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Global health and foreign policy

Argentina, Canada, Equatorial Guinea, Israel, Japan, Mexico, Morocco and Zambia:* draft resolution

Mental health and psychosocial support

The General Assembly,

Reaffirming its resolution [70/1](#) of 25 September 2015, entitled “Transforming our world: the 2030 Agenda for Sustainable Development”, which includes targets relating to non-communicable diseases, including reducing by one third premature mortality from non-communicable diseases by 2030 through prevention and treatment, and promoting mental health and well-being, as well as support for research and development of vaccines and medicines, and reaffirming the Addis Ababa Action Agenda of the Third International Conference on Financing for Development,¹

Reaffirming also the Sustainable Development Goals, including Goal 3, on ensuring healthy lives and promoting well-being for all at all ages, and its specific and interlinked targets, in particular target 3.4, which, among other things, promotes mental health and well-being,

Reaffirming further the political declaration of the high-level meeting on universal health coverage, entitled “Universal health coverage: moving together to build a healthier world”, adopted on 23 September 2019,² which recognizes mental health and well-being as an essential component of universal health coverage,

Reaffirming the political declaration of the third high-level meeting on the prevention and control of non-communicable diseases, adopted on 27 September 2018,³ which represents a review of the challenges and opportunities in the implementation of existing commitments for the prevention and control of non-communicable diseases and the promotion of mental health, which constitute a major challenge for the health and well-being of our peoples and for sustainable development,

* Any changes to the list of sponsors will be reflected in the official record of the meeting.

¹ Resolution [69/313](#), annex.

² Resolution [74/2](#).

³ Resolution [73/2](#).



Recalling Human Rights Council resolutions 32/18 of 1 July 2016,⁴ 36/13 of 28 September 2017,⁵ 43/13 of 19 June 2020⁶ and 52/12 of 3 April 2023 on mental health and human rights,

Reaffirming the Convention on the Rights of Persons with Disabilities,⁷ which was adopted on 13 December 2006 and which entered into force on 3 May 2008, a landmark convention affirming the human rights and fundamental freedoms of persons with disabilities, recognizing that it is both a human rights and a development instrument, encouraging its ratification by Member States and its implementation by States parties, and taking note of the Optional Protocol to the Convention on the Rights of Persons with Disabilities,⁸

Acknowledging that the Convention on the Rights of Persons with Disabilities laid the foundation for a paradigm shift in mental health and created the momentum for the deinstitutionalization and the identification of models of care and support based on respect for the human rights of persons with disabilities that, inter alia, address the underlying determinants of mental health, provide effective community-based and mental health services and psychosocial support, reduce power asymmetries in mental health settings and respect the enjoyment of individual autonomy on an equal basis with others,

Recalling World Health Assembly resolution 75.17 of 28 May 2022 on human resources for health,⁹ by which it adopted the Working for Health 2022–2030 Action Plan, and taking note of World Health Organization Executive Board decision 148(3) of 20 January 2021 on promoting mental health preparedness and response for public health emergencies¹⁰ and World Health Assembly decision 74(14) of 31 May 2020 on mental health preparedness for and response to the coronavirus disease (COVID-19) pandemic,¹¹ in which it endorsed the updated World Health Organization comprehensive mental health action plan 2013–2030,

Taking note of World Health Organization training and community mental health service guidance that are aligned with the Convention on the Rights of Persons with Disabilities,

Acknowledging that good mental health and well-being cannot be defined by the absence of a mental health condition but rather by an environment that enables persons to live a life in which their inherent dignity is respected, with full enjoyment of their human rights, and in the equitable pursuit of their potential, and that values both social connection and respect through non-violent and healthy relationships, and recognizing that discriminatory laws, policies, practices and attitudes undermine well-being and inclusion,

Stressing the need for Member States to further strengthen national health systems to prevent non-communicable and communicable diseases and address their impact on mental health and well-being, through the provision of mental health and psychosocial support services for achieving universal health coverage, including in their response to and recovery from the COVID-19 pandemic, and to ensure adequate response to future health emergencies,

⁴ See *Official Records of the General Assembly, Seventy-first Session, Supplement No. 53 (A/71/53)*, chap. V, sect. A.

⁵ *Ibid.*, *Seventy-second Session, Supplement No. 53A (A/72/53/Add.1)*, chap. III.

⁶ *Ibid.*, *Seventy-fifth Session, Supplement No. 53 (A/75/53)*, chap. IV, sect. A.

⁷ United Nations, *Treaty Series*, vol. 2515, No. 44910.

⁸ *Ibid.*, vol. 2518, No. 44910.

⁹ See World Health Organization, document WHA75/2022/REC/1.

¹⁰ See World Health Organization, document EB148/2021/REC/1.

¹¹ See World Health Organization, document WHA74/2021/REC/1.

Reaffirming the right of every human being, without distinction of any kind, to the enjoyment of the highest attainable standard of physical and mental health, and recognizing that health is a precondition for and an outcome and indicator of the social, economic and environmental dimensions of sustainable development,

Recognizing that persons with psychosocial disabilities may experience stigma, social exclusion and discrimination, and thus face human rights violations and abuses,

Recognizing also the fact that not addressing mental health and psychosocial development for children and youth can limit opportunities and may have potential long-term consequences, and that ensuring mental health across the life course requires holistic strategies for both promotion and prevention that involves educational environments, among others outside the health and social care sectors,

Recognizing further that action must be taken to promote and improve mental health and well-being and address decades of inattention to and underdevelopment of mental health and psychosocial support services and health systems, and recognizing the need to address development and financial challenges that developing countries face to provide adequate mental health and psychosocial support services,

Recognizing that the COVID-19 pandemic and its response has major direct and indirect long-term and lasting ramifications for the mental and psychosocial health of all people, in particular health-care and front-line workers, and those in vulnerable situations,

Emphasizing that Member States should ensure that all persons have access to a range of mental health services and psychosocial support, including peer and community-based support and referral to services for victims and survivors of sexual and gender-based violence, that are based on respect for human rights to enable them to integrate into society, exercise their autonomy and agency and participate equally, fully and meaningfully in and decide upon all matters affecting them and have their dignity respected on an equal basis with others,

Noting the importance for Member States to, as appropriate, adopt, implement, update, strengthen or monitor laws to eradicate any form of abuse, discrimination, stigma and violence, as well as hate speech, racism and xenophobia, including in the context of mental health,

Recognizing the important role that psychiatry and other mental health professions can have, alongside, inter alia, government institutions and services, the justice system, including the penitentiary system, civil society organizations and national human rights institutions, where they exist, in taking proactive measures to ensure that practices in the field of mental health provide appropriate quality treatment and support and actively combat, address and do not perpetuate stigma, discrimination and social exclusion, coercion, overmedicalization and institutionalization,

Noting that the adverse effects of climate change, such as increased frequency and intensity of extreme weather events, or environmental degradation, may have negative effects on mental health,

Reaffirming the right of everyone to the enjoyment, without discrimination, to the highest attainable standard of physical and mental health, and highlighting the need to address the vulnerable situations that can have a negative impact on their mental health,

Recognizing the particular needs and vulnerabilities of migrants, refugees and internally displaced persons, which may include assistance, health care and psychological and other counselling services, in accordance with relevant international commitments, as applicable, and in line with national contexts and priorities,

Recognizing also that women and girls who are users of mental health services can face an increased vulnerability to all forms of violence, including gender-based violence, abuse, discrimination and negative stereotyping, and underscoring the need to take all appropriate measures to ensure their access to gender-responsive mental health services and psychosocial support, including in conflict and post-conflict situations, and humanitarian emergencies,

Recognizing further that persons with disabilities and older persons may have an increased risk of being affected by mental health stressors and experience increased risk of violence and abuse and greater levels of discrimination,

Recognizing that Indigenous Peoples may experience disproportionate levels of psychological distress and suicide, and recognizing also the need to support a holistic approach to social and emotional well-being through connection to land, culture, spirituality and ancestry, in addition to access to mental health services and psychosocial support,

Understanding that humanitarian emergencies, conflicts, post-conflict situations, disasters and public health emergencies increase mental health stressors,

Recognizing the need to tackle health inequities and inequalities within and among countries through political commitment, policies and international cooperation, including those that address social, economic, environmental and other determinants of health,

Reaffirming, in the context of mental health and psychosocial support, the commitment to ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development¹² and the Beijing Platform for Action¹³ and the outcome documents of their review conferences,

Recognizing that digital technologies have the potential to contribute substantially to national efforts to achieve universal health coverage, and mental health and psychosocial support services, including with self-help approaches and telemedicine, in particular, showing strong benefits, including in middle-income countries, while emphasizing the importance of ensuring that such uses are guided by ethical principles and implemented in line with professional codes of conduct, and recognizing also that the digital divide remains a barrier to mental health and psychosocial support services, while noting that digital technologies can negatively impact mental health,

Reaffirming the role of the World Health Organization as the leading and coordinating authority on international health as enshrined in its Constitution,¹⁴ and emphasizing its primary role as the United Nations specialized agency for health and in providing technical support to countries, as appropriate, on how best to engage populations, civil society and local communities in national health policy, including on mental health,

1. *Urges* Member States to promote and improve mental health services as an essential component of universal health coverage by, inter alia, integrating a human rights perspective into mental health and community services, to adopt, implement, update, strengthen or monitor, as appropriate, all existing laws and policies relating to mental health, with a view to eliminating all forms of discrimination, stigma,

¹² *Report of the International Conference on Population and Development, Cairo, 5–13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

¹³ *Report of the Fourth World Conference on Women, Beijing, 4–15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

¹⁴ United Nations, *Treaty Series*, vol. 14, No. 221.

stereotypes, prejudice, violence, abuse, social exclusion, segregation, unlawful or arbitrary deprivation of liberty, medical institutionalization, and overmedicalization within that context and to promote the rights of persons with mental health conditions and psychosocial disabilities, enabling them to live independently with full inclusion and effective participation in society and to decide upon matters affecting them on an equal basis with others;

2. *Encourages* Member States and relevant stakeholders to work with national emergency committees and mental health providers in order to include mental health and psychosocial support needs in emergency preparedness and response plans and enable access to age- and gender-sensitive, and disability-inclusive, safe and supportive services that address psychological trauma, including that caused by disasters and armed conflicts, for all, including health workers and humanitarian personnel, during and following emergencies, with due attention to the longer-term funding required to build or rebuild community-based, resilient mental health systems after the emergency;

3. *Reaffirms* the importance of national ownership and the primary role and responsibility of governments at all levels to determine their own path towards achieving universal health coverage, in accordance with national contexts and priorities, and recognizes that mental health services are an essential component of universal health coverage;

4. *Calls upon* Member States and all relevant actors to invest in local and community-based action, embedded in local and national services, on a longer-term basis to prepare for and respond to mental health and psychosocial needs, including comprehensive and integrated mental health and psychosocial support services;

5. *Calls upon* Member States to mobilize and allocate adequate, predictable and sustainable resources for national responses to prevent and control non-communicable diseases and to promote mental health and well-being through domestic, bilateral and multilateral channels, including international cooperation and official development assistance, and to continue to explore voluntary innovative financing mechanisms and partnerships, including with the private sector, to advance action at all levels;

6. *Recognizes* that health financing requires global solidarity and collective effort, and requests Member States to strengthen international cooperation to support efforts to build and strengthen capacity in developing countries;

7. *Acknowledges* the need to support developing countries in building expertise and in developing local and regional manufacturing capacities for health tools, while recognizing that the high prices of some health products, including for mental health, and inequitable access to such products within and among countries, as well as financial hardships associated with high prices of health products, continue to impede progress towards achieving universal health coverage;

8. *Urges* Member States to promote a paradigm shift in mental health, inter alia, in the fields of clinical practice, policy, research, medical education and investment, through the promotion of community- and evidence-based and people-centred services and by respecting, protecting and fulfilling human rights, individual autonomy of persons using or seeking to use mental health services, including by relying on peer support, as appropriate, and by providing a range of voluntary supported decision-making mechanisms, such as safeguards against abuse, coercion and undue influence within support arrangements, over a model based on the dominance of biomedical interventions, medicalization and institutionalization;

9. *Urges* Member States, the United Nations and humanitarian organizations to increase efforts to provide and fund cross-sectoral mental health and psychosocial

support services that are of quality, contextually sensitive, gender-sensitive and provided with respect for human rights, to ensure that such services are incorporated into humanitarian needs assessments and humanitarian programmes for preparedness, response and recovery, to meet the needs of all affected populations in humanitarian contexts, and to reinforce local and community-based efforts, which will be all the more important in mitigating and responding to additional psychological consequences experienced in the context of the COVID-19 pandemic, and calls upon the United Nations and all relevant humanitarian organizations to scale up mental health and psychosocial support capacity accordingly and to report on mental health and psychosocial support programmes and funding in support of the recovery and resilience for the mental health and psychosocial well-being of all those affected, while also recognizing the impacts on humanitarian personnel and volunteers;

10. *Encourages* Member States to work towards integrating mental health into primary health care by 2030 as an essential component of universal health coverage, with a view to ensuring that no one is left behind, and to implement measures to promote and improve mental health and well-being, including by scaling up mental health and psychosocial support services;

11. *Calls upon* Member States to promote mental health as an essential component of universal health coverage in the context of the high-level meeting on universal health coverage to be held during the seventy-eighth session of the General Assembly;

12. *Also calls upon* Member States to promote international cooperation to compile knowledge, experiences and good practices for, and build capacity in, the development, implementation and evaluation of their policies, plans and laws relevant to mental health, including codes of practice and mechanisms related to the protection of human rights and the implementation of legislation, in line with the Convention on the Rights of Persons with Disabilities and other relevant obligations under international law;

13. *Further calls upon* Member States to take all the measures necessary to ensure that health workers and mental health professionals provide care and support of the same quality to persons using or seeking to use mental health services, including on the basis of free and informed consent and ensuring respect for their human rights, inherent dignity, individual autonomy and needs through training and the promulgation of ethical standards for public and private health care, and to ensure that, in all fields, including law and health, language, especially in connection with disability and mental health, reflects a human rights model that does not reinforce stigma, prejudice or ableism;

14. *Encourages* Member States to scale up efforts to promote the recruitment and retention of competent, skilled and motivated health workers, including community health workers and mental health professionals, and encourage incentives to secure the equitable distribution of qualified health workers, especially in rural, hard-to-reach and underserved areas and in fields with high demands for services, including by providing decent and safe working conditions and appropriate remuneration for health workers working in these areas;

15. *Invites* Member States to implement measures to improve mental health and well-being, including by developing comprehensive mental health and psychosocial support services and integrating them into national public health policies;

16. *Urges* Member States to address the social, economic and environmental determinants of health, including mental health, and to address holistically the range of barriers arising from underdevelopment, the lack of economic opportunities,

inadequate investment, poverty, inequalities and discrimination that impede the full enjoyment of human rights in the context of mental health, recognizing that the approach to mental health systems and services should be widened beyond the biomedical model to include a holistic approach that considers all aspects of a person's life;

17. *Also urges* Member States to adopt prevention strategies to address depression and suicide, in particular among adolescents, for whom suicide is a leading cause of death in the context of mental health, including through public health policies that respect human rights and focus on tackling the social, economic and environmental determinants of mental health, including by enhancing life skills and resilience and promoting social inclusion and healthy relationships;

18. *Urges* States to build capacity among health workers and mental health professionals, civil society, including organizations of persons with disabilities, and other key stakeholders in order to strengthen knowledge and skills towards the promotion of laws, policies, services and practices in the area of mental health, in line with the Convention on the Rights of Persons with Disabilities and other relevant obligations under international law;

19. *Encourages* Member States to promote the effective, full and meaningful participation of persons with psychosocial disabilities and their representative organizations, as well as those in need of mental health services, in the design, implementation and monitoring of laws, policies, research and programmes relevant to realizing, without discrimination, the right of everyone to the enjoyment of the highest attainable standard of physical and mental health;

20. *Also encourages* Member States to coordinate a multisectoral strategy that aims at promoting mental health for new parents, caregivers, through home- and health facility-based antenatal and postnatal care for new mothers, the provision of early childhood programmes that address the cognitive, sensory-motor and psychosocial development of children and the promotion of healthy child-caregiver relationships, and by introducing or strengthening community protection networks and systems;

21. *Urges* Member States to develop universal and targeted school-based programmes to promote mental health and well-being and by integrating mental health services and psychosocial support in schools, including through socioemotional life and skills programmes to counter bullying and violence, both online and offline, and counter stigmatization and discrimination against persons with mental health conditions and psychosocial disabilities;

22. *Also urges* Member States to strengthen routine health information systems, data-related capacity and the ability of information systems to integrate mental health into the routine health information system and identify, collate, routinely report and use core mental health data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographical location and other characteristics, relevant to national context, and as appropriate, including data on completed and attempted suicides, in order to improve mental health service delivery, promotion and prevention strategies and to consider providing data, as appropriate, for the World Health Organization Global Health Observatory;

23. *Encourages* Member States to improve research capacity and academic collaboration on national priorities for research in mental health, in particular operational research with direct relevance to mental health and psychosocial support service development, including the establishment of centres of excellence with clear standards, with the inputs of all relevant stakeholders, including persons with mental health conditions and psychosocial disabilities;

24. *Calls upon* Member States to build the knowledge and skills of general and specialized health workers to deliver evidence-based and culturally appropriate mental health and psychosocial support services;

25. *Requests* the Secretary-General to provide, in consultation with Member States and in close collaboration with the World Health Organization, other relevant agencies and relevant stakeholders, during the eightieth session of the General Assembly, a progress report on the implementation of the present resolution.
