly in LMIC, would be through increased funding for and investment in mental health care. At present, a majority of countries spend less than 2% of the health budget on mental health.[33] Psychiatrists must advocate for accessible mental health care – at the primary, secondary, and tertiary level - to be made a governance priority.

2. Facilitating access to physical health care

Mortality rates and morbidity associated with communicable and non-communicable diseases are known to be higher among persons with severe mental health conditions, owing to lifestyle risk factors (e.g. smoking, less physical activity, poor diet, side effects of medication), limited access to quality healthcare services, diagnostic overshadowing, and the stigma and subsequent poor treatment of people considered to have a mental illness.[34, 35]

It is estimated that 14.3% of deaths worldwide can be attributed to mental health conditions.[36] The mortality rate among persons with mental illness and/or psychosocial disabilities is 2.22 times higher compared to the general population or persons without psychosocial disabilities; the mortality rates among persons with mental illness and/or psychosocial disabilities receiving in-patient care are significantly higher compared to those receiving outpatient or community-based care. This can be attributed to the severity of mental health conditions among those receiving inpatient treatment and sometimes to effects from coercive measures such as excess medication and the use of restraints[37]. Furthermore, persons with mental illness and/or psychosocial disabilities experience reduced life expectancy compared to the general population[38]; research has shown that persons with mental

[31] Article 25 – Health, UN Convention on the Rights of Persons with Disabilities. https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/article-25-health.html

[32] The Lancet Commission on ending stigma and discrimination in mental health. Lancet. 2022 Oct 22;400(10361):1438-1480. doi: 10.1016/S0140-6736(22)01470-2

[33] Latoo J, Mistry M, Wadoo O, Islam SMS, Jan F, Iqbal Y, Howseman T, Riley D, Sura D, Alabdulla M. Why mental health service delivery needs to align alongside mainstream medical services. Asian J Psychiatr. 2022 May;71:103053. doi: 10.1016/j.ajp.2022.103053. Epub 2022 Feb 25. PMID: 35248843.

[34] Firth, J., Siddiqi, N., Koyanagi, A., Siskind, D., Rosenbaum, S., Galletly, C., … Stubbs, B. (2019). The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. The Lancet Psychiatry. doi:10.1016/s2215-0366(19)30132-4

[35] Liu NH, Daumit GL, Dua T, Aquila R, Charlson F, Cuijpers P, Druss B, Dudek K, Freeman M, Fujii C, Gaebel W, Hegerl U, Levav I, Munk Laursen T, Ma H, Maj M, Elena Medina-Mora M, Nordentoft M, Prabhakaran D, Pratt K, Prince M, Rangaswamy T, Shiers D, Susser E, Thornicroft G, Wahlbeck K, Fekadu Wassie A, Whiteford H, Saxena S. Excess mortality in persons with severe mental disorders: a multilevel intervention framework and priorities for clinical practice, policy and research agendas. World Psychiatry. 2017 Feb;16(1):30-40. doi: 10.1002/wps.20384. PMID: 28127922; PMCID: PMC5269481.

[36] GBD 2019 Mental Disorders Collaborators. Global, regional, and national burden of 12 mental disorders in 204 countries and territories, 1990-2019: a systematic analysis for the Global Burden of Disease Study 2019. Lancet Psychiatry. 2022 Feb;9(2):137-150. doi: 10.1016/S2215-0366(21)00395-3. Epub 2022 Jan 10. PMID: 35026139; PMCID: PMC8776563.

[37] Kersting XAK, Hirsch S and Steinert T (2019) Physical Harm and Death in the Context of Coercive Measures in Psychiatric Patients: A Systematic Review. Front. Psychiatry 10:400. doi: 10.3389/fpsyt.2019.00400

[38] Walker ER, McGee RE, Druss BG. Mortality in mental disorders and global disease burden implications: a systematic review and meta-analysis. JAMA Psychiatry. 2015 Apr;72(4):334-41. doi: 10.1001/jamapsychiatry.2014.2502. Erratum in:

illness and/or psychosocial disabilities are likely to live 10-20 years less compared to persons without mental illness.[39,40]

However, the link between mortality and mental health conditions is not so straightforward, as persons with mental illness and/or psychosocial disabilities are unlikely to die of their condition, rather they are likely to die of suicide, heart disease or other chronic diseases and infections.[41]

Evidence demonstrates a bi-directional relationship between mental illness and physical health problems. Common mental disorders like depression and anxiety can increase the risk of onset of a range of physical health conditions[42], while chronic stress has a direct impact on the cardiovascular, nervous, and immune systems, increasing susceptibility to a range of physical health conditions[43]. At the same time, persons having two or more chronic health conditions are more likely to experience symptoms of distress and depression, than those without any such conditions.[44] The premature mortality of persons with mental health conditions, is a manifestation of the health inequities between persons with and without mental health conditions, across the life course.[45]

These correlations between physical health conditions and mental illness also have wider economic consequences for the person affected, such as limited productivity or unemployment, leading to depletion of financial safety nets and worsening mental health.[46] The interaction between mental ill-health, poor physical health and lower socio-economic status often leads individuals and their families into the cycle of poverty.

Even though access to healthcare is a basic human right for all persons, including persons with mental illness and/or psychosocial disabilities, as outlined in Article 25 of the CRPD, persons with mental illness and/or psychosocial disabilities continue to face stigma and discrimination in healthcare settings, leading to delayed help-seeking as a result of late referrals and diagnosis.

Psychiatrists can play an important role in ensuring access to physical healthcare services by listening to and working in collaboration with persons with mental illness and/or psychosocial disabilities, their caregivers, other specialists, and healthcare professionals to ensure coordinated care for mental and physical health conditions is provided. Psychiatrists must work with policymakers for the integration of physical health and mental health services and increased funding for strengthening public health systems, including public mental health systems and integrated models of care.

3. Addressing Social & Structural Determinants of mental health

JAMA Psychiatry. 2015 Jul;72(7):736. Erratum in: JAMA Psychiatry. 2015 Dec;72(12):1259. PMID: 25671328; PMCID: PMC4461039.

[39] 'WHO Highlights Urgent Need to Transform Mental Health and Mental Health Care' (June 2022) https://www.who.int/news/item/17-06-2022-who-highlights-urgent-need-to-transform-mental-health-and-mental-health-care

[40] World Psychiatric Association, WPA Position Statement on Preventing Mental Illness (2017). https://www.wpanet.org/_files/ugd/e172f3_bb05c63f6e8043aa8907e1f80c20dfd7.pdf

[41] Ibid. fn 29

[42] DE Hert M, Correll CU, Bobes J, Cetkovich-Bakmas M, Cohen D, Asai I, Detraux J, Gautam S, Möller HJ, Ndetei DM, Newcomer JW, Uwakwe R, Leucht S. Physical illness in patients with severe mental disorders. I. Prevalence, impact of medications and disparities in health care. World Psychiatry. 2011 Feb;10(1):52-77. doi: 10.1002/j.2051-5545.2011.tb00014.x. PMID: 21379357; PMCID: PMC3048500.

[43] Contrada, R. J. (2011). Stress, adaptation, and health. In R. J. Contrada & A. Baum (Eds.), The handbook of stress science: Biology, psychology, and health (pp. 1–9). Springer Publishing Company.

[44] Moussavi S, Chatterji S, Verdes E, Tandon A, Patel V, Ustun B. Depression, chronic diseases, and decrements in health: results from the World Health Surveys. Lancet. 2007 Sep 8;370(9590):851-8. doi: 10.1016/S0140-6736(07)61415-9. PMID: 17826170.

[45] Firth, J., Siddiqi, N., Koyanagi, A., Siskind, D., Rosenbaum, S., Galletly, C., … Stubbs, B. (2019). The Lancet Psychiatry Commission: a blueprint for protecting physical health in people with mental illness. The Lancet Psychiatry. doi:10.1016/s2215-0366(19)30132-4

[46] Centre for Mental Health. The economic and social costs of mental health problems (2010). https://www.centreformentalhealth.org.uk/sites/default/files/2018-10/Economic_and_social_costs_2010.pdf

The World Health Organisation (WHO) recognises mental health as an integral part of health and well-being--which can, like other aspects of health, be affected by a range of socio-economic factors--and as a basic human right.[47]

Describing the linkages between health and socio-economic factors, General Comment 14 of the Committee on Economic Social & Cultural Rights (CESCR) explains the right to health, which includes mental health, as embracing 'a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, safe and healthy working conditions, and a healthy environment'.[48]

Owing to barriers in exercising rights and due to the historical injustice faced, persons with mental illness and/or psychosocial disabilities continue to face social, economic, and political discrimination and denial of the right to full and equal participation in society. Thus, alongside facilitating access to mental and physical health service, addressing socio-economic inequities is equally important to ensure social justice. It is in the light of these long continuing exclusionary processes that the CRPD recognises the right of persons with mental illness and/or psychosocial disabilities to access justice (Article 13), health (Article 25), work and employment (Article 27), and an adequate standard of living and social protection (Article 28). Accessing and exercising these rights is critical to upholding the right to life (Article 10), which places upon relevant stakeholders the responsibility of ensuring measures are taken to ensure that persons with mental illness and/or psychosocial disabilities can live and enjoy life on an equal basis with others.[49]

Social and structural determinants are key drivers of health inequalities, which disproportionately affect persons with mental illness and/or psychosocial disabilities.[50] The social determinants of mental health refer to socio-economic inequities, like poverty, unemployment, social isolation, discrimination, and lack of access to education and healthcare. The structural determinants of mental health refer to the societal structures and policies that further perpetuate inequality or are discriminatory towards persons with mental illness and/or psychosocial disabilities; these include socio-economic policies, employment laws, healthcare policies, and social welfare programs.[51]

Studies have shown that individuals with mental health conditions are more likely to experience poverty, homelessness, and unemployment, resulting in increased mortality and reduced quality of life, as well as in exacerbating their condition and making it difficult to access necessary treatment and care. Reducing exposure to these risks contributes to prevention and promotion efforts. Addressing these determinants is critical for promoting equity and social justice for persons with mental illness and/or psychosocial disabilities.[52]

3.1. Stigma and Non-Discrimination

[47] World Health Organisation (WHO) (2022). World mental health report: transforming mental health for all https://www.who.int/publications/i/item/9789240049338

[48] CESCR General Comment No. 14: The Right to the Highest Attainable Standard of Health (Art 12) https://www.ohchr.org/EN/Issues/Education/Training/Compilation/Pages/e)GeneralCommentNo14Therighttothehighestattainablestandardofhealth(article12)(2000).aspx

[49] UN Convention on the Rights of Persons with Disabilities (2006). https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities/convention-on-the-rights-of-persons-with-disabilities-2.html

[50] Marmot, M. (2005). Social determinants of health inequalities. The Lancet, 365(9464), 1099–1104. doi:10.1016/s0140-6736(05)71146-6

[51] Alegría, M., NeMoyer, A., Falgàs Bagué, I., Wang, Y., & Alvarez, K. (2018). Social Determinants of Mental Health: Where We Are and Where We Need to Go. Current psychiatry reports, 20(11), 95. https://doi.org/10.1007/s11920-018-0969-9

[52] World Health Organisation. Social Determinants of Mental Health (2017) https://apps.who.int/iris/bitstream/handle/10665/112828/9789241506809_eng.pdf

General Comment 18 on Non-discrimination, by the UN Human Rights Committee recognises that equality before the law and legal protection from discrimination, together with non-discrimination is essential for protecting human rights. The Committee also notes that to ensure equality, affirmative action may be required to eliminate conditions which contribute or lead to discrimination.[53]

Owing to stigma and discriminatory and exclusionary practices, persons with mental illness and/or psychosocial disabilities are likely to have lower levels of education, limited access to health care, employment opportunities and are less likely to experience social mobility.[54,55,56]

Simultaneously, experiences of discrimination or exclusion owing to stigma can be a contributing risk factor for mental illness. For instance, persons living with HIV are likely to delay seeking help for physical health conditions owing to stigma and discriminatory practices by health care providers, leading to poor physical health, thereby further impacting their mental health.[57]

Thus, while persons may experience stigma and discrimination due to having a mental health condition, experiencing stigma or discrimination on the grounds of gender, race, class, caste, ethnicity, or socio-economic status can be a contributing factor for mental ill health.

While anti-stigma campaigns do have limited positive effects, curbing discriminatory and exclusionary practices – within communities[58] and at the structural level – must be prioritised. Policies and programmes aimed at community-based treatment, public education programmes, media awareness and highlighting the lived experience of persons with mental illness and/or psychosocial disabilities, along with anti-discrimination laws and policies related to care, work and participation in society have been found effective in countering structural stigma.[59]

Psychiatrists have a crucial role to play in eradicating the stigma and discrimination experienced by persons with mental illness and/or psychosocial disabilities, in all aspects of their life. This can be done through advocating for affirmative action, anti-discrimination laws and policies, leading and participating in public health campaigns, and advocating for the rights of persons with mental illness and/or psychosocial disabilities in different forums related to employment, education, housing, etc. In countries, where such laws and policies already exist, psychiatrists have a critical role to play in the implementation of the provisions of these laws and policies. The role of psychiatrists can no longer be limited to diagnosis and treatment, they must also be advocates for and allies of persons with mental

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[53] General Comment 14 on Non-Discrimination, UN Human Rights Committee (1989). https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCCPR%2FGEC%2F6622&Lang=en

[54] Komiti, A., Judd, F., & Jackson, H. (2006). The influence of stigma and attitudes on seeking help from a GP for mental health problems. Social Psychiatry and Psychiatric Epidemiology, 41(9), 738–745. doi:10.1007/s00127-006-0089-4

[55] Aromaa, E., Tolvanen, A., Tuulari, J., & Wahlbeck, K. (2011). Personal stigma and use of mental health services among people with depression in a general population in Finland. BMC Psychiatry, 11(1). doi:10.1186/1471-244x-11-52

[56] Henderson C, Evans-Lacko S, Thornicroft G. Mental illness stigma, help seeking, and public health programs. Am J Public Health. 2013 May;103(5):777-80. doi: 10.2105/AJPH.2012.301056. Epub 2013 Mar 14. PMID: 23488489; PMCID: PMC3698814.

[57] Hatcher, A. M., Turan, J. M., Leslie, H. H., Kanya, L., Kwena, Z., Johnson, M. O., Shade, S. B. (2017). Predictors of linkage to care following community-based HIV counseling and testing in rural Kenya. AIDS and Behavior, 21(9), 2748-2757. doi: 10.1007/s10461-017-1785-6

[58] Knifton, L., Gervais, M., Newbigging, K., Mirza, N., Quinn, N., Wilson, N., & Hunkins-Hutchison, E. (2009). Community conversation: addressing mental health stigma with ethnic minority communities. Social Psychiatry and Psychiatric Epidemiology, 45(4), 497–504. doi:10.1007/s00127-009-0095-4

[59] Thornicroft G, Sunkel C, Alikhon Aliev A, Baker S, Brohan E, El Chammay R, Davies K, Demissie M, Duncan J, Fekadu W, Gronholm PC, Guerrero Z, Gurung D, Habtamu K, Hanlon C, Heim E, Henderson C, Hijazi Z, Hoffman C, Hosny N, Huang FX, Kline S, Kohrt BA, Lempp H, Li J, London E, Ma N, Mak WWS, Makhmud A, Maulik PK, Milenova M, Morales Cano G, Ouali U, Parry S, Rangaswamy T, Rüsch N, Sabri T, Sartorius N, Schulze M, Stuart H, Taylor Salisbury T, Vera San Juan N, Votruba N, Winkler P. The Lancet Commission on ending stigma and discrimination in mental health. Lancet. 2022 Oct 22;400(10361):1438-1480. doi: 10.1016/S0140-6736(22)01470-2. Epub 2022 Oct 9. PMID: 36223799.

illness and/or psychosocial disabilities, their carers', communities and societies at large, given the significant correlation between stigma, discrimination and mental health outcomes.

3.2. Poverty Eradication

Since the COVID-19 pandemic, for the first time in three decades, global poverty rates have increased. It has been estimated that global poverty could increase by 8% , with rates in rural areas being three times higher compared to urban areas.[60] This rise can be attributed to inequities in accessing basic and essential resources like food, employment, education, income, and housing during and after the pandemic.

Inequalities in income have been linked with physical morbidity, mortality, and psychosocial outcomes in countries of all income levels.[61,62] These inequalities are further compounded by inequities in access to employment opportunities, housing, education, and justice, having a profound impact of mental health and wellbeing.[63]

A significant body of evidence establishes the bi-directional linkages between mental health and poverty.[64] Socio-economic poverty brings greater risk of exposure to traumatic experiences, which increase vulnerability to poor mental health or chronic mental illness, while long-term mental health conditions can push persons into poverty due to limited functioning owing to disabilities, inequities in access to opportunities of employment and participation in society.[65] Given this relationship between mental health, and poverty and social inequities, it is important to improve everyday life conditions across the life span of individuals by improving material conditions and enabling access to food, drinking water, sanitation facilities and social welfare support services.[66] The costs of living with a psychosocial disability cannot be measured just monetarily, there are several indirect costs like loss of employment or limited livelihood options which worsen socio-economic inequities, leading persons into the vicious cycle of poverty and mental ill health.[67]

Reducing relative poverty is known to enable persons to access their rights and entitlements, and reduce social isolation, thereby improving mental health outcomes.[68] Given the role and influence of poverty on mental health and wellbeing, it is essential for psychiatrists to join efforts for eradicating poverty, through demanding systemic and structural changes. Studies conducted in countries like Brazil, Kenya, Mexico and Indonesia, found that cash transfer programmes had a lasting effect in

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[60] Sumner, A., Hoy, C. & Ortiz-Juarez, E. (2020) Estimates of the impact of COVID-19 on global poverty. WIDER Working Paper 2020/43. Helsinki: UNU-WIDER.

[61] Pickett KE, James OW, Wilkinson RG. Income inequality and the prevalence of mental illness: a preliminary international analysis. J Epidemiol Community Health. 2006 Jul;60(7):646-7. doi: 10.1136/jech.2006.046631. PMID: 16790839; PMCID: PMC2652881.

[62] Trani, J.-F., Bakhshi, P., Kuhlberg, J., Narayanan, S. S., Venkataraman, H., Mishra, N. N., … Deshpande, S. (2015). Mental illness, poverty and stigma in India: a case-control study. BMJ Open, 5(2), e006355–e006355. doi:10.1136/bmjopen-2014-006355

[63] Mezzina R, Gopikumar V, Jenkins J, Saraceno B, Sashidharan SP. Social Vulnerability and Mental Health Inequalities in the "Syndemic": Call for Action. Front Psychiatry. 2022 May 30;13:894370. doi: 10.3389/fpsyt.2022.894370. PMID: 35747101; PMCID: PMC9210067.

[64] Ridley M, Rao G, Schilbach F, Patel V. Poverty, depression, and anxiety: Causal evidence and mechanisms. Science. 2020 Dec 11;370(6522):eaay0214. doi: 10.1126/science.aay0214. PMID: 33303583.

[65] Mezzina R, Gopikumar V, Jenkins J, Saraceno B, Sashidharan SP. Social Vulnerability and Mental Health Inequalities in the "Syndemic": Call for Action. Front Psychiatry. 2022 May 30;13:894370. doi: 10.3389/fpsyt.2022.894370. PMID: 35747101; PMCID: PMC9210067.

[66] Jessica Allen, Reuben Balfour, Ruth Bell & Michael Marmot (2014) Social determinants of mental health, International Review of Psychiatry, 26:4, 392-407, DOI: 10.3109/09540261.2014.928270

[67] Patel V, Kleinman A. Poverty and common mental disorders in developing countries. Bull World Health Organ. 2003;81(8):609-15. Epub 2003 Oct 14. PMID: 14576893; PMCID: PMC2572527.

[68] Ibid, fn 37. ty and Serious Psychological Problems. Community Mental Health Journal, 52(7), 842–850. doi:10.1007/s10597-015-9950-9

reducing distress and improving wellbeing, as a result of decreased concerns around household expenditures, increased self-esteem and improved food security.[69, 70, 71]

While there is a large body of evidence to show the effectiveness of cash transfers as a financial tool in reducing poverty and improving individual and community mental health and wellbeing[72], such measures are yet to be adopted and recognised as a key intervention for addressing socio-economic inequities. Measures to address poverty, however, cannot be an alternative to strengthening mental health service and sufficient budgetary resources must be directed towards both.

3.3. Access to Financial Security and Employment

Persons with mental illness and/or psychosocial disabilities face more challenges in achieving financial security and accessing employment, which can exacerbate their symptoms and affect their quality of life. Persons with severe mental health conditions are more likely to be denied employment or face inequality and discrimination at work. The barriers to employment result from stigma, structural discrimination, lack of support from employers and social exclusion.

The Committee on the Rights of Persons with Disabilities in General comment No. 8 on the right of persons with disabilities to work and employment, observed that the right to work is an inherent part of human dignity and an essential right for the realisation of other human rights.[73] Decent work is known to support mental health and wellbeing by providing persons with a livelihood, sense of purpose and achievement, opportunities for assimilation and inclusion within their communities, and also facilitate social recovery.[74]

Both - unemployment and underemployment - significantly affect mental health. Studies have found that unemployment is associated with a higher risk of depression and anxiety, as well as an increased risk of suicide. Similarly, lack of financial security owing to debt, lack of savings or inability to purchase basic necessities can lead to increase in depression and anxiety.[75] Multiple studies have demonstrated that population groups which experience higher income inequality are at greater risk of experiencing symptoms of depression and schizophrenia.[76].

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[69] Machado, Daiane and Williamson, Elizabeth and Pescarini, Julia and Rodrigues, Laura and Alves, Flavia J. O. and Araújo, Luis and Ichihara, Maria Yury Travassos and Araya, Ricardo and Patel, Vikram and Barreto, Mauricio L., --The Impact of a National Cash Transfer Programme on Reducing Suicide: A Study Using the 100 Million Brazilian Cohort. Available at SSRN: https://ssrn.com/abstract=3766234 or http://dx.doi.org/10.2139/ssrn.3766234

[70] Angeles, G., Hoop, J., Handa, S., Kilburn, K., Milazzo, A., Peterman, A. (2019) Government of Malawi's unconditional cash transfer improves youth mental health. Social Science & Medicine, 225: 108-119. https://doi.org/10.1016/j.socscimed.2019.01.037.

[71] Policy, P. (2016). The Role of the Tigray Pilot Social Cash Transfer Programme and its Evaluation in the Evolution of the Tigray Social. From Evidence to Action: The Story of Cash Transfers and Impact Evaluation in Sub Saharan Africa, 168.

[72] Keshav Desiraju India Mental Health Observatory. Cash transfers save life (2021). https://cmhlp.org/wp-content/uploads/2021/11/Cash-Transfers-Mental-Health_TN-Policy-Brief.pdf

[73] General Comment No. 8 on the rights of persons with disabilities to work and employment. Committee on the Rights of Persons with Disabilities (2022). https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT%2FCCPR%2FGEC%2F4723&Lang=en

[74] World Health Organisation. Mental health at work policy brief (2022). https://www.who.int/publications/i/item/9789240057944

[75] Barbalat G, Franck N. Ecological study of the association between mental illness with human development, income inequalities and unemployment across OECD countries. BMJ Open. 2020 Apr 20;10(4):e035055. doi: 10.1136/bmjopen-2019-035055. PMID: 32317261; PMCID: PMC7204933.

[76] Patel, V., Burns, J. K., Dhingra, M., Tarver, L., Kohrt, B. A., & Lund, C. (2018). Income inequality and depression: a systematic review and meta-analysis of the association and a scoping review of mechanisms. World psychiatry : official journal of the World Psychiatric Association (WPA), 17(1), 76–89. https://doi.org/10.1002/wps.20492

Conversely, financial stability and employment, alongside reducing financial stressors, also enables access to healthcare services, resources, and opportunities, thereby having a positive impact on mental health and wellbeing.[77]

In the wake of the COVID-19 pandemic, unemployment and income inequality have increased significantly, and are likely to have an impact on the prevalence rates of mental illness globally. To mitigate the impact on mental health of this increased income inequity, psychiatrists must advocate for the social policies that facilitate improved access to education, financial literacy, opportunities for employment, and access to universal health coverage.

3.4. Access to Housing

The relationship between homelessness[78] and mental illness is complex. Studies have found that people experiencing homelessness are at a higher risk of developing mental illnesses such as depression, anxiety, and post-traumatic stress disorder (PTSD) due to the trauma related to homelessness and the challenges of living on the streets.[79] Mental illnesses can also contribute to homelessness by causing financial instability, job loss, and social isolation.[80] Women and children are more likely to experience high levels of distress due to homelessness or unsafe housing[81], and the location of housing may further act as a compounding factor.[82]

Studies have found that between 25% and 45% of people experiencing homelessness have a psychosocial disability, compared to the general population's prevalence of about 18%.[83] People experiencing homelessness often live in poverty, leading to chronic stress, food insecurity, and other physical and mental health problems. Additionally, homeless persons with mental illness and/or psychosocial disabilities often face significant barriers in accessing mental health services, such as lack of insurance, limited access to transportation, and a shortage of mental health professionals. Substance use disorders are also common among people experiencing homelessness; studies show that 25% to 75% of homeless individuals have a substance use disorder, which can contribute to chronic homelessness and worsen mental health outcomes.[84] Studies have shown that access to housing reduces anxiety associated with crime and personal safety and is a protective factor for mental illness.[85]

Addressing the linkage between mental illness and homelessness, it is critical to adopt a multipronged approach to address intersecting issues of poverty, unemployment, substance use and limited access

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[77] Hees HL, Koeter MW, Schene AH. Longitudinal relationship between depressive symptoms and work outcomes in clinically treated patients with long-term sickness absence related to major depressive disorder. J Affect Disord. 2013 Jun;148(2-3):272-7. doi: 10.1016/j.jad.2012.12.007. Epub 2013 Jan 16. PMID: 23332643.

[78] Within the context of this position paper, 'homelessness' may be understood as not just the absence of housing, but also uncertain living conditions, unaffordable housing, high rents and poor physical quality of housing.

[79] Fazel, S., Geddes, J. R., & Kushel, M. (2014). The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. Lancet (London, England), 384(9953), 1529–1540. https://doi.org/10.1016/S0140-6736(14)61132-6

[80] Mago, V. K., Morden, H. K., Fritz, xw3C., Wu, T., Namazi, S., Geranmayeh, P., Chattopadhyay, R., & Dabbaghian, V. (2013). Analyzing the impact of social factors on homelessness: a fuzzy cognitive map approach. BMC medical informatics and decision making, 13, 94. https://doi.org/10.1186/1472-6947-13-94

[81] Osypuk, T. L. (2014). Shifting from policy relevance to policy translation: do housing and neighborhoods affect children's mental health? Social Psychiatry and Psychiatric Epidemiology, 50(2), 215–217. doi:10.1007/s00127-014-0998-6

[82] Kearns, R. A., Smith, C. J., & Abbott, M. W. (2007). Housing stressors and persons with serious mental health problems. Health & Social Care in the Community, 1(5), 263–275. doi:10.1111/j.1365-2524.1993.tb00228.x

[83] Gutwinski, S., Schreiter, S., Deutscher, K., & Fazel, S. (2021). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. PLoS medicine, 18(8), e1003750. https://doi.org/10.1371/journal.pmed.1003750

[84] Padgett, D. K., Gulcur, L., & Tsemberis, S. (2006). Housing First services for people who are homeless with co-occurring serious mental illness and substance abuse. Research on Social Work Practice, 16(1), 74–83. https://doi.org/10.1177/1049731505282592

[85] Curl, A., Kearns, A., Mason, P., Egan, M., Tannahill, C., & Ellaway, A. (2014). Physical and mental health outcomes following housing improvements: evidence from the GoWell study. Journal of Epidemiology and Community Health, 69(1), 12–19. doi:10.1136/jech-2014-204064

to affordable mental healthcare services. Psychiatrists must advocate for structural interventions to address the challenges posed by mental illness and homelessness, through provisions for free housing, on-site mental health services, outreach programmes, expansion of social and financial safety programmes and improved availability of mental health services.

Conclusion

Psychiatrists have a key role to play in protecting and promoting the rights of persons with mental illness and/or psychosocial disabilities. It is important to recognise that promoting social justice for persons with mental illness and/or psychosocial disabilities requires a shift towards community-based mental health care. Institutional settings such as mental health hospitals and in-patient psychiatric facilities by design limit opportunities for persons with mental illness and/or psychosocial disabilities to exercise the range of rights they are entitled to and hinder processes of social justice. Thus, as also postulated by the CRPD and WHO, for the true realisation of social justice for persons with mental illness and/or psychosocial disabilities, psychiatrists must actively contribute towards efforts for the de-institutionalisation of mental health care, and advocate for the adoption of community-based models of treatment and care.

To facilitate the transition towards models of community based mental health care, it is crucial to democratise mental health care by addressing the social and structural determinants of mental health, alongside facilitating access to treatment and care. Thus, it is vital for psychiatrists to work in collaboration with policymakers to promote evidence-based policies and programmes to eradicate systemic barriers and socio-economic inequities which hinder access to care and contribute to experiences of homelessness, poverty and discrimination, which are known to negatively impact mental health and wellbeing.

The role of psychiatrists can no longer remain limited to treatment and diagnosis, it must expand to include advocacy, research and collaboration to bring about systemic and structural change to eradicate barriers in achieving social justice and promoting equitable access to resources and opportunities for all persons. By working together with a range of stakeholders including people with lived experience of mental health conditions and their caregivers, psychiatrists have a significant role to play in creating a more just and equitable world wherein all persons can experience mental health and wellbeing.

Recommendations/ Call for Action

The recommendation made by the WPA in its position statement on Social Justice of Persons with mental illness in 2017, continue to be valid, however more needs to be done to ensure social justice for persons with mental illness and/or psychosocial disabilities.

The WPA calls upon the psychiatrists, 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 advocate for and work towards bringing about systemic and structural transformation for ensuring social justice for persons with mental and society at large, by :

a. Working collaboratively with persons with lived experience of mental health conditions and their formal and informal caregivers and stakeholders across sectors and disciplines to develop policies and interventions which by design address inequities in access to resources related to employment, health, access to rights, and enable persons with mental illness and/or

psychosocial disabilities to exercise and enjoy the range of right they are entitled to. Efforts must also be extended to ensure social justice for all communities to promote mental health and mitigate risk factors for mental health condition.

b. Increasing funding for, investment in and spending on mental health to reduce the cost of mental health services and the economic burden it places on persons with mental illness and/or psychosocial disabilities and their families. The cost of care can push families into cycles of poverty, resulting in increased distress and poor mental health.

c. Providing training and education in a manner that creates awareness and fosters a critical understanding of the correlations between mental illness and access to healthcare, poverty, discrimination, and other social determinants of health.

d. Actively engaging and participating in discussions relevant to public mental health, generating awareness on the correlations between mental health and other physical health and advocating for models of integrated care.

e. Advocating for social welfare schemes and programmes, like cash transfers, housing for all, unemployment benefits and universal health coverages, which are known to reduce risk of mental health conditions and enhance the capability of persons with mental illness and/or psychosocial disabilities to participate in society on an equal basis, by countering socio-economic inequities in a systemic manner.