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The inspiration for this special issue is a trans-Atlantic mental health initiative, for Citizenship, Recovery and Inclusive Society Partnership. My colleagues are covering recovery, social inclusion and partnerships in this issue, but here I hope to reflect on citizenship. The catalyst for this has been the suggestion by US President Donald Trump that the constitutional protection of birthright citizenship, for all people born in the USA, should be removed (Jardina, 2018). The UK has also seen recent restrictions on people previously assumed to have a right to maintain or gain “Britishness,” as in the Windrush scandal (when migrants from former UK territories have been expelled to the West Indies after decades of residence) or Government thwarting the Parliamentary Dubs Amendment (that allows child refugees with family connections in the UK, to enter and settle here). There is also a growing climate of hostility to “migrants” in general – even though many areas of the economy including health and social care are dependent on overseas workers (Iacobucci, 2018).

Without the defined status and protected rights associated with citizenship, overseas workers and their families can easily become subject to exploitation or even enslavement (Wilkinson, 2014). Criminal gangs are becoming very proficient at turning debt into servitude, and it is the most marginal, weak and friendless who easily fall into debt. Out of the turmoil and ruins of the Second World War, there arose many new perspectives on citizenship, including the civil rights of people with mental illness (Rees, 1947). This tradition continues in the World Health Organization’s rights-based approach to protect the dignity of people with mental health problems, Countdown Global Mental Health (Saxena *et al.*, 2019). However, in contemporary Britain and America, we see a narrowing of civil rights, typified by Theresa May’s chilling statements “that citizenship is a privilege not a right” (Bridle, 2019). At the US Southern Border, migrating children are currently seen “as a threat to be controlled by military force” (Gee and Cohodes, 2019).

I have long admired the psychiatrist Dinesh Bhugra (now President of the British Medical Association) who is trying to rally health professionals behind citizens’ threatened “right to health” – before the “moral contract” between the public and professions is lost forever (Horton, 2019). Respect for rights needs to be monitored across populations, and at the UK’s Office for National Statistics, there is now a Centre for Equalities and Inclusion (www.ons.gov.uk/aboutus/whatwedo/programmesandprojects/centreforequalitiesandinclusion). Your income, property and status should not bear on your right to healthcare, and I hope UK readers will consider sending their evidence to the new Commission for Equality in Mental Health (www.centreformentalhealth.org.uk/commission-equality-call-evidence-january-2019). Today, mental illness shows a steep social gradient, with the poorest residents in the poorest communities much more likely to be unwell. Only today, the impact of children breathing poor quality air on their risk of developing psychotic illness has been revealed (Carrington, 2019). Seeing young children poisoned by slum air can only be tolerated if your country relegates many families to the status of second-class citizens, or even aliens?

In most countries, place of birth or parent’s nationality determine citizenship. My own mother gave birth shortly after she landed in America, but I have tried to find out the flag of the ship on which her labor began, wondering if a quicker delivery might have meant another passport? Sadly, neither place of birth nor family history protects the rights of some ethnic and religious minorities, like the Rohingya in Myanmar. Released after years of imprisonment under apartheid, at his inauguration as President of South Africa in 1994, Nelson Mandela gave this vision of citizenship: “To my compatriots, I have no hesitation in saying that each one of us is as intimately

attached to the soil of this beautiful country as are the famous jacaranda trees of Pretoria and the mimosa trees of the bushveld. Each time one of us touches the soil of this land, we feel a sense of personal renewal” (Russell, 2010). Sadly, for many populations (such as the million Uighurs experiencing mass incarceration in China) their compatriots do not see them as fellow citizens (Apps, 2019).

If citizenship provides an implicit form of social capital, we know that a sense of belonging and reciprocal trust and respect between members of the same community can promote mental health. Homeless people have much higher mortality than those with a physical home (Minerva, 2019) and to be a citizen is to have an emotional home, some place and people where you belong. Even in one country, the UK, belonging can take different forms and develop over many lifetimes: “Moreover, the integration of minority groups is a complex and long-term process that, across generations, can be hindered or facilitated depending, for example, on personal traits and the motivation of individuals and on the characteristics and (dis)similarities of the country of origin with the hosting one” (Dorsett *et al.*, 2019). The customs and laws of each nation are different, and may change over time – but in general the protection of law and respect and understanding from fellow citizens are good for public health.

So what can make someone a citizen?

Becoming the Mother-in-law of the President

Being wealthy enough to invest over a Million Euros, locally

Bearing arms against mutual, foreign, Enemies of *our* Nation

Beaming adorably when Adopted by a jetsetter Celebrity

Building the V2 ballistic weapon for Hitler

Buying up foxy national Media

Or...

Bravely climbing straight up a building, to rescue a Baby in Peril, high on a ledge.

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