**General Assembly resolution on mental health and psychosocial support for sustainable development and peace**

*The General Assembly,*

*Welcoming* the Sustainable Development Goals, including Goal 3, on ensuring healthy lives and promoting well-being for all at all ages, and its specific and interlinked targets, particularly target 3.4 that promotes mental health and well-being, (based on PP4 A/HRC/RES/43/13)

*Reaffirming* General Assembly resolution 70/1 of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, which includes non-communicable disease-related targets, including reducing by one third premature mortality from non-communicable diseases by 2030 through prevention and treatment, and promoting mental health and well-being, as well as support for research and development of vaccines and medicines, and recalling the Addis Ababa Action Agenda of the Third International Conference on Financing for Development, which noted the enormous burden that non-communicable diseases place on developed and developing countries, and that these costs are particularly challenging for developing countries, (UNIATF on NCDs 2021 resolution. E/RES/2021/27)

*Taking note* of the World Health Organization action plan, entitled “Working for Health Action Plan 2022–2030”, which focuses on three key and cross-cutting priority areas, namely, planning and financing, education and employment and protection and performance, (PP5 A/RES/77/182 Human Resources Development)

*Welcoming* the "V World Summit on Mental Health" that will take place in Buenos Aires, Argentina, on 5th and 6th of October, 2023, under the theme “Mental health in all policies"

*Stressing* the need for Member States to further strengthen efforts to address non-communicable diseases for achieving universal health coverage, as well as to address mental health in their response to and recovery from the COVID-19 pandemic, (UNIATF on NCDs 2021 resolution E/RES/2021/27)

*Reaffirming also* the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health, and recognizing that health is a precondition for and an outcome and indicator of all three dimensions of sustainable development; (UHC and NCD Political Declaration)

*Deeply concerned* that close to 1 billion people in the world (1 in 8) experience a mental disorder, including 1 in 7 adolescents, while more than 1 of every 100 deaths is due to suicide, which is also the fourth leading cause of death in young people aged 15–29. (Based on the report by the WHO’s DG on the NCDs political declaration)

*Acknowledging* that the global burden and threat of non-communicable diseases, principally cardiovascular diseases, cancer, chronic respiratory diseases and diabetes, which are linked to one or more of the modifiable risk factors, namely, tobacco use, harmful use of alcohol, unhealthy diets and physical inactivity, as well as air pollution, as the largest environmental risk factor, and other risk factors contributing to non-communicable diseases, including mental health conditions, substance use disorders and neurological disorders, constitutes one of the major challenges for development in the twenty-first century, which undermines social and economic development throughout the world and threatens the achievement of internationally agreed development goals, (UNIATF on NCDs 2021 resolution. E/RES/2021/27)

*Recognizing* that mental disorders and other mental health conditions, as well as neurological disorders, contribute to the global burden of non-communicable diseases and that persons living with mental disorders and other mental health conditions may face more stigma and discrimination, being more susceptible to having their human rights violated and abused, and also have an increased risk of other non-communicable diseases and therefore higher rates of morbidity and mortality, and that depression is the leading cause of disability worldwide; (based on NCDs Political Declaration 2018. A/RES/73/2)

*Taking note* that the consequences of not addressing mental health and psychosocial development for children and adolescents extends to adulthood and limits opportunities for leading fulfilling adult lives, and that ensuring mental and brain health across the life course requires strategies for both promotion and prevention that involves sectors outside health and social care, (Based on WHO key facts on mental health of adolescents)

*Recognizing* that action must be taken to address decades of inattention to and underdevelopment of mental health services and systems, human rights abuses and discrimination against persons with mental disorders and psychosocial disabilities, (WHO Comprehensive Mental Health Action Plan 2013-2030, WHA66.8)

*Further recognizing* that mental health services are an essential component of health care and universal health coverage, (WHO Comprehensive Mental Health Action Plan 2013-2030)

*Recognizing* that the COVID-19 pandemic has major direct and indirect ramifications for the mental and psychosocial health of all people, in particular health and care workers, frontline workers, and those in vulnerable situations, in particular women, children, older persons and persons with disabilities who have been disproportionally affected by the COVID-19 pandemic, as well as those with pre-existing mental health conditions; (WHO EB148(3))

*Emphasizing* that Member States should ensure that persons with mental health conditions or psychosocial disabilities, in particular persons using mental health services, have access to a range of support services, including peer support, that are based on respect for human rights in order to live independently, be included in the community, exercise their autonomy and agency, participate meaningfully in and decide upon all matters affecting them and have their dignity respected, on an equal basis with others, (based on A/HRC/RES/43/13)

*Reiterating* the importance for Member States to adopt, implement, update, strengthen or monitor, as appropriate, laws, policies and practices to eradicate any form of discrimination, stigma, violence and abuse in the context of mental health, (based on PP23 A/HRC/RES/43/13)

*Recognizing* the particularly important role that psychiatry and other mental health professions should have, alongside, inter alia, government institutions and services, actors within the justice system, including the penitentiary system, civil society organizations and national human rights institutions, in taking measures to ensure that practices in the field of mental health do not perpetuate stigma, discrimination and social exclusion, coercion, overmedicalization and institutionalization that lead to violations or abuses of human rights, (PP24 A/HRC/RES/43/13)

*Reaffirming* the right of refugees, displaced persons, and migrants to the enjoyment, without discrimination of any kind, of the highest attainable standard of physical and mental health, and underscoring the vulnerable situations that can have a negative impact on the mental health of persons on the move, (PP30 A/HRC/RES/43/13)

*Recognizing* that women and girls with mental health conditions or psychosocial disabilities at all ages, in particular those using mental health services, face an increased vulnerability to violence, abuse, discrimination and negative stereotyping, and underscoring the need to take all appropriate measures to ensure access to mental health and community services that are gender-responsive, (based on PP31 A/HRC/RES/43/13)

*Understanding* that humanitarian contexts, conflict and post-conflict situations and natural disasters could present challenges for the mental health stressors of all the people involved, (based on WHO mental health website)

*Noting with concern* that climate change exacerbates many social and environmental risk factors for mental health and psychosocial problems, and can lead to emotional distress, the development of new mental health conditions and a worsening situation for people already living with these conditions. (WHO Mental Health and Climate Change Policy Brief, 2022)

*Recognizing* that digital technologies have the potential to contribute substantially to national efforts to achieve universal mental health coverage, with self-help approaches and telemedicine in particular showing strong benefits, including in middle-income countries. (World Mental Health Report 2022)

*Reaffirming* the role of the World Health Organization as the directing and coordinating authority on international health work in accordance with its Constitution, and emphasizing its primary role in providing technical support to countries on how to best engage populations, civil society and communities in national health policy, (based on A/RES/74/20 and A/RES/70/183 GHFP)

*Acknowledging* the leadership of the World Health Organization in the field of health, and also the work that it has carried out to date to, inter alia, integrate a human rights perspective into mental health, and recalling the commitment of States to implement by 2030 the Organization’s comprehensive mental health action plan, (PP34 A/HRC/RES/43/13)

1. *Encourages* Member States and relevant stakeholders to work with national emergency committees and mental health providers in order to include mental health and psychosocial support needs in emergency preparedness and enable access to safe and supportive services, including services that address psychological trauma and promote recovery and resilience, for persons’ mental disorders (pre-existing as well as emergency-induced) or psychosocial problems, including services for health and humanitarian workers, during and following emergencies, with due attention to the longer-term funding required to build or rebuild a community-based mental health system after the emergency; (WHO Comprehensive Mental Health Action Plan 2013-2030)
2. *Calls* upon Member States and all relevant actors to invest in local and community-based action, embedded in local and national services, on a longer-term basis to prevent, prepare for and respond to mental health and psychosocial needs, including by strengthening community resilience and the capacities of volunteers (based on OP2 ICRC 2019 resolution on mental health)
3. *Calls* upon Member States to mobilize and allocate adequate, predictable and sustainable resources for national responses to prevent and control non-communicable diseases and to promote mental health and well-being, through domestic, bilateral and multilateral channels, including international cooperation and official development assistance, and continue exploring voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels; (based onNCDs Political Declaration 2018. A/RES/73/2, OP46)
4. *Urges* Member States to take active steps to fully integrate a human rights-based approach into mental health and community services, and to adopt, implement, update, strengthen or monitor, as appropriate, all existing laws, policies and practices, with a view to eliminating all forms of discrimination, stigma, stereotypes, prejudice, violence, abuse, social exclusion, segregation, unlawful or arbitrary deprivation of liberty and institutionalization, and overmedicalization within that context, and to promote the right of persons with mental health conditions psychosocial disabilities, to live independently, to full inclusion and effective participation in society, to decide upon matters affecting them and to have their dignity respected on an equal basis with others; (OP6 A/HRC/RES/43/13)
5. *Urges* Member States, the United Nations and humanitarian organizations to increase efforts to provide and fund cross-sectoral mental health and psychosocial support services that are of quality, accessible, contextually sensitive, gender-responsive, age-disability-sensitive, and provided with respect for human rights, to ensure that such services are incorporated into humanitarian needs assessments and humanitarian programmes for preparedness, response and recovery, to meet the needs of all affected populations in humanitarian contexts, and to reinforce local and community-based efforts, which will be all the more important in mitigating and responding to additional psychological consequences experienced in the context of the COVID-19 pandemic, and calls on the United Nations and all relevant humanitarian organizations to scale up mental health and psychosocial support capacity accordingly, and report on mental health and psychosocial support programmes and funding in support of the recovery and resilience for the mental health and psychosocial well-being of all those affected, while also recognizing the impacts on humanitarian personnel and volunteers; (OP66 A/RES/77/28)
6. *Encourages* Member States to work towards having integrated mental health into primary health care by 2030, as an essential component to ensure universal health coverage; and implement measures to promote and improve mental health and well-being as an essential component of universal health coverage, including by scaling up comprehensive and integrated services for the prevention, including suicide prevention, as well as treatment for people with mental disorders and other mental health conditions as well as neurological disorders, providing psychosocial support, promoting well-being, strengthening the prevention and treatment of substance use disorders, addressing social, economic and environmental determinants along with other health needs, and fully respecting their human rights, noting that mental disorders and other mental health conditions as well as neurological disorders are an important cause of morbidity and contribute to the non-communicable diseases burden worldwide; (Based on WHO Comprehensive Mental Health Action Plan 2013-2030 and UHC Political Declaration)
7. *Calls upon* Member States to consider mental health as an essential component of universal health coverage in the context of the UN High Level Meeting on Universal Coverage that will occur at the 78th session of the UN General Assembly
8. *Also calls upon* Member States to compile knowledge and best practices for – and build capacity in – the development, multisectoral implementation and evaluation of policies, plans and laws relevant to mental health, including codes of practice and mechanisms to monitor protection of human rights and implementation of legislation, in line with the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments. (WHO Comprehensive Mental Health Action Plan 2013-2030)
9. *Encourages* Member States to scale up efforts to promote the recruitment and retention of competent, skilled and motivated health workers, including community health workers andmental health professionals, and encourage incentives to secure the equitable distribution of qualified health workers especially in rural, hard to-reach and underserved areas and in fields with high demands for services, including by providing decent and safe working conditions and appropriate remuneration for health workers working in these areas, consistent with the WHO Global Code of Practice on International Recruitment of Health Personnel, noting with concern that highly trained and skilled health personnel continue to emigrate which weakens health systems in the countries of origin; (UHC Political Declaration)
10. *Invites* Member States to implement measures to improve mental health and well-being, including by developing comprehensive services and support services for persons with people living with mental disorders and other mental health conditions and integrating them into national responses for non-communicable diseases, and addressing their social, economic and environmental determinants and other health needs, fully respecting their human rights; (NCDs Political Declaration 2018. A/RES/73/2, OP37)
11. *Urges* States to address the underlying social, economic and environmental determinants of health and to address holistically the range of barriers arising from inequalities and discrimination that impede the full enjoyment of human rights in the context of mental health; (OP10 A/HRC/RES/43/13)
12. *Invites* Member States to integrate climate change and mental health and psychosocial support considerations into main policies and strategies in health-determining sectors, for adaptation (e.g. drought management and food production) and mitigation (e.g. urban planning and transport), such as Health in National Adaptation Plans (HNAPs), as well as in other relevant climate change policies and plans (e.g. Nationally Determined Contributions (NDCs) and Long-Term Low-Emission Sustainable Strategies (LT-LEDS)) (WHO Mental Health and Climate Change Policy Brief, 2022)
13. *Urges* MemberStates to adopt prevention strategies to address depression and suicide, such as public health policies that respect human rights and focus on tackling determinants, enhancing life skills and resilience, promoting social connection and healthy relationships, and avoiding overmedicalization (OP12 A/HRC/RES/43/13)
14. *Encourages* Member States to promote the effective, full and meaningful participation of persons with mental health conditions or psychosocial disabilities, and their representative organizations in the design, implementation and monitoring of law, policies, services and programmes relevant to realizing the right of everyone to the enjoyment of the highest attainable standard of mental health (OP15 A/HRC/RES/43/13)
15. *Also encourages* Member States to coordinate a multisectoral strategy that aims at promoting mental health for women, new parents, young children and adolescents through home- and health facility-based antenatal and postnatal care for new parents and/or careers, provide early childhood programmes that address the cognitive, sensory-motor and psychosocial development of children as well as promote healthy child-caregiver relationships and by introducing or strengthening community protection networks and systems; (WHO Comprehensive Mental Health Action Plan 2013-2030)
16. *Calls upon* Member States to develop universal and targeted school-based promotion and prevention of mental health, including socioemotional life and skills programmes, programmes to counter bullying and violence, both online and offline, programmes to counter stigmatization and discrimination of persons with mental disorders including those with psychosocial disabilities, raising awareness of the benefits of a healthy lifestyle and the risks of substance use and early detection and intervention for children and adolescents with emotional or behavioural problems, including eating disorders, or neurodevelopmental impairments; (WHO Comprehensive Mental Health Action Plan 2013-2030)

*Urges* Member States to integrate mental health into the routine health information system and identify, collate, routinely report and use core mental health data disaggregated by age and disability (including data on completed and attempted suicides) in order to improve mental health service delivery, promotion and prevention strategies and to provide data for the Global Mental Health Observatory (as a part of WHO’s Global Health Observatory).

*Encourages* Member States to improve research capacity and academic collaboration on national priorities for research in mental health, particularly operational research with direct relevance to service development and implementation and the exercise of human rights by persons with mental disorders, including the establishment of centres of excellence with clear standards, with the inputs of all relevant stakeholders including persons with mental disorders and psychosocialdisabilities and their representative organizations. (WHO Comprehensive Mental Health Action Plan 2013-2030)”

1. *Requests* the Secretary-General to provide, in consultation with the WHO and other relevant agencies, a progress report during the 78 session of the General Assembly, including recommendations on the implementation of the resolution on mental health and psychosocial support for sustainable development and peace.