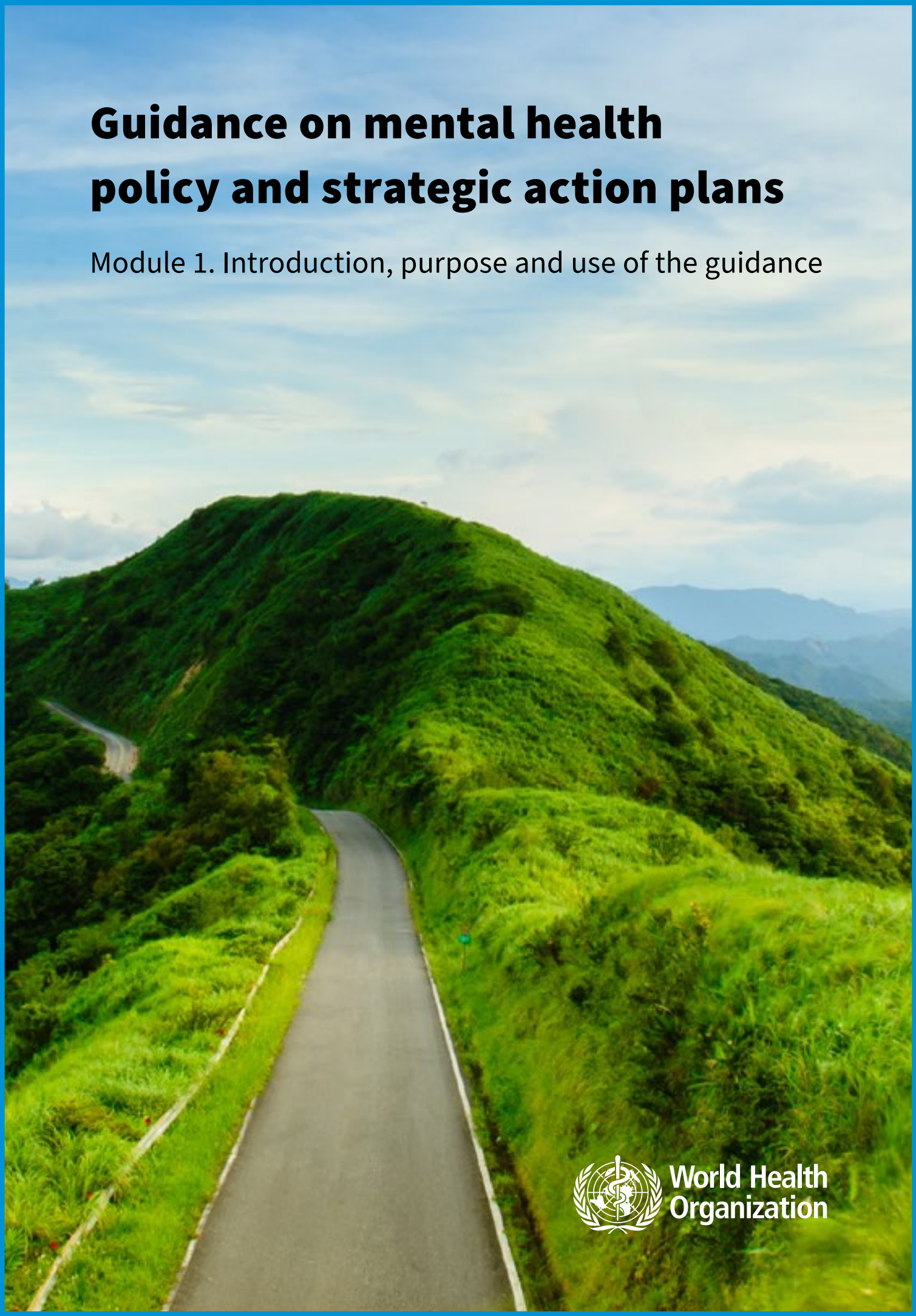
Guidance on mental health policy and strategic action plans

Module 1. Introduction, purpose and use of the guidance



World Health Organization

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(Guidance on mental health policy and strategic action plans. Module 1. Introduction, purpose and use of the guidance – Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans – Module 3. Process for developing, implementing, and evaluating mental health policy and strategic action plans – Module 4. Country case scenarios – Module 5. Comprehensive directory of policy areas, directives, strategies and actions for mental health)

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Foreword

This Guidance on mental health policy and strategic action plans provides countries with a comprehensive pathway to mental health policy reform. This is in line with an increasing consensus on the importance of embracing rights-based, person-centered, and recovery-oriented approaches that emphasize autonomy and dignity, while also engaging people with lived experience in planning and decision-making.

Our collective vision is for a world where mental health is integrated into primary health care, and where services are accessible, respectful, and empowering. Mental health planning should also take into account the social and structural factors such as poverty, housing, education, and employment, as well as the negative impact of stigma, discrimination, and other systemic barriers. Addressing these interconnected issues is fundamental to achieving holistic and sustainable outcomes. Collaboration across sectors is essential to implement equitable and effective community-based services.

This publication is a testament to the invaluable contributions of people with lived experience, whose voices and insights are central to this transformative agenda. It is their stories, resilience, and advocacy that underpin the urgency of this work and inspire us towards a more inclusive and compassionate world. This Guidance is a vital resource for policymakers, practitioners, and advocates alike, providing practical and actionable strategies to accelerate progress, while helping to protect the rights and dignity of those seeking care.

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

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Writing team

This publication was written by **Michelle Funk**, **Natalie Drew Bold**, **Maria Francesca Moro**, and **Celline Cole** (Unit of Policy, Law and Human Rights in the Department of Mental Health, Brain Health and Substance Use, WHO); and **Peter McGovern** (Modum Bad, Vikersund, Norway). WHO would like to thank the following individuals and organizations for their valuable contributions, feedback and inputs:

External contributors and reviewers

Aminath Ula Ahmed (Mental Health Support Group, Malé, Maldives); **Tsuyoshi Akiyama** (World Federation for Mental Health, Japan); **Ammar Humaid Albanna** (Al Amal Psychiatric Hospital, Emirates Health Services, Dubai, United Arab Emirates); **Abdulhameed Alhabeeb** (National Center for Mental Health Promotion, Ministry of Health, Riyadh, Saudi Arabia); **Michaela Amering** (World Association for Psychosocial Rehabilitation (WAPR) and Medical University of Vienna, Austria); **Caroline Amissah** (Ministry of Health, Accra, Ghana); **Action Amos** (Pan African Network of Persons with Psychosocial Disabilities (PANPPD), Blantyre, Malawi); **Ghida Anani** (ABAAD MENA - Resource Center for Gender Equality, Beirut, Lebanon); **Jordi Blanch Andreu** (Department of Health, Catalonia, Spain); **Victor Aparicio Basauri** (Public University of Lanús, Buenos Aires Province, Argentina); **Steven Appleton** (Global Leadership Exchange, United Kingdom of Great Britain and Northern Ireland); **Maria Magdalena Archila** (Ministry of Health, San Salvador, El Salvador); **Gregory Armstrong** (Nossal Institute for Global Health, University of Melbourne, Victoria, Australia); **Emmanuel Asampong** (University of Ghana, Accra, Ghana); **Toshiaki Baba** (Ministry of Health, Labour and Welfare, Tokyo, Japan); **Radmila Stojanović Babić** (Susret, Zagreb, Croatia); **Jo Badcock** (Ending Loneliness Together, Pyrmont, New South Wales, Australia); **Stojan Bajraktarov** (University Ss. Cyril and Methodius, Skopje, North Macedonia); **Julia Bartuschka** (Federal Ministry of Social Affairs, Health, Care and Consumer Protection, Vienna, Austria); **Rimma Belikova** (Ministry of Health, Riga, Latvia); **Eleanor Bennett** (Mental Health Unit, Ministry of Health and Wellness, Belmopan, Belize); **Simona Bieliune** (Ministry of Health, Vilnius, Lithuania); **Johann Böhmann** (Delmenhorst Institute for Health Promotion (DIG), Delmenhorst, Germany); **Marit Borg** (World Association for Psychosocial Rehabilitation (WAPR) and University of South-Eastern Norway (USN), Drammen, Norway); **Lisa Brophy** (La Trobe University, Bundoora, Victoria, Australia); **Todd Buchanan** (Loyalist College/ Peer Support South East Ontario (PSSEO), Kingston, Ontario, Canada); **Ernest Burés** (Support Girona, Catalonia, Spain); **Rochelle Burgess** (UCL Centre for Global Non-Communicable Diseases, London, the United Kingdom); **Cristina Carreno** (Médecins sans Frontiers (MSF), Barcelona, Spain); **Catherine Carty** (Munster Technological University, Tralee, Ireland); **Magda Casamitjana i Aguilà** (National Mental Health Pact of Catalonia, Catalonia, Spain); **Marika Cencelli** (NHS England, London, the United Kingdom); **Francesca Centola** (Mental Health Europe, Brussels, Belgium); **Odille Chang** (College of Medicine, Nursing and Health Sciences, Fiji National University, Suva, Republic of Fiji); **Fatma Charfi** (Department of Child Psychiatry, Mongi-Slim Hospital, University of Tunis El-Manar, Tunis, Tunisia); **Andreas Chatzittofis** (Medical School, University of Cyprus, Nicosia, Cyprus); **Roman Chestnov** (HIV/ Health and Development Team, United Nations Development Programme (UNDP), Geneva, Switzerland); **Iva Cheung** (Health Justice, Vancouver, British Columbia, Canada); **Dixon Chibanda** (The Friendship Bench, Harare, Zimbabwe); **Jana Chihai** (Nicolae Testemitanu State Medical and Pharmaceutical University, and Trimbos Institute, Chisinau, Republic of Moldova); **Kalaba Mulutula Chilufya** (Resident Doctors Association of Zambia, Lusaka, Zambia); **Teodora Ciolompea** (Mental Health Program, Drug Addiction Evaluation and Treatment Center, Bucharest, Romania); **Susan Clelland** (National Mental Health Program, Ministry of Public Health, Doha, Qatar); **Jarrod Clyne** (International Disability Alliance (IDA), Geneva, Switzerland); **Pamela Collins** (Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland, the United States); **Sarah Collinson** (Sightsavers, London, the United Kingdom); **Souleymane dit Papa Coulibaly** (Centre Hospitalier Universitaire (CHR), Le Ministre de la Santé et du Developpement Social, Bamako, Mali); **Cécile Crozet** (Institutional Affairs, Support Girona, Catalonia, Spain); **Anderson da Silva Dalcin** (CAPS III – Brasilândia, São Paulo, Brazil); **Pere Bonet Dalmau** (Special Adviser, Ministry of Health, Andorra La Vella, Andorra); **Evans Danso** (Mental Health Authority, Ministry of Health, Accra, Ghana); **Maria-Luisa de la Puente** (Mental Health Pact, Barcelona, Spain); **Shelley de la Vega** (Institute on Aging, National Institutes of Health, Manila, Philippines); **Linda Dervishaj** (Delmenhorst Institute for Health Promotion (DIG), Delmenhorst, Germany); **Matrika Devkota** (KOSHISH - National Mental Health Self-Help Organization, Kathmandu, Nepal); **Hervita Diatri** (Cipto Mangunkusumo General Hospital, Department of Psychiatry, University of Indonesia, Jakarta, Indonesia); **Prianto Djatmiko** (Adult Mental Health Division, Ministry of Health, Jakarta, Indonesia); **Reine Dope Koumou** (Centre National de Santé Mentale, Ministère de la Santé et des Affaires Sociales, Libreville, Gabon);

S. Benedict Dossen (Mental Health Program, Ministry of Health, Monrovia, Liberia); **Marianna Duarte** (Médecins sans Frontiers (MSF), Paris, France); **Julian Eaton** (CBM Global, London, the United Kingdom); **Rabih El Chammay** (National Mental Health Programme, Ministry of Health, Beirut, Lebanon); **Javiera Paz Erazo Leiva** (Disease Prevention and Control Division, Ministry of Health, Santiago, Chile); **Carla Fadlallah** (Support Girona, Catalonia, Spain); **John Farrelly** (Mental Health Commission, Dublin, Ireland); **Julia Faure** (WHO QualityRights Program, Etablissement Public de Santé Mentale (EPSM) Lille Métropole - Centre collaborateur de l'OMS pour la Recherche et la Formation en Santé mentale, Lille, France); **Emma Ferguson** (United Nations Children's Fund (UNICEF), New York, New York, the United States); **Katherine Ford** (University of Oxford, Oxford, the United Kingdom); **Arianne Foret** (Support Girona, Catalonia, Spain); **Melvyn Freeman** (University of Stellenbosch, Stellenbosch, South Africa); **Harumi Fuentes** (Office of the United Nations High Commissioner for Human Rights (OHCHR), Geneva, Switzerland); **Silvana Galderisi** (University of Campania "Luigi Vanvitelli", Naples, Italy); **Carlos Enrique Garavito Ariza** (Non-Communicable Diseases Department, Ministry of Health and Social Protection, Bogotá, Distrito Capital, Colombia); **Neha Garg** (Mental Health, Ministry of Health and Family Welfare, New Delhi, India); **Gladwell Gathecha** (Division of Noncommunicable Diseases, Ministry of Health, Nairobi, Kenya); **Lynn Gentile** (Office of the United Nations High Commissioner for Human Rights, Geneva, Switzerland); **Nariman Ali Ghader** (Emirates Health Services, Dubai, United Arab Emirates); **Neeraj Gill** (School of Medicine and Dentistry, Griffith University, Southport, Queensland, Australia); **Ketevan Goginashvili** (Health Policy Division, Ministry of Internally Displaced Persons from the Occupied Territories, Labour, Health and Social Affairs, Tbilisi, Georgia); **Ximena Goldberg** (Barcelona Institute for Global Health (ISGlobal), Barcelona, Spain); **Kristijan Grđan** (Mental Health Europe (MHE), Zagreb, Croatia); **Anne Guy** (Beyond Pills Alliance, London, the United Kingdom); **Bill Gye** (Community Mental Health Australia (CMHA), Rozelle, New South Wales, Australia); **Ahmed Hankir** (Western University, London, Ontario, Canada); **Muhammad Ali Hasnain** (United for Global Mental Health, London, the United Kingdom); **Karin Hechenleitner Schacht** (Office of the United Nations High Commissioner for Human Rights (OHCHR), Geneva, Switzerland); **Vivian Hemmelder** (Mental Health Europe (MHE), Brussels, Belgium); **Helen Herrman** (Orygen Centre for Youth Mental Health, The University of Melbourne, World Psychiatric Association, Melbourne, Victoria, Australia); **Zeinab Hijazi** (United Nations Children's Fund (UNICEF), New York, New York, the United States); **Mark Horowitz** (UCL, London, the United Kingdom); **Ada Hui** (Royal College of Nursing, London, the United Kingdom); **Asma Humayun** (Ministry of Planning, Development and Special Initiatives, Islamabad, Pakistan); **Yoshikazu Ikehara** (Tokyo Advocacy Law, Tokyo, Japan); **Elturan Ismayilov** (Mental Health Center, Baku, Azerbaijan); **Gabriel Ivbijaro** (World Mental Health Federation (WFMH), London, the United Kingdom); **Bernard Jacob** (Federal Public Service Health (FPS Health), Brussels, Belgium); **Florence Jaguga** (Alcohol and Drug Abuse Rehabilitation Unit, Moi Teaching & Referral Hospital, Eldoret, Kenya); **Lucy Clare Johnstone** (Independent Trainer, the United Kingdom); **Nev Jones** (School of Social Work, University of Pittsburgh, Pittsburgh, Pennsylvania, the United States); **Simon Njuguna Kahonge** (Mental Health, Ministry of Health, Nairobi, Kenya); **Olga Kalina** (European Network of (Ex-) Users and Survivors of Psychiatry (ENUSP), Tbilisi, Georgia); **Timo Kallioaho** (European Network of (Ex-) Users and Survivors of Psychiatry (ENUSP), Pentinmäki, Finland); **Gregory Keane** (Médecins Sans Frontières (MSF), Paris, France); **Thomas Kearns** (Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland (RCSI), Dublin, Ireland); **Rene Keet** (GGZ Noord-Holland-Noord, Heerhugowaa, Netherlands (Kingdom of the)); **Tim Kendall** (NHS England, London, the United Kingdom); **Saqui Khandoker** (Shuchona Foundation, Dhaka, Bangladesh); **Gary Kiernan** (Mental Health Commission, Dublin, Ireland); **Nina Kilkku** (European Psychiatric Nurses (Horatio), Faculty of Health Sciences, Institute for Health, VID Specialized University, Oslo, Norway); **Seongsu Kim** (Dawon Mental Health Clinic, Korean Open Dialogue Society, Suwon, Republic of Korea); **Hansuk Kim** (Division of Mental Health Policy, Ministry of Health and Welfare, Sejong-si, Republic of Korea); **Sarah Kline** (United for Global Mental Health, London, the United Kingdom); **Martin Knapp** (NIHR School for Social Care Research, London School of Economics and Political Science, London, the United Kingdom); **Manasi Kumar** (Institute for Excellence in Health Equity, New York University School of Medicine, New York, New York, the United States and Department of Psychology, University of Nairobi, Kenya); **Zrinka Laido** (Mental Health Department, Ministry of Social Affairs, Estonia); **Norman Lamb** (South London and Maudsley NHS Foundation Trust, London, the United Kingdom); **Jennifer Leger** (Humanity and Inclusion, Lyon, France); **Valentina Lemmi** (School of Health and Social Care, University of Essex, Colchester, the United Kingdom); **Yiu-hong Leung** (Health Promotion Branch, Department of Health, Hong Kong Special Administrative Region, China); **Michelle Lim** (Ending Loneliness Together, Pyrmont, New South Wales, Australia); **Jutta Lindert** (University of Applied Sciences, Emden, Germany); **Laura Loli-Dano** (Mood and Anxiety Ambulatory Services, The Centre for Addiction and Mental Health (CAMH), Toronto, Ontario, Canada); **Antonio Lora** (Aziende Socio Sanitarie Territoriali (ASST) Regione Lombardia, Lecco, Italy); **Nasser Loza** (The Behman Hospital, Cairo, Egypt); **Crick Lund** (Centre for Global Mental Health, Institute of Psychiatry, Psychology and Neuroscience, King's College London, London, the United Kingdom); **Ma Ning** (National Mental Health Project Office, National Medical Center for Mental Illness, Peking University Sixth Hospital, Beijing, China); **Alicia Malcolm** (Behavioral Health Services Department, Ministry of Health and Human Services, Cockburn Town, Turks and Caicos Islands, British Overseas Territory); **Raj Mariwala** (Mariwala Health Initiative, Mumbai, India); **Michael Marmot** (UCL International Institute for Society and Health, University College London, London, the United Kingdom); **Sergi Martínez** (Support Girona, Baixos, Girona, Spain); **Patience Mavunganidze** (Mental Health Department, Ministry of Health and Child Care, Harare, Zimbabwe); **Felicia Mburu** (Article 48 Initiative, Nairobi, Kenya); **Shari McDaid** (Mental Health Foundation, London, the United Kingdom); **Zul Merali** (Brain and Mind Institute, Aga Khan University, Karachi, Pakistan); **Happiness Mkhatshwa** (World Vision International, Mbabane, Eswatini); **Tlaleng Mofokeng** (Special Rapporteur on the right to physical and mental health, Johannesburg, South Africa); **Cristina Molina Parrilla** (National Mental Health Pact of Catalonia, Spain); **Cristian Montenegro** (Wellcome Centre for Cultures and Environments of Health, University of Exeter, the United Kingdom); **Guadalupe Morales Cano** (Fundación Mundo Bipolar, Madrid, Spain and European Network of (Ex-)Users and Survivors of Psychiatry (ENUSP), Spain); **Alejandra Moreira** (Mental Health Care Program, Ministry of Public Health, Montevideo, Uruguay); **Natalia Muffel** (United Nations Children's Fund (UNICEF), New York, New York, the United States); **Fabian Musoro** (Ministry of Health and Child Care, Harare, Zimbabwe); **Charity Muturi** (Representative of service users and caregivers, Tunawiri, Kenya); **Takuya Nakamura** (Ministry of Health, Labour and Welfare, Tokyo, Japan); **Byambadorj Ninj** (Ministry of Health, Ulaanbaatar, Mongolia); **Michael Njenga** (CBM Global, Nairobi, Kenya); **Aikaterini Nomidou** (Greek Association of Families/Carers and Friends for Mental Health, Athens, Greece); **Zuzana Novakova** (Ministry of Health, Bratislava, Slovakia); **Nurashikin binti Ibrahim** (National Centre of Excellence for Mental Health (NCEMH), Ministry of Health, Malaysia); **Hauwa Ojeifo** (She Writes Woman, Abuja, Nigeria); **Nasri Omar** (Ministry of Health, Nairobi, Kenya); **Bouram Omar** (Mental Health Office, Ministry of Health and Social Protection, Rabat, Morocco); **Olivia Marie Angèle Awa Ouedraogo** (Ministry of Health, Ouagadougou, Burkina Faso); **Aldemar Parra Espitia**

(Non-Communicable Diseases Department, Ministry of Health and Social Protection, Bogotá DC, Colombia); **Soumitra Pathare** (Centre for Mental Health Law and Policy, Pune, India); **Marline Elizabeth Paz Castillo** (Ministerio de Salud Pública y Asistencia Social, Ciudad de Guatemala, Guatemala); **Claudia Pellegrini Braga** (Faculty of Medicine, University of São Paulo, Brazil); **Lorena López Pérez** (Comisión Nacional de Salud Mental y Adicciones, Secretaría de Salud, Mexico DF, Mexico); **Núria Pi** (Support Girona, Baixos, Girona, Spain); **Kathleen Pike** (Global Mental Health Program, Columbia University, New York, New York, the United States); **Mohammad Reza Pirmoradi** (School of Behavioral Sciences and Mental Health, Iran University of Medical Sciences, Tehran, Iran (Islamic Republic of)); **Andrea Pregel** (Sightsavers, Chippenham, the United Kingdom); **Marek Procházka** (Psychiatric Hospital of Horni Berkovice, Czechia); **Benjamas Prukkanone** (Department of Mental Health, Ministry of Public Health, Nonthaburi, Thailand); **Dainius Pūras** (Department of Psychiatry, Faculty of Medicine, Vilnius University, Vilnius, Lithuania); **Jorge Quílez Jover** (Department of Health, Catalonia, Spain); **Gerard Quinn** (Centre for Disability Law and Policy, National University of Ireland, Galway, Ireland; **Anne Randväli** (Ministry of Social Affairs, Tallinn, Estonia); **Solomon Rataemane** (World Association of Psychosocial Rehabilitation (WAPR), and University of Limpopo (MEDUNSA), South Africa); **John Read** (University of East London, London, the United Kingdom); **Greg Roberts** (Nossal Institute for Global Health, the University of Melbourne, Victoria, Australia); **Ignas Rubikas** (Mental Health Division, Ministry of Health, Vilnius, Lithuania); **Maria Rubio-Valera** (Mental Health Pact, Parc Sanitari Sant Joan de Déu, Barcelona, Spain); **Oleg Salagay** (Ministry of Health of the Russian Federation, Moscow, Russian Federation); **James Sale** (United for Global Mental Health, London, the United Kingdom); **Liuska Sanna** (Mental Health Europe, Brussels, Belgium); **Martha Savage** (School of Geography, Environment and Earth Sciences, Victoria University, Wellington, New Zealand); **Aminath Shahuza** (National Mental Health Department, Ministry of Health, Malé, Maldives); **Michael Shannon** (Faculty of Nursing and Midwifery, Royal College of Surgeons in Ireland (RCSI), University of Medicine and Health Sciences, Dublin, Ireland); **Dudu Shiba** (Directorate of Mental Health and Substance Abuse Policy, Department of Health, Pretoria, South Africa); **Laura Shields-Zeeman** (Trimbos Institute, Utrecht, Netherlands (Kingdom of the)); **Sarah Simpson** (Nossal Institute for Global Health, the University of Melbourne, Victoria, Australia); **Laura Smart Richman** (Population Health Sciences, Duke University, Durham, North Carolina, the United States); **Josep Maria Solé** (Support Girona, Catalonia, Spain); **Chhit Sophal** (Department of Mental Health and Substance Abuse, Ministry of Public Health, Nonthaburi, Thailand); **Priti Sridhar** (Mariwala Health Initiative, Mumbai, India); **Fabrizio Starace** (Department of Mental Health and Drug Abuse, Azienda Unità Sanitaria Locale di Modena, Italy); **Charlene Sunkel** (Global Mental Health Peer Network, Johannesburg, South Africa); **Kota Suzuki** (Department of Health and Welfare for Persons with Disabilities, Mental Health and Disability Health Division, Ministry of Health, Labour and Welfare, Tokyo, Japan); **Ingibjörg Sveinsdóttir** (Ministry of Health, Reykjavik, Iceland); **Angie Tarr-Nyakoon** (Mental Health Program, Ministry of Health and Social Welfare, Monrovia, Liberia); **Dilorom Tashmukhamedova** (Committee on Youth, Culture and Sports, Senate of the Republic of Uzbekistan, Tashkent, Uzbekistan); **Aracely Téllez Orellana** (Programa de Salud Mental, Ministerio de Salud Pública y Asistencia Social, Ciudad de Guatemala, Guatemala); **Murali Thyloth** (World Association for Psychosocial Rehabilitation (WAPR), India); **Tor Helge Tjelta** (Centre for Development Mental Health and Addiction, the Norwegian Association for Mental Health and Addiction Care, and the European Community-based Mental Health Service Providers Network (EUCOMS), Norway); **Emanuela Tollozhina** (Ministry of Health and Social Protection, Tirana, Albania); **Catherine Townsend** (Ford Foundation, New York, New York, the United States); Joy Ubong (She Writes Woman, Abuja, Nigeria); **Michael Udedi** (Ministry of Health and Population, Lilongwe, Malawi); **Carmen Valle Trabadelo** (IFRC Reference Centre for Psychosocial Support, Copenhagen, Denmark); **Chantelle van Straaten** (Booysen); (Independent Consultant and Advocate for Mental Health, South Africa); **Javier Vasquez** (Washington College of Law, American University, Washington, District of Columbia, the United States); **Sahar Vasquez** (Global Mental Health Peer Network, Belize); **Alberto Vasquez Encalada** (Center for Inclusive Policy (CIP), Peru); **Simon Vasseur-Bacle** (Ministère de la Santé et de la Prevention, France et Service de recherche et de formation en santé mentale, Etablissement Public de Santé Mentale (EPSM) Lille Métropole/Centre collaborateur de l'OMS pour la Recherche et la Formation en Santé mentale, Lille, France); **Joan Vegué** (Mental Health and Addictions Master Plan of Catalonia, Spain); **Matej Vinko** (National Mental Health Programme, National Institute of Public Health, Ljubljana, Slovenia); **Andrej Vršanský** (League for Mental Health, Bratislava, Slovakia); **Ann Watts** (International Union of Psychological Science, Durban, South Africa); **Douglas Webb** (United Nations Development Programme, New York, New York, the United States); **Rick Peter Fritz Wolthusen** (Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, North Carolina, the United States); **Stephanie Wooley** (European Network of (Ex-) Users and Survivors of Psychiatry (ENUSP), Paris, France); **Miguel Xavier** (National Coordination of Mental Health Policies, Ministry of Health, Lisbon, Portugal); **Peter Yaro** (BasicNeeds, Accra, Ghana); Constantin Zieger (Competence Center Psychosocial Health, Federal Ministry for Social Affairs, Health, Care and Consumer Protection, Vienna, Austria); **Martin Zinkler** (Department of Psychiatry and Psychotherapy, Gesundheit Nord gGmbH - Klinikverbund, Bremen, Germany); **Thurayya Zreik** (Public Health and Development Researcher, Beirut, Lebanon). WHO would also like to acknowledge the coordinated input received from the **Australian Government Department of Health and Aged Care**, to this publication.

WHO contributors and reviewers

WHO headquarters staff and consultants

Ben Adams; Mirna Amaya; Annabel Baddeley; Rachel Baggaley; Nicholas Banatvala; Daryl Barrett; Kenneth Carswell; Sudipto Chatterjee; Daniel Chisholm; Nicholas James John Corby; Catarina Magalhães Dahl; Anne-Marijn De Graaff; Tarun Dua; Alexandra Fleischmann; Brandon Gray; Rachel Mary Hammonds; Fahmy Hanna; Ernesto Jaramillo; Dzmitry Krupchanka; Aiysha Malik; Gergana Manolova; Farai Mavhunga; Pauliina Nykanen-Rettaroli; Miriam Orcutt; Barango Prebo; Giovanni Sala; Alison Schafer; Katrin Seeher; Chiara Servili; Tova Tampe; Tamitza Toroyan; Nicole Valentine; Mark Van Ommeren; Benoit Varenne; Kerri Viney; and Inka Weissbecker.

WHO review and coordination at regional level

Florence Kamayonza Baingana (former, WHO Regional Office for Africa); **Andrea Bruni** (WHO Regional Office for South-East Asia); **Claudina Cayetano** (WHO Regional Office for the Americas); **Eric Domingo** (WHO Regional Office for the Western Pacific); **Jennifer Hall** (WHO Regional Office for Europe); **Matias Irarrazaval** (WHO Regional Office for the Americas); **Ledia Lazeri** (WHO Regional Office for Europe); **Carmen Martinez** (WHO Regional Office for the Americas); **Jason Maurer** (WHO Regional Office for Europe); **Melita Murko** (WHO Regional Office for Europe); **Renato Oliveira e Souza** (WHO Regional Office for the Americas); **Cassie Redlich** (WHO Regional Office for Europe); **Chido Ratidzai Rwafa Madzvamutse** (WHO Regional Office for Africa); **Khalid Saeed** (WHO Regional Office for the Eastern Mediterranean); **Ana Maria Tijerino Inestroza** (WHO Regional Office for Europe); **Martin Vandendyck** (former, WHO Regional Office for the Western Pacific); **Cherian V. Varghese** (former, WHO Regional Office for South-East Asia); **Jasmine Vergara** (WHO Regional Office for the Western Pacific).

WHO staff and consultants in regions and countries

Issifou Alassani (WHO Country Office for Togo); **Ambroise Ané** (WHO Country Office for Cote d'Ivoire); **Murat Can Birand Apaydin** (WHO Regional Office for Europe); **Naye Bah** (WHO Country Office for Gabon); **Sadhana Bhagwat** (WHO Country Office for Bangladesh); **Rayan Butaita** (WHO Country Office for Bahrain); **Ashra Daswin** (WHO Country Office for Indonesia); **Cheick Bady Diallo** (WHO Regional Office for Africa); **Issimouha Dille Mahamadou** (WHO Regional Office for Africa); **Barkon Dwah** (WHO Country Office for Liberia); **Imane El Menchawy** (WHO Country Office for Morocco); **Dalia Elasi** (WHO Regional Office for the Eastern Mediterranean); **Wafaa Elsawy** (WHO Regional Office for the Eastern Mediterranean); **Rut Erdelyiova** (WHO Country Office for Slovakia); **Melania Angue Essiene Obono** (WHO Country Office for Equitorial Guinea); **Katoen Faromuzova** (WHO Country Office for Tajikistan); **Atreyi Ganguli** (WHO Country Office for India); **Momodou Gassama** (WHO Country Office for Gambia); **Augustin Gatera** (WHO Country Office for Rwanda); **Leveana Gyimah** (WHO Country Office for Ghana); **Ishakul Kabir** (WHO Country Office for Bangladesh); **Hafisa Kasule** (WHO Country Office for Uganda); **Nazokat Kasymova** (WHO Country Office for Uzbekistan); **Olga Khan** (WHO Country Office for Poland); **Shabana Khan** (WHO Regional Office for South-East Asia); **Rusudan Klimiashvili** (WHO Country Office for Georgia); **Aye Moe Moe Lwin** (WHO Country Office for Myanmar); **Debra Machando** (WHO Country Office for Zimbabwe); **Tebogo Madidimalo** (WHO Country Office for Botswana); Raquel Dulce **Mahoque Maguele** (WHO Country Office for Mozambique); **Kedar Marahatta** (WHO Country Office for Nepal); **Joseph Lou Kenyi Mogga** (WHO Country Office for South Sudan); **Hasina Momotaz** (WHO Country Office for Bangladesh); **Laurent Moyenga** (WHO Country Office for Burkina Faso); **Siddharth Maitreyee Mukherjee** (WHO Country Office for India); **Julius Muron** (WHO Country Office for Ethiopia); **Christine Chiedza Musanhu** (WHO Country Office for Uganda); **Joseph Muiruri Kibachio Mwangi** (Country Office for South Africa); **Thato Mxakaza** (WHO Country Office for Lesotho); **Alphoncina Nanai** (WHO Country Office for Tanzania); **Jérôme Ndaruhutse** (WHO Country Office for Burundi); **Nikolay Negay** (WHO Country Office for Kazakhstan); **Olivia Nieveras** (WHO Country Office for Thailand); **Ishmael Nyasulu** (WHO Country Office for Malawi); **Brian Ogallo** (WHO Country Office for Sudan); **Milena Oikonomou** (WHO European Office for Investment for Health and Development); **Edith Pereira** (WHO Country Office for Cape Verde); **Hanitra Rahantarisoa** (WHO Country Office for Madagascar); **Mamitahiana Rakotoson Ramanamahefa** (WHO Country Office for Madagascar); **Sajeeva Ranaweera** (WHO Regional Office for South-East Asia); **Vageesha Rao** (WHO Regional Office for South-East Asia); **Maura Reap** (WHO Country Office for the Republic of Moldova); **Raoul Saizonou** (WHO Country Office for Benin); **Yasara Samarakoon** (WHO Country Office for Sri Lanka); **Nabil Samarji** (WHO Country Office for the Syrian Arab Republic); **Reynold Burkrie George Senesi** (WHO Country Office for Sierra Leone); **Yutaro Setoya** (WHO Country Office for India); **Mahmoud Ahmed Mohamed Farah Shadoul** (WHO Country Office for Sudan); **Elena Shevkun** (WHO Regional Office for Europe); **Mekhri Shoismatuloeva** (WHO Country Office for Tajikistan); **Tsitsi Siwela** (WHO Country Office for Zimbabwe); **Thirupathy Suveendran** (WHO Country Office for Sri Lanka); **Rita Tayeh** (WHO Country Office for Yemen); **Win Moh Moh Thit** (WHO Country Office for Myanmar); **Papy Tshimanga Manji** (WHO Country Office for Congo); **Andrew Vernon** (WHO Regional Office for the Americas); **Asmamaw Bezabeh Workneh** (WHO Country Office for Ethiopia); **Eyad Yanes** (WHO Country Office for Libya); **Edwina Zoghbi** (WHO Country Office for Lebanon).

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Glossary

Biomedical model

The biomedical model views mental health conditions as primarily caused by neurobiological factors *(1, 2)*. With this approach the main focus of care is on diagnosis, medication, and symptom reduction, often overlooking the social and structural factors affecting mental health and individuals' needs and rights for inclusion, social protection, among others *(3)*.

Community mental health care

Community-based mental health care, including both specialized and non-specialized care, allows people to live and to receive care within their own communities, rather than in institutional settings (such as psychiatric hospitals or social care facilities), promoting equality and inclusion within society. Community mental health care involves a network of interconnected services, including: mental health services integrated into general health care; community mental health centres; outreach, providing care at home or in public spaces; and access to key social and other support services. While there is no universal model for organizing these services, every country can take steps to restructure and expand community mental health care to uphold the right to live and be included in the community *(3)*.

Deinstitutionalization

Deinstitutionalization involves relocating individuals from institutional settings back into their communities and closing institutional beds to prevent further admissions. Successful deinstitutionalization requires comprehensive community-based services, sufficient financial and structural investment, and a shift in mindsets and practices to value people's rights to community inclusion, liberty, and autonomy *(3)*.

Disability

According to the United Nations Convention on the Rights of Persons with Disabilities (CRPD), disability results from the interaction between individuals with impairments or health conditions and societal barriers that limit their full and equal participation. Article 1 of the CRPD defines "persons with disabilities" as those with long-term physical, mental, intellectual, or sensory impairments that, when combined with barriers, hinder their full and effective participation in society. This reflects the social model of disability, which highlights the role of societal barriers that give rise to disability, and the human rights model, which asserts that people with disabilities have the right to demand the removal of these barriers to ensure equality and non-discrimination *(4)*.

Groups that face discrimination

This refers to groups of people within a given culture, context and history, who face, or are at risk of, discrimination and exclusion due to unequal power relationships. These groups may face discrimination based on age, gender, sexual orientation, disability, migrant and refugee status, race and ethnicity, indigeneity, houselessness status, language, religion, political or other opinions, education or income, living in various localities, or any other status *(5)*. Discrimination on any such ground is prohibited in international human rights law.

Human rights-based approach

This is an approach grounded in international human rights law, aimed at promoting and protecting human rights. In mental health, it involves adopting legal and policy frameworks that comply with State obligations under international law. It equips both State and non-State actors to identify, analyze, and address inequalities and discrimination, and to reach those who are marginalized. It also provides avenues for redress and accountability when necessary *(6)*.

Legal capacity
The CRPD defines legal capacity as "…the capacity to be both a holder of rights and an actor under the law. Legal capacity to be a holder of rights entitles persons to full protection of their rights by the legal system. Legal capacity to act under the law recognizes the person as an agent with the power to engage in transactions, and create, modify or end legal relationships" *(7)*. Legal capacity is an inherent and inalienable right, distinct from 'mental capacity' (which refers to people's decision-making abilities) since, regardless of a person's perceived abilities to make decisions, under the CRPD they nevertheless retain their right to exercise their legal capacity on an equal basis with others.

LGBTIQ+
LGBTIQ+ is an acronym for lesbian, gay, bisexual, transgender, intersex and queer/questioning people. The plus sign represents people of diverse sexual orientation, gender identity, gender expression and sex characteristics who identify with other terms. This acronym, adopted from a Western (predominantly Anglophone) context, has become a term of convenience in the realm of public health and health research, including for some normative statements on human rights by WHO and other UN entities *(8)*. While the acronym LGBTIQ+ (or a derivation of it, such as LGB or LGBT) is widely used globally and in UN publications, it does not encompass the full diversity of terms used to describe sexual orientation, gender identity and expression, and sex characteristics.

Lived experience
This can refer to personal experience with mental health services, mental health conditions, or specific living conditions like poverty. It describes how someone has experienced and understands a particular situation, challenge, or health issue.

Mental health and psychosocial support (MHPSS)
This is a composite term for any local or external support aimed at protecting or promoting psychosocial well-being or preventing and treating mental health conditions *(9)*.

Procedural accommodation
This refers to necessary modifications and adjustments in the context of access to justice, ensuring equal participation for persons with disabilities and other groups. Unlike reasonable accommodations, procedural accommodations are not limited by the concept of disproportionate or undue burden *(10)*.

Person-centred care
This focuses on aligning care with individuals' preferences, needs, values, and strengths, and with people's unique circumstances and goals in life. It requires that people actively participate in decisions about their treatment and care, aiming to foster trusting partnerships, dignity, respect, and autonomy, while also addressing social and structural factors affecting mental health in order to provide holistic care *(11)*.

Psychiatric and social care institutions
Institutions are living environments where residents are separated from the broader community, are often isolated, and lack control over their lives and decisions affecting them. Such settings also often prioritize institutional over individuals' needs *(12)*. Institutions may include standalone psychiatric hospitals, social care homes, and other facilities where people experience these restrictions. Even small, community-based facilities can be considered institutional if they impose rigid routines, restrict autonomy, and fail to promote genuine community inclusion. This definition does not include psychiatric units or services located in the community and integrated within general hospitals, and within the broader general healthcare system, provided that autonomy and rights are respected.

Psychosocial disability

This guidance adopts the definition of disability set out in the CRPD – see above. In this context, psychosocial disability refers to the barriers (for example discrimination, stigma and exclusion) that arise from the interaction between individuals with mental health difficulties and attitudinal and environmental factors that hinder people's full and equal participation in society. This term emphasizes a social rather than a medical approach to mental and emotional experiences. While the CRPD uses the term "impairment", this Guidance avoids this term in order to respect the diverse perspectives of people with lived experience of psychosocial disability, and the dynamic nature of mental and emotional states *(3, 13, 14)*.

Reasonable accommodation

The CRPD defines reasonable accommodation as necessary and appropriate modifications that do not impose a disproportionate or undue burden, ensuring that persons with disabilities and other groups can enjoy and exercise all human rights and fundamental freedoms on an equal basis with others *(15)*.

Recovery

The recovery approach in mental health focuses on supporting people to regain or maintain control over their lives. Recovery is personal and different for each person, and can include finding meaning and purpose, living a self-directed life, strengthening self-worth, healing from trauma, and having hope for the future. Each person defines what recovery means for them and decides which areas of life to focus on as part of their recovery journey. Recovery views the person and their context as a whole, rather than aiming for the absence of symptoms or a so-called cure *(16)*.

Substitute decision-making

This refers to regimes where a person's legal capacity is removed, and a substitute decision-maker is appointed to make decisions on their behalf, often based on what is perceived as the person's best interests, rather than their own will and preferences *(17)*.

Supported decision-making

The CRPD describes supported decision-making as regimes that provide various support options enabling a person to exercise legal capacity and make decisions with support *(18)*. Supported decision-making can take many forms but does not remove or restrict legal capacity. A supporter cannot be appointed by a third party without the person's consent, and support must align with the individual's will and preferences *(19)*.

Executive summary

Mental health policy reform is urgent

Mental health has become a global priority, recognized as influencing every aspect of life — from emotional and social well-being to physical health, relationships, and community involvement. It is a vital asset that should be protected and nurtured for individuals and societies to thrive. To achieve this, governments need to establish robust policies and approaches to address the mental health needs of their populations, while continually acting to protect and promote mental well-being.

In response there is growing momentum for policies to adopt a rights-based, person-centred, and recovery-oriented approach, in line with international human rights commitments, such as the Convention on the Rights of Persons with Disabilities and the WHO *Comprehensive mental health action plan 2013–2030 (20, 21)*. These approaches emphasize addressing stigma and discrimination and ensuring people's autonomy, dignity, and rights are respected. They also stress that mental health should be integrated as a core component of Universal Health Coverage (UHC) and the universal need for equitable access to comprehensive, quality mental health services, regardless of people's socioeconomic status or geographical location.

Despite these global commitments, many countries still lack mental health policies and plans that fully align with international human rights standards or address the broader societal factors affecting mental health. All countries having endorsed WHO's *Comprehensive mental health action plan 2013–2030* are committed to developing, updating, and implementing national policies and strategies, with a global target for 80% of countries to achieve this alignment by 2030.

A comprehensive framework for reform

This Guidance on mental health policy and strategic action plans was created to support countries in reforming their mental health policies and updating strategic action plans, placing human rights and the social and structural determinants of mental health at the core of all policy reform efforts. Grounded in international human rights frameworks, particularly the UN Convention on the Rights of Persons with Disabilities (CRPD), the Guidance calls for mental health systems that promote legal capacity, non-coercive practices, participation, and community inclusion. It aims to ensure that all people are treated with dignity, respect, and on an equal basis with others. By addressing broader social and structural determinants — such as poverty, housing insecurity, unemployment, and discrimination — and emphasizing multi-sectoral collaboration, the guidance promotes a holistic approach to mental health reform, advancing equity and social justice.

This Guidance serves as a valuable resource not only for policy-makers and planners but also for a wide range of stakeholders, including individuals and organizations involved in mental health advocacy and reform. It can help these stakeholders gain a better understanding of mental health systems, policy reform processes and key issues to be addressed in the development and implementation of rights-based mental health policy and strategic actions.

Structure of the Guidance

The Guidance discusses important policy areas for reform and outlines key steps that countries should work through in developing, implementing, evaluating and monitoring their mental health policy and strategic action plan. The Guidance is divided into five modules published as separate documents.

Module 1. Introduction, purpose and use of the guidance (this document)

This module discusses the challenges related to mental health policy and the need for reform in line with the international human rights framework, highlighting essential considerations and new directions.

Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans

This module details five key policy areas for reform together with associated directives, strategies and actions that can be prioritized and adapted by policy-makers and planners according to each country's specific contexts.

Key policy areas for reform

Within each policy area, a menu of policy directives, strategies, and actions guides reform efforts, helping policy-makers and planners prioritize and tailor policies to their specific context, in line with their available resources or organizational structures. At the end of each policy area, the Guidance highlights key issues requiring special considerations for diverse groups: children and adolescents, older adults, women, men and gender-diverse persons, the LGBTIQ+ community, persons with disabilities, migrants and refugees, persons from minoritized racial and ethnic groups, Indigenous Peoples, and persons who are houseless or with unstable housing. Due to unique characteristics, life circumstances, or unmet needs, these groups may require specific support and attention beyond that of the general population.

Policy area 1. Leadership, governance, and other enablers

Policy area 1 discusses strengthening leadership and governance structures to ensure the sustainability, accountability, and effective implementation of mental policy reforms.

Policy directives

- coordination, leadership and accountability;
- financing and budget;
- information systems and research;
- people with lived experience, civil society, and communities;
- rights-based law reform.

Policy area 2. Service organization and development

Policy area 2 discusses development and implementation of comprehensive community-based mental health services and support that are rights-based, person-centred and recovery-oriented; and reorganization of mental health systems to transition from institutionalized care to services in the community.

Policy directives

- coordinated rights-based community mental health services and support at all levels of care;
- integrated mechanisms that respond to social and structural factors and take rights-based approaches in mental health;
- partnerships for community inclusion, socioeconomic development, and for protecting and promoting rights;
- deinstitutionalization.

Policy area 3. Human resource and workforce development

Policy area 3 discusses building a diverse, competent and resilient workforce capable of delivering person-centred, rights-based, and recovery-oriented mental health services and support.

Policy directives

- a multidisciplinary workforce with task sharing, training and support;
- recruitment, retention and staff well-being;
- competency-based curricula for mental health.

Policy area 4. Person-centred, recovery-oriented and rights-based assessment, interventions and support

Policy area 4 discusses providing assessment, interventions and support that is comprehensive, offers choice, is responsive to individual support needs and is rights-based, person-centred and recovery-oriented.

Policy directives

- assessment of mental health and support needs by multidisciplinary teams;
- physical health and lifestyle, psychological, social and economic interventions;
- psychotropic drug interventions.

Policy area 5. Mental health sector contributions to addressing social and structural determinants and society-wide issues impacting mental health and well-being

Policy area 5 discusses expanding the mental health sector's role to address the social and structural determinants that shape mental health outcomes, promoting equity, human rights and inclusiveness.

Policy directives

- improved literacy and transformed mindsets to promote mental health and well-being and combat stigma, discrimination, and exclusion;
- joint actions on social and structural determinants and society-wide issues.

Module 3. Process for developing, implementing, and evaluating mental health policy and strategic action plans

This module outlines key principles and nine discrete and non-linear steps.

1. **Conduct high-level policy dialogue**. Bring together high-level stakeholders from key sectors and civil society to establish commitment and engagement for mental health reform.

2. **Establish a multistakeholder advisory committee**. This committee is important to oversee development and implementation of the policy and strategic action plan with input from all relevant sectors and stakeholders, including people with lived experience.

3. **Build understanding and new mindsets**. It is key to address stigma and discrimination and resistance to rights-based approaches from the outset of policy development.

4. **Review international human rights obligations and commitments**. Understanding key international human rights frameworks, including the UN Convention on the Rights of Persons with Disabilities (CRPD) is essential to inform policy development.

5. **Undertake situational analysis**. Assess the current mental health context, identifying gaps, priorities, and challenges to inform policy and strategic action plan development.

6. **Draft the mental health policy**. Develop the mental health policy, including key areas for action and policy directives based on a situational analysis, incorporating input from all relevant stakeholders.

7. **Draft the mental health strategic action plan**. Develop a strategic action plan with defined strategies including timeframes, targets, indicators, specific actions, outputs, and costs to effectively implement the policy.

8. **Implement the policy and strategic action plan**. Well-planned and sustainable implementation requires awareness-raising, dissemination, and communication; incremental and scaled up implementation processes; fundraising; and a realistic programme of work.

9. **Monitor and evaluate**. Set up mechanisms to continuously track progress, identify challenges, and adjust for successful implementation.

Checklists are also included to help planners assess and evaluate both pre-existing and newly drafted policies and strategic action plans.

Module 4. Country case scenarios

This module provides three country case scenarios to illustrate the varied approaches countries can take when reforming their mental health policy, including how policy directives, strategies, and actions can be tailored to fit specific local contexts.

Module 5. Comprehensive directory of policy areas, directives, strategies and actions for mental health

This module provides a quick access directory to material discussed in Module 2, enabling easy navigation.

A pathway to action

This Guidance offers a comprehensive blueprint and framework for developing national mental health policies and strategic action plans and aligning them with international human rights standards. It outlines key policy areas for reform, including policy directives, associated strategies and actions that are adaptable and can be selected and prioritized in line with country-specific contexts. It also advocates a rights-based, person-centred, and recovery-oriented approach while addressing the social and structural determinants of mental health. By promoting multi-sectoral collaboration, the guidance provides a pathway to building equitable, inclusive mental health systems that respect autonomy and dignity.

Countries are urged to implement this guidance to reform their mental health policies, so that these deliver lasting, evidence-based and rights-driven solutions for all.

1 A comprehensive approach to mental health policy reform

1.1 New directions for mental health policy reform

Mental health is central to every aspect of life, influencing emotional and social well-being, physical health, parenting and family life, relationships, work and community living, and having a meaningful and satisfying life. It is an important asset that needs to be protected and nourished for people and communities to thrive. Recognizing this importance, there are increasing calls to make mental health an integral part of Universal Health Coverage (UHC), acknowledging that expanding access to community-based services and support is essential to meet growing mental health needs.

Mental health gained significant political attention when the COVID-19 pandemic brought global focus to the issue. The scale of awareness was unprecedented, as people experienced firsthand how isolation and a lack of social networks, as well as financial insecurity, loss of income and employment, domestic violence, and burnout among frontline healthcare workers can deplete mental health. People in psychiatric institutions and care facilities were particularly hard hit, facing both severe isolation and increased mortality due to the rapid spread of the virus in these settings.

Separately, over the past fifteen years, new perspectives have been emerging, encompassing a shift from a primarily biomedical focus toward approaches that are more person-centred, recovery-oriented, and grounded in human rights. While there has been considerable discussion and some progress, much remains unrealized. This transition in perspective is driven by two main factors: first, a recognition that diverse ways of thinking and experiencing are part of human diversity, with no single normal way to be *(22)*; and second, a growing emphasis on empowerment, legal capacity, and support instead of coercion. This shift does not diminish the importance of accessible healthcare and treatment. Rather, it challenges numerous established practices within the health sector that undermine human rights and inclusion *(23)*.

Since the CRPD came into force in 2008, many political declarations have built momentum for this shift in approach. The World Health Assembly adopted WHO's *Comprehensive mental health action plan in 2013* *(20, 21)*, calling on countries to reform their mental health systems, including policy and legislation, in line with the CRPD and other international human rights standards. The plan was extended to 2030 at the 74th World Health Assembly in 2021, aligning with the United Nations' 2030 Agenda for Sustainable Development. Since 2016, the UN Human Rights Council has issued four resolutions on mental health and human rights, urging human rights-based reforms and providing new guidance for countries on law, policy, and services *(24–27)*. In June 2023, the UN General Assembly reinforced this call with a resolution on mental health and psychosocial support, similarly urging Member States to take action *(28)*.

In response to the growing demand for person-centred, recovery-oriented and rights-based approaches in mental health, WHO's QualityRights initiative has developed a range of tools. These include training resources to combat stigma and discrimination and build capacity for implementing the rights-based approach *(29)*.

Additional guidance is available on establishing community mental health services and support *(30)*, promoting the participation of people with lived experience *(29)*, strengthening civil society organizations that support mental health, and reforming mental health-related legislation *(31)*. The latter was developed in collaboration with the Office of the United Nations High Commissioner for Human Rights (OHCHR).

However, despite the growing recognition of mental health's importance and the shift toward person-centred, recovery-oriented, and rights-based approaches, a significant gap remains in investment in mental health and the type and quality of services provided on the ground. Many countries still lack the necessary policy and legislative frameworks to support these changes.

Public spending on mental health is critically low, with a global median of just 2% of government health budgets, much of it still directed toward large institutions associated with human rights violations *(32)*. Rather than merely increasing funds, governments need to reallocate resources towards community-based, person-centred services providing both acute crisis and long-term support, alongside other initiatives and actions to protect and promote people's mental health *(32)*. This reallocation is essential not only for protecting human rights but also for advancing UHC by ensuring that mental health services are a fundamental part of comprehensive health coverage. Achieving this goal requires a strong, coordinated effort across the mental health sector.

Many factors influence mental health across different levels. On an individual level, these include stigma and discrimination, violence, bullying, poverty, gender (for example, inequality and harmful gender norms) poor access to healthcare, inadequate housing, and limited job and educational opportunities. For families, challenges may involve financial insecurity, strained relationships, and lack of access to support. At the community level, people are affected by the availability of community resources and overall social cohesion. More broadly, at a societal level, factors like cultural norms, economic instability, and social inequalities, the unprecedented combination of multiple global crises and shocks, including climate change, conflict, the COVID-19 pandemic, and protracted conflicts and emergencies play significant roles. Global crises are exacerbating risks such as rising levels of poverty and food insecurity, which significantly impact mental health, especially in low- and middle-income countries (LMICs) *(33)*. These diverse influences highlight the need for a multifaceted response involving all government sectors, not just health. Significant shifts in national policies and strategic action plans are essential to address these determinants comprehensively, to align with the CRPD, and ensure holistic, person-centred care within the framework of universal mental health coverage.

1.2 International human rights framework

Policy plays a crucial role in upholding human rights and addressing discrimination in mental health. Despite this, across countries of all income levels, many people still lack access to community-based mental health services that meet their individual needs and respect their rights, dignity and autonomy. Poor quality services, dehumanizing treatment, and increasing rates of involuntary hospitalization and treatment are widespread issues. Seclusion and restraints are commonly used to enforce people's compliance *(34, 35)* and many individuals are institutionalized in psychiatric hospitals or social care facilities under appalling conditions, often for extended periods or even their entire lives. Others remain in the community, but confined at home, sometimes in shackles. These extensive violations and the resulting trauma have long-lasting effects on individuals, families, communities and future generations *(31, 36)*.

Mental health is a fundamental human rights concern and is essential to realize the right to health. International human rights standards acknowledge the urgent need for major reforms in mental health. Building on the International Bill of Human Rights[1], the CRPD emphasizes the need to end violations against persons with disabilities (including persons with psychosocial disabilities and mental health conditions) and calls for a rethinking of policies, laws, services, and practices to effectively promote and protect their rights, including in the area of mental health.

The CRPD prohibits all forms of disability-based discrimination and defines disabilities, including psychosocial disabilities, as arising from the interaction between individuals with impairments and societal barriers that impede their full participation on an equal basis with others. These barriers are recognized as discrimination, and the Convention imposes legally binding obligations on countries to remove them through policy, legal, and other measures to ensure equal rights and opportunities in all areas of life *(15)*. The CRPD also challenges harmful practices in mental health systems that undermine legal capacity and permit coercive measures. It advocates for a "support paradigm," requiring countries to reform mental health policies to promote personhood, autonomy, full participation, and community inclusion *(31)*.

As highlighted above, recent UN Human Rights Council resolutions reinforce this human rights approach in mental health, in alignment with the CRPD, urging Member States to adopt, implement, update, or strengthen policies, laws, and practices to eliminate discrimination, stigma, violence, and abuse in mental health care *(24–27)*. Additionally, reports by the UN Special Rapporteurs on the Right to Health and on the Rights of Persons with Disabilities highlight the critical need for a paradigm shift. They call on countries to adopt measures that combat stigma, stereotypes, negative attitudes, and harmful coercive practices against people with mental health conditions and psychosocial disabilities, as well as measures to ensure respect for legal capacity and promote full inclusion and participation in the community *(2, 37–39)*. These calls were further reinforced by the UN General Assembly's resolution on mental health and psychosocial support, adopted in June 2023 *(28)*.

Grounding policy in a human rights-based approach requires explicit reference to the rights and principles laid out in the CRPD, including equality, legal capacity, noncoercion, participation, community inclusion and a recovery approach *(40)*. These should influence every aspect of reform, from the overarching vision and values to specific policy areas, directives, strategies, and actions. A rights-based approach should not be confined to a separate section of the policy but should be integrated throughout.

Legal capacity

Many people with mental health conditions and psychosocial disabilities face significant challenges in exercising their right to legal capacity, including making decisions about their treatment and care. Societal assumptions and stigma often lead to misconceptions about people's ability to make decisions, resulting in others making choices on their behalf — known as substitute decision-making — through formal systems like guardianship laws or emergency medical care provisions, or informally within families and homes.

However, under the CRPD, people are entitled to retain their right to exercise their legal capacity and this right cannot be taken away. The convention defines legal capacity as the capacity to be both a holder of rights and an actor under the law, meaning that individuals are entitled to full protection of their rights and to be recognized as agents who can create, modify, or end legal relationships.

1 The International Bill of Human Rights comprises the Universal Declaration of Human Rights (UDHR), the International Covenant on Civil and Political Rights (ICCPR) and the International Covenant on Economic, Social and Cultural Rights (ICESCR).

In order to align with this right, the CRPD mandates that countries eliminate practices like involuntary admission and treatment, which restrict people's ability to exercise their legal capacity. Adopting this shift not only aligns with international law but also enhances individuals' autonomy, mental health, and overall well-being.

Countries are required to move from substitute decision-making to supported decision-making, where individuals select someone they trust to help them evaluate options and communicate decisions. Advance plans can also be used to document a person's care preferences, ensuring their wishes are followed if they later become unable to communicate.

Non-coercive practices

Coercive practices such as involuntary admission, involuntary treatment, seclusion, and the use of physical, mechanical, or chemical restraints are widespread in mental health services globally. However, there is no evidence that these practices offer any benefits, while significant evidence shows they cause physical and psychological harm, dehumanization, trauma, and worsening mental health, as well as eroding trust in services *(41–45)*. These practices can also negatively impact family members as well as mental health practitioners, discouraging young professionals from entering the field and demotivating those already working in it *(46)*.

The CRPD contains key articles that prohibit coercion and require governments to take active measures to prevent it. Policy plays a crucial role in promoting coercion-free services. It should stipulate training for mental health professionals to understand the harm caused by coercive practices and to develop their capacity to implement non-coercive approaches, such as de-escalation techniques and effective communication, even in crisis situations. Policy can also encourage individualized planning, including crisis plans and advance directives, support the creation of response teams skilled in handling challenging situations, and ensure quality assessment and improvement mechanisms are available, as well as effective complaint mechanisms for coercive practices.

Participation

Historically, people with mental health conditions and psychosocial disabilities have not only been excluded from making decisions about their own health and life choices, but also from broader decision-making processes within society, where their experiences and expertise have often been overlooked or disregarded.

In contrast, the CRPD acknowledges the valuable knowledge, perspectives, and contributions of people with mental health conditions and psychosocial disabilities. It mandates their full and effective participation in decision-making processes on issues affecting them *(47, 48)*. In addition, it recognizes that children with disabilities have the right to express their views freely on all matters affecting them. Meaningful participation should be integral to all aspects of mental health reform, encompassing governance, policy development, implementation, and evaluation. This approach also involves harnessing the expertise of people with lived experience in designing, delivering, and monitoring services, including through peer support roles, the operation of peer-led support groups, crisis services, and managerial roles. Promoting such involvement ensures that actions are shaped by and aligned with the perspectives and needs of those with lived experience and their representative organizations.

Community inclusion

Hundreds of thousands of people worldwide still live in mental health or social care institutions, where they often endure inhumane conditions and severe human rights violations. This situation has devastating effects on their physical and mental health and well-being. The lack of community-based services and support perpetuates their isolation, leaving them ostracized and marginalized.

The CRPD addresses this issue by requiring governments to support individuals in living independently and being included in their communities. Countries have an obligation to implement policies and other measures to close down institutions, integrate mental health care into community-based services, and provide people with the necessary support to prevent their isolation and segregation. Policy should ensure that mental health services actively promote community inclusion by facilitating access to essential services, support, organizations, and activities, including for people with complex needs. This includes ensuring access to social protection, housing, professional, and educational opportunities, among others. The development of community services may also be hindered by the stigma and negative attitudes of local communities. Therefore, clear outreach, awareness-raising, and engagement with the community are essential to foster acceptance and inclusion in the context of community-based services.

Recovery approach

The recovery approach, championed by individuals with lived experience since the 1990s, has played a key role in promoting human rights in mental health. It has received broad support from countries, reflected in initiatives like the WHO *Comprehensive mental health action plan 2013–2030 (20, 21)* and the WHO *Framework on integrated person-centred health services (20, 21)*, which have been widely embraced by Member States.

Despite this growing attention and the widespread ratification of the CRPD, there remains a significant gap between the aspirations of the recovery approach and their actual implementation in mental health policies and action plans. While recovery itself may not be explicitly defined as a human right, both the recovery- and human rights-based approaches share key principles, including the need to shift towards a supportive model that values diversity, autonomy, connection, and community inclusion. Recovery-oriented services recognize the complex nature of mental health, the significant impact of social and structural factors (see below), and the importance of a holistic perspective that considers the entirety of a person's life. This approach helps people set their own recovery goals, regain control over their lives, and find hope, meaning, and purpose through work, education, relationships, community engagement, or other meaningful pursuits. By adopting the recovery approach, mental health policies can better align with human rights principles, fostering a more empowering and person-centred approach to care and support.

For further information and guidance on the above issues please refer to the WHO QualityRights e-training on mental health, recovery and community inclusion *(49)* and the QualityRights face to face training tools *(29)*, the *Guidance on community mental health services: promoting person-centred and rights-based approaches (40)* and the WHO/OHCHR publication Mental health, human rights and legislation: guidance and practice *(31)*.

1.3 Social and structural determinants of mental health

There is increasing global evidence that mental health and well-being are significantly influenced by social and structural factors *(3, 50, 51)*. Structural factors encompass the socioeconomic and political context, including the norms, practices, policies, and institutions that shape the distribution of power and resources and contribute to social stratification within society *(52)*, which in turn impacts population health. Social determinants refer to the various conditions in which people are born, grow, live, work, and age, all of which play a crucial role in influencing population health *(53)* (see Box 1).

Box 1. Example social and structural determinants of mental health

Social and structural determinants include (but are not limited to):

- stigma, discrimination, and racism based on individuals' status or identity;
- poverty;
- gender (for example inequality and harmful gender norms);
- lack of, lower levels of, or interrupted education;
- unemployment, job insecurity, or income inequality;
- houselessness or unstable housing;
- food insecurity (in terms of availability and type of food);
- public health emergencies (for example, COVID-19);
- climate change, natural hazards, pollution, and industrial disasters;
- humanitarian crises (such as war, armed conflict, forced displacement, natural disasters, human-caused disasters, and other complex emergencies), and forced displacement and migration;
- violence and abuse; and
- loneliness and social isolation.

Social and structural determinants impact everyone's mental health. Those with higher education, financial resources, and social status are better equipped to avoid risk factors and protect their mental health and well-being *(54)*. In contrast, unemployment, job instability, and workplace stress are linked to higher rates of depression and suicidal ideation or behaviour *(55, 56)*, whilst severe loneliness and social isolation, often experienced as a result of exclusion and marginalization, have been associated with an increased risk of developing mental health problems, and poorer recovery in those with pre-existing mental health conditions *(57)*. Poverty, poor housing, and inadequate nutrition increase the risk of mental health conditions *(58)*, while abuse and violence are associated with acute and lasting adverse effects on mental health *(59–62)*. People with mental health conditions, psychosocial disabilities and others facing discrimination due to factors like age, gender, sexual orientation, disability, immigration and refugee status, race and ethnicity, indigeneity, or houselessness are especially impacted. With limited or no access to resources, they are more exposed to risk factors and not able to implement protective strategies *(54, 63)*. As a result, their mental health is further compromised *(54)*.

This increased risk makes it crucial for mental health professionals to understand the impact of social and structural determinants on people's lives. They should engage with service users on these issues and connect them to necessary supports such as housing, education, income generation, and social protection. Mental health requires a whole-of-government and whole-of-society approach, so it is essential that mental health services collaborate and coordinate with multiple sectors, including social protection, to effectively address the diverse needs of people with mental health conditions and psychosocial disabilities.

However, even the best-coordinated mental health services cannot fully address the problem. It is essential to tackle the upstream social and structural determinants that create mental health inequities. As the WHO Commission on the Social Determinants of Health put it: "Why treat people only to send them back to the conditions that made them sick in the first place?" *(53)*. This Guidance addresses social and structural determinants throughout, with a particular focus in *Policy area 5. Mental health sector contributions to addressing social and structural determinants and society-wide issues impacting mental health and well-being*.

1.4 Government policy and strategic action plans for mental health and well-being

Many countries still lack mental health policies and plans that fully align with international human rights standards and address broader societal issues affecting mental health. Countries endorsing WHO's *Comprehensive mental health action plan 2013–2030* have committed to developing, updating, and implementing national policies and strategies. The global target is for 80% of countries to align their policies with international human rights instruments by 2030. According to the Mental health atlas 2020 *(32)*, this target is far from being achieved.

Government policy is crucial for defining a country's mental health vision, the values supporting it, and the directives needed to achieve it. It also serves as a key tool for coordinating actions and optimizing the use of limited resources. By developing and implementing a policy, stakeholders can establish a shared understanding and commitment to addressing priority mental health issues.

Mental health as a standalone policy or integrated within broader health sector policy

Mental health policy can vary greatly depending on a country's size, governance, and administrative structures. A key variation is whether mental health is integrated into overall health policy or treated as a standalone issue. Integration can help avoid fragmented services by ensuring mental health is part of a cohesive care system. However, it may also reduce the visibility of mental health issues and limit the detailed focus needed to address complex challenges. Both approaches – standalone and integrated – are valuable and cwan coexist within a country. Regardless of the approach, mental health policy should be integrated across all government sectors to be truly effective.

Focus areas of policy

Mental health policy should address a wide range of topics, with a central focus on establishing a comprehensive network of services both within and beyond the health sector. This includes implementing rights- and evidence-based interventions that tackle the social and structural determinants affecting mental health. While mental health services can help people overcome challenges, they are insufficient alone. Governments should also tackle the root causes of mental health issues, many of which lie outside the health sector sectors (see Box 2 for some important government sectors).

The mental health sector can leverage its expertise to lead a coordinated effort across government sectors, ensuring close collaboration between its services and those in housing, education, employment, social protection, legal aid, and other essential areas. Mental health policy can explicitly outline this collaborative approach. Additionally, effective policy implementation requires robust human resource development and a governance framework that guarantees coordination, financing, monitoring, and accountability of all actions.

Box 2. Government sectors with influence over mental health

This non-exhaustive list highlights sectors that can play a role in protecting and promoting mental health:

- culture, art, and sports;
- defence and veterans' services;
- education;
- employment;
- environment, conservation and climate protection;
- financing and treasury;
- health;
- interior;
- justice;
- social protection; and
- urban and rural development.

This Guidance outlines potential roles, strategies, and actions the mental health and health sectors can take to address the social and structural determinants affecting mental health. To further embed and integrate mental health policy into other sectors, WHO is developing *Guidance on policy and strategic actions to protect and promote mental health and well-being across government sectors*, to be published in 2025 *(64)*.

Policy at varying levels of government

Countries may develop mental health policy at different levels of government. In federated countries or those with large populations and geographic spread, policies might be created at national, regional, provincial, district, and even sub-district levels. This recognizes the need for policies to be tailored to specific contexts. However, it is essential to maintain alignment across all levels of the system.

Varying structures for mental health policy

In some countries, the government publishes a policy document that outlines general policy directions, which are then supported by a separate, detailed strategic action plan. In other countries, these policy directions, strategies, and actions are combined into one single, comprehensive document. Whichever route is taken, countries may opt to develop additional policy documents that focus on specific topics. For example, there may be distinct policies focusing on the mental health of older adults, of young people, on suicide prevention and so on.

Mental health policy within wider policy and legislative frameworks

Mental health policy, alongside related strategies and action plans, operates within a broader system of interconnected policies, laws, and regulations that influence and shape its implementation. Coherence across these frameworks is essential to ensure consistent and effective mental health service delivery. For example, general health service policies impact mental health care directly, and social protection policies govern many long-term care institutions where individuals with mental health conditions often reside. Additionally, policies related to privatization can impact universal health coverage by shifting priorities toward profitable interventions rather than evidence- and human rights-based services. Conversely, overly rigid public-only policies may limit innovation, restricting initiatives led by non-governmental organizations (NGOs) that often deliver specialized or community-focused interventions. Such policies can also hinder collaboration with civil society organizations, preventing governments from leveraging local expertise, enhancing community trust, and ensuring mental health services are accessible and acceptable, particularly for groups facing discrimination. To be effective, policy reforms need to ensure alignment and complementarity across relevant policies and sectors.

Typically, laws and regulations provide the legal foundation for enforcing mental health policy, while policy documents detail operational guidance. However, this relationship varies; in some countries, laws may act as de facto policies, or new laws are created to reinforce existing policy directives. Regardless of the approach, both policy and law should be informed by and aligned with a country's international human rights obligations, as outlined in key international and regional human rights instruments. This alignment ensures that mental health policy supports not only national goals but also upholds fundamental human rights commitments.

Requirements for policy implementation

Political will

Sustained political will is crucial for successful policy reform. It ensures long-term investment, commitment, resources, and the necessary support for effective implementation. This should be reflected in the policy document, which should clearly state what the government intends to implement, using definitive language like "will" rather than "should" or "could" to reinforce this commitment.

Policies should be endorsed at the highest possible level and include a clear mechanism for reporting progress at a high-level political level. At a minimum, this should involve the Minister of Health, but in cases of explicit multisectoral approaches or high-level initiatives, reporting structures may extend to the head of government level as seen Kenya's Taskforce on Mental Health or the Mental Health Pact Catalonia, Kingdom of Spain.

Stakeholder engagement for policy development, implementation, and evaluation

Broad stakeholder endorsement and support are critical for policy success (see Box 3 for a list of key actors and groups/organizations to engage). This requires active engagement of stakeholders throughout the entire process of development and implementation. Priority should be given to people with lived experience of mental health conditions and psychosocial disabilities and their organizations, especially those who have interacted with existing services and support *(40, 47)*. Stakeholder engagement is essential to ensure that the policy is contextualized, reflecting the specific social, cultural, and economic circumstances of the region or country.

Each stakeholder group offers valuable perspectives. People with lived experience understand which services and interventions are helpful or harmful. Families and supporters provide insight into their own support needs. Mental health and social care staff contribute expertise from years of training and experience, identifying bureaucratic, administrative, capacity and other barriers to delivering high-quality, rights-based services.

NGOs and OPDs (Organizations of Persons with Disabilities) bring community outreach capabilities as well as knowledge gained from direct engagement with people with lived experience and can offer key services like peer support and legal aid. Human rights advocates, lawyers, police, and other stakeholders also offer unique perspectives and contributions.

Box 3. Key actors and groups/organizations to engage

Key actors:

- people with lived experience of mental health conditions and psychosocial disabilities;
- policy-makers and managers from health and social sectors;
- politicians (for example, ministers, city and town mayors);
- representatives from groups that face discrimination;
- community leaders and gatekeepers, such as local chiefs or village leaders, traditional, and faith-based healers or leaders;
- mental health and general health practitioners as well as other relevant and allied professionals at all levels of health care;
- families and other caregivers;
- legal and human rights experts and professionals;
- academics and researchers;
- philanthropists.

Key groups and organizations:

- government sectors/departments (see Box 2);
- organizations of people with disabilities;
- organizations of people with lived experience;
- other organizations of groups that face discrimination;
- local civil society groups;
- nongovernmental organizations (NGOs);
- charity and voluntary based organizations;
- faith-based organizations;
- organizations representing mental health practitioners, general health practitioners, and other multidisciplinary practitioners;
- organizations representing families and caregivers;
- academic and research institutions;
- legal aid and human rights organizations.

Financial resources

Costing mental health policy is essential in order to advocate for the necessary budget. Countries should allocate a mental health budget that aligns with their policy goals and proposed strategies and actions. Insufficient resources can demotivate stakeholders involved in developing services and hinder the intended outcomes. Conversely, a less ambitious policy and action plan with adequate funding can lead to greater commitment and more effective use of resources. The budget should be developed alongside the policy development process to increase the likelihood of successful implementation. Module 3 covers steps for a costing analysis.

Accountability mechanisms

The policy and strategic action plan should include clear strategies, implementation timelines, and measurable targets. Different stakeholder groups may be best suited to deliver on various strategies and actions, so their roles and responsibilities should be considered and clearly defined. Additionally, mechanisms should be in place to monitor the implementation of the policy, plan, and associated outputs, and to report on progress and outcomes. Generating and using reliable, up-to-date data helps identify needs, track progress, and ensure that the policy addresses real-world challenges. This supports accountability and helps identify and address any barriers.

2 Purpose, key mandates and importance, scope and development of the Guidance

2.1 Purpose

This Guidance is a resource for those involved in mental health policy reform, including policy-makers tasked with developing, updating, reforming, and implementing mental health policies and strategic action plans within the mental health sector.

It is also a useful resource and tool for many other important stakeholders, both individuals and organizations involved in reform efforts and advocacy in the field of mental health (see Box 3). This Guidance can help these stakeholders gain a better understanding of mental health systems, policy reform processes and key issues to be covered in the development and implementation of rights-based mental health policy and strategic actions.

The Guidance addresses five key policy areas often in need of reform:

- leadership, governance and other enablers
- service organization and development;
- human resource and workforce development;
- person-centred, recovery-orientated and rights-based assessment, interventions and support;
- mental health sector contributions to addressing social and structural determinants and society-wide issues affecting mental health and well-being.

Within each area, the document offers a menu of policy directives, strategies, and actions to guide reform efforts, helping policy-makers and planners prioritize and tailor policies to their specific context, in line with their available resources or organizational structures.

2.2 Key mandates and importance

The international human rights framework, reinforced by multiple UN Human Rights Council resolutions on mental health and human rights and the 2023 UN General Assembly resolution on mental health and psychosocial support *(24–28)*, urges countries to protect human rights in mental health policies, plans, programmes, and services. WHO's *Comprehensive mental health action plan 2013–2030 (20)* and the *World mental health report: transforming mental health for all (3)*, also call for strengthened leadership and governance in mental health, including by developing, implementing, strengthening, and updating related policies, strategies and actions in line with international human rights instruments.

In line with these calls, this Guidance urges countries to implement policies and practices that are rooted in the international human rights framework, particularly the UN Convention on the Rights of Persons with Disabilities (CRPD). The CRPD is crucial for transforming mental health practices and addressing the stigma, discrimination, and rights violations often faced by people with mental health conditions and psychosocial disabilities. The goal is to ensure mental health policies, systems, and services are rights-based and provide high-quality care throughout the life course (infancy, childhood, adolescence, adulthood and older age). This Guidance also acknowledges the vital role of families and caregivers in supporting those experiencing distress, psychosocial disabilities, or mental health conditions. Carers should receive the necessary information and support, while respecting the autonomy and rights of those they assist. Additional key features are highlighted in Box 4.

This new WHO guidance replaces the 2004 WHO *Mental health policy and service guidance package (65)* published over 20 years ago. It differs from the previous guidance in three crucial ways.

First, the new Guidance integrates the international human rights framework into all policy and action options, rather than treating it as a separate, isolated, and discrete component.

Second, it addresses specific challenges in mental health, including stigma, discrimination, access to quality care and support, transitioning from institutional to community care, shifting towards a person-centred, recovery-oriented and rights-based approach, and building strong collaborations with the social sector and other government sectors to promote social connection and community inclusion.

Third, it takes a comprehensive approach to mental health policy reform, emphasizing prevention and promotion across all five policy areas it covers. It highlights the mental health sector's role in addressing society-wide issues and the social determinants of mental health. The guidance also provides strategies for collaboration with other government sectors to deliver holistic care, treatment, and support for individuals with mental health conditions, as well as to implement prevention strategies and promote population-wide mental health and well-being.

Addressing the social and structural determinants of mental health requires coordinated efforts across government, civil society, and the private sector. These elements are integrated throughout the Policy areas 1–5, with a specific focus in Policy area 5. All government sectors and stakeholders, in addition to the mental health sector, are encouraged to also consult the related document, *Guidance on policy directives and strategic actions to promote and protect mental health and well-being across government sectors (64)*, to gain a deeper understanding of the policy directives and strategic actions that can be taken within different sectors.

Although countries are at varying stages of developing their mental health systems, all should take steps to progress from their current status. Successfully implementing the reforms in this Guidance requires sustained effort, political commitment, public investment, and adherence to the progressive realization of the right to health: an obligation set out in the UN International Covenant on Economic, Social, and Cultural Rights *(66)*.

Box 4. Key features of this Guidance

Emphasized throughout:

- human rights;
- person-centred and recovery approach;
- social and structural determinants of mental health;
- meaningful participation of people with lived experience;
- tackling stigma and discrimination; and
- changing attitudes, mindsets and service culture in mental health.

Special considerations throughout for diverse groups:

- children and adolescents;
- older adults;
- women, men and gender diverse persons;
- persons belonging to the LGBTIQ+ community;
- persons with disabilities;
- migrants and refugees;
- persons from minoritized racial and ethnic groups;
- Indigenous Peoples; and
- persons who are houseless or with unstable housing.

Note, WHO's *Guidance on policy and strategic actions to protect and promote mental health and well-being across government sectors (64)* also includes considerations for the groups highlighted above, as well as some additional groups (for example, people in prison or going through the criminal justice system, military personnel and veterans, among others).

The policy guidance builds on the resources, guidance, and tools developed under the WHO QualityRights initiative, aiming to promote a person-centred, recovery-oriented, and rights-based approach to mental health (see Box 5). These complementary resources provide detailed guidance and capacity building, from promoting change in attitudes and practices at the ground level to service-level improvements and broader legal reforms.

Box 5. QualityRights materials and tools

WHO QualityRights e-training on mental health, WHO Academy
https://www.who.int/teams/mental-health-and-substance-use/policy-law-rights/qr-e-training; https://whoacademy.org/ (49)

QualityRights materials for training, guidance and transformation
https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools *(29)*

Guidance and technical packages on community mental health services
https://www.who.int/publications/i/item/guidance-and-technical-packages-on-community-mental-health-services *(30)*

Mental health, human rights and legislation: guidance and practice.
https://www.who.int/publications/i/item/9789240080737 *(31)*

2.3 Scope

WHO promotes integrated, comprehensive care for people facing diverse health issues. This Guidance focuses on mental health and supports policy reforms that protect the rights of everyone who interacts with mental health systems and services, regardless of their condition, diagnosis, psychosocial disability status, or how they may identify themselves. It includes individuals with mental health conditions, psychosocial disabilities, and those experiencing temporary or ongoing distress or crises. People with intellectual or cognitive disabilities, neurological conditions, or who use alcohol and other psychoactive substances are also included to the extent that they use mental health services and face related issues alongside their other conditions.

In many countries, mental health, neurological, and alcohol and other psychoactive substance use services are integrated at the point of care. While this Guidance references people with the above conditions — as well as suicide prevention and psychosocial support in humanitarian contexts — detailed guidance on these areas is beyond its scope. For further information sources, see Box 6.

Box 6. Sources of guidance on mental health topics beyond this document's remit

Suicide

- National suicide prevention strategies: progress, examples and indicators https://iris.who.int/handle/10665/279765 (67)
- LIVE LIFE: an implementation guide for suicide prevention in countries https://iris.who.int/handle/10665/341726 (68)
- Preventing suicide: a community engagement toolkit https://iris.who.int/handle/10665/272860 (69)

Cognitive and intellectual disabilities and neurological conditions

- Global action plan on the public health response to dementia 2017–2025 https://iris.who.int/handle/10665/259615 *(70)*
- Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031 https://iris.who.int/handle/10665/371495 *(71)*
- Intersectoral global action plan on epilepsy and other neurological disorders 2022–2031: implementation toolkit https://www.who.int/publications/i/item/9789240096356 *(71)*
- Global report on children with developmental disabilities: from the margins to the mainstream. https://iris.who.int/handle/10665/372864 *(72)*
- Towards a dementia plan: a WHO guide https://iris.who.int/handle/10665/272642 *(73)*

Alcohol and other psychoactive substance use

- Strategies to reduce the harmful use of alcohol https://iris.who.int/handle/10665/2354 *(74)*
- Global alcohol action plan 2022–2030 https://iris.who.int/bitstream/handle/10665/376939/9789240090101-eng.pdf?sequence=1 *(75)*
- The SAFER technical package: five areas of intervention at national and subnational levels https://iris.who.int/handle/10665/330053 *(76)*
- International standards for the treatment of drug use disorders https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders *(77)*
- International standards for drug use prevention. Second edition, 2018 https://www.who.int/publications/i/item/international-standards-for-drug-use-prevention-second-edition-2018 *(78)*
- Community management of opioid overdose https://iris.who.int/handle/10665/137462 *(79)*
- Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence https://www.who.int/publications/i/item/9789241547543 *(80)*

Humanitarian emergencies

- IASC guidelines on mental health and psychosocial support in emergency settings, 2007 https://interagencystandingcommittee.org/mental-health-and-psychosocial-support-emergency-settings-0/documents-public/iasc-guidelines-mental *(81)*
- The mental health and psychosocial support minimum services package (MHPSS MSP) https://www.mhpssmsp.org/sites/default/files/2021-10/MHPSS%20MSP%20Field%20Test%20Version_1.pdf *(82)*
- Handbook of mental health and psychosocial support coordination https://interagencystandingcommittee.org/iasc-reference-group-mental-health-and-psychosocial-support-emergency-settings/iasc-handbook-mental-health-and-psychosocial-support-coordination *(83)*

Social and structural determinants of mental health across sectors

- WHO world report on the social determinants of health equity (forthcoming)
- Guidance on policy directives and strategic actions to promote and protect mental health and well-being across government sectors (forthcoming) available via https://www.who.int/activities/promoting-rights-based-policy-and-law-for-mental-health *(64)*

2.4 Development

WHO developed this Guidance between February 2022 and December 2024 through an iterative, collaborative process. This involved literature reviews, analysis of international human rights frameworks, mental health materials, and national policies and strategic action plans. Multiple rounds of consultative meetings were held with policy-makers, UN experts, people with lived experience, mental health practitioners, academics, and civil society representatives, including OPDs. In July and August 2024, WHO issued a call for written feedback on the complete draft to a broad network of international experts, government officials, and civil society organizations. This feedback formed the basis for finalizing the Guidance.

External contributors and reviewers submitted to WHO a declaration of interest disclosing potential conflicts of interest that might affect, or might reasonably be perceived to affect, their objectivity and independence in relation to the subject matter of the guidance. WHO reviewed each of the declarations and concluded that none could give rise to a potential or reasonably perceived conflict of interest.

2.5 A note on language

Language is not neutral, and it evolves over time. Terms like mental illness, mental disorders, mental health problems, and mental health conditions are commonly used to describe mental and emotional experiences. While some people identify with medical terminology, others may find certain terms stigmatizing or reject the medicalization of distress, trauma or diversity. They may prefer terms like persons with lived experience, consumers, service users, or psychiatric survivors. Individuals must be able to decide on the vocabulary, expressions and descriptions of their own experience, situation, or distress and policy-makers and public officials should engage meaningfully with target populations to determine appropriate language for each context during reform efforts.

This Guidance uses the terms: persons with psychosocial disabilities, persons with mental health conditions, people with lived experience, and people using mental health services.

While individuals may choose specific terms to self-identify, human rights apply to everyone, everywhere. Above all, a mental health diagnosis or disability status should never define a person; every individual has their own social context, personality, autonomy, dreams, goals, aspirations, and relationships.

3 How to apply this guidance

3.1 Content of this guidance

The Guidance comprises five different modules

Module 1. Introduction, purpose and use of the guidance (this document) introduces key considerations in mental health policy, addressing challenges and the pressing need for policy reform to tackle the social and structural determinants that impact mental health. It emphasizes alignment with the international human rights framework, highlighting essential factors and suggesting new directions to promote equitable and rights-based mental health support.

Module 2**. Key policy areas, directives, strategies, and actions for mental health policy and strategic action plans** details five key policy areas for reform, starting each discussion with an overview of key challenges and providing a menu of policy directives, strategies for achieving them, and potential actions for implementation. At the end of each policy area, the guidance highlights issues requiring special considerations for diverse groups who may require specific support and attention due to unique characteristics, life circumstances, or unmet needs.

Countries are encouraged to prioritize, select and adapt these directives, strategies, and actions according to country specific contexts, while keeping an emphasis on human rights.

Module 3**. Process for developing, implementing, and evaluating mental health policy and strategic action plans** proposes an inclusive, country-led process that prioritizes and tailors policy options and strategic planning to national contexts. It also includes checklists for the key components of policy and strategic action plans and the process used to develop them. Countries can use these checklists to guide, assess, and evaluate their mental health policies, ensuring these are person-centred, recovery-oriented, and rights-based.

Module 4**. Country case scenarios** presents three examples that highlight varied approaches to mental health policy reform, including the selection and adaptation of directives, strategies, and actions to suit specific local contexts.

Module 5**. Comprehensive directory of policy areas, directives, strategies and actions for mental health** helps stakeholders to quickly visualize, access and navigate to material detailed in Module 2. This document can be used to facilitate discussions around policy reform and planning with staff and key stakeholder groups. Its summary approach can help policy-makers to quickly assess key elements that may be already present, missing or need strengthening in their mental health system or policies.

3.2 How to use this guidance

Stakeholders can use this guidance in various ways, depending on their role and mandate.

Table 1 breaks down these uses into themes and sub-themes, setting out how policy-makers and planners can apply the Guidance. However, the listed uses are not exhaustive, nor necessarily exclusive to the suggested groups. Therefore, Table 2 provides a similar summary, outlining how all stakeholder groups (see Box 3), including policy-makers, can use the guidance.

Table 1. How policy-makers, and planners might use the Guidance

Theme	Sub-theme	Potential uses
Systematic approach to mental health policy development Relevant modules: Module 2 Module 3 Module 4	Review of mental health systems and policies against human rights obligations and the current evidence base in order to realign as needed	• Guide the assessment and review of mental health systems and related policies to identify gaps and strengths based on identified needs, evidence, and rights-based approaches. • Provide a standardized framework and language that enables policy-makers and implementers (such as civil service, health authorities) to align and coordinate their efforts effectively and cohesively. • Ground mental health policy and strategic action plan development in evidence and ensure compliance with international human rights standards.
	Tailored policy and action plans to unique contexts and diverse groups	• Tailor policy directives, strategies, and actions to each country's unique context, culture, and levels of income and development, while maintaining a focus on evidence and rights. • Formulate tailored policies or action plans to meet the unique needs of diverse groups (for example, children, older adults, refugees) by using the Special considerations for diverse groups section alongside the main guidance.
	Inclusive reform	• Mainstream the needs of marginalized groups in the planning, development, implementation, and evaluation of policy processes. • Support mental health reform through an inclusive process, to promote consensus building and ensure that various organizations and groups collaborate toward common goals in mental health policy reform.

Theme	Sub-theme	Potential uses
Operationalizing mental health policies Relevant Modules: Module 1 Module 2 Module 3 plus checklist Module 4	Funding and resources	• Make the case for policy reform including increased investment and commitment. • Explore various funding options for reform efforts, including reallocating budgets from traditional services to community-based, rights-based services. • Assist policy-makers, planners, and service providers in thinking more concretely about the budget and workforce changes needed to implement new and improved services in line with this guidance.
	Accountability frameworks and lived experience engagement	• Develop a robust accountability framework in mental health with measurable indicators to assess policy implementation and outcomes, including clear targets and indicators. • Ensure that people with lived experience and their representative organizations are meaningfully involved in developing, implementing, monitoring, and evaluating policies. • Measure how well policies and strategic action plans uphold the rights in international human rights standards, including the CRPD.

Table 2. How all stakeholder groups, including policy-makers, can use the Guidance

Theme	Sub-theme	Potential uses
Collaborative dialogue Relevant modules: Module 1 Module 2 Module 5	Stakeholder engagement	• Establish a platform to stimulate dialogue among and within all stakeholder groups on deficits, strengths, and areas for improvement in current policy and practice.
	Lived experience in decision-making	• Guide strategies and actions to meaningfully include persons with lived experience in decision-making structures, ensuring they are central to decisions related to mental health policy.
Building stakeholder capacity Relevant modules: Module 2 Module 3 plus checklist	Capacity development	• Build the capacity of all staff, stakeholders, and government advisers involved in developing and implementing mental health policies and strategic action plans. • Strengthen the capacity of all stakeholder groups to better understand rights- and evidence-based policy-making options, as well as the processes involved in developing, monitoring, and implementing policy and strategic action plans. Enhanced capacity can facilitate constructive policy dialogue and provide support to government policy-makers.
Fostering innovation and systems change Relevant modules: Module 1 Module 2	Innovation in practices around mental health	• Reflect on the guidance to promote innovations in thinking and practice at all levels, including services, capacity building, education system reform, and inter-sectoral collaboration. • Encourage the practical design and implementation of person-centred, recovery-oriented, and rights-based approaches in services, human resource development, treatment, and governance.
	Implementation of organization-wide and service reforms	• Provide a platform for a range of stakeholder groups to implement service and organizational-wide reforms aligned with this Guidance.

Theme	Sub-theme	Potential uses
Reflective practices for quality improvement Relevant modules: Module 2	Assessing and improving practices	• Provide opportunities for stakeholders to reflect on clinical, professional, service, or organizational practices and assess their alignment with person-centred, rights-based, recovery-oriented approaches. • Encourage constructive critiques to identify opportunities for quality improvement and enhanced person-centred, rights- and recovery-oriented support.
	Good practices	• Identify good practices where clinical, professional, service, or organizational teams are excelling and leading the field, with the goal of sharing these practices with others and scaling them up for broader implementation.
Advocacy for policy reform and awareness Relevant modules: Module 2	Information and arguments for advocacy	• Raise awareness of the Guidance among stakeholder groups, including marginalized groups, through webinars, in-person discussions, mailing lists, and social networks. • Present the case for specific policy reforms, including the funding and expansion of evidence- and rights-based policies, interventions, and approaches, to donors and key decision-makers.
	Focus on diverse marginalized groups	• Advocate for including all marginalized groups in policy-making processes. • Identify reform areas that are required for specific marginalized groups and advocate for their implementation, for example, deinstitutionalization.

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World Health Organization
20 Avenue Appia
CH-1211 Geneva 27
Switzerland
Website: https://www.who.int