United Nations A/80/360

General Assembly

Distr.: General
3 September 2025

Original: English

Eightieth session
Item 128 of the provisional agenda*
Global health and foreign policy

Mental health and psychosocial support

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly the report on mental health and psychosocial support, prepared by the World Health Organization, pursuant to Assembly resolution 77/300.

* A/80/150.

25-14123 (E) 170925

Progress report on the implementation of General Assembly resolution 77/300 on mental health and psychosocial support

Summary

In 2023, the General Assembly adopted resolution 77/300, signalling an unprecedented global commitment to advancing mental health and psychosocial support as a universal human right and an integral part of sustainable development. In response, the World Health Organization (WHO) was tasked with monitoring progress and reporting back to the Assembly. This first progress report presents a comprehensive review of actions taken since the adoption of the resolution, drawing on national self-assessments, global data and inputs from partner United Nations agencies.

The report documents growing momentum across all regions. Many countries have initiated legal and policy reforms aligned with human rights, integrated mental health into universal health coverage, expanded access to services in primary and other community settings and strengthened their mental health workforce. Global initiatives – such as the WHO Special Initiative for Mental Health, the updated WHO mental health gap action programme guidelines and the United Nations Children's Fund (UNICEF)-WHO joint programme on mental health and psychosocial well-being and development of children and adolescents – have supported national transformation. Progress is also evident in emergency preparedness, the development of psychological interventions, the inclusion of mental health in disaster risk management, guidance on mental health policy and increased multisectoral coordination through the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings.

Efforts to promote mental well-being and prevent mental health conditions across the life course have expanded, with stronger attention to early childhood development, perinatal and adolescent mental health, suicide prevention and workplace well-being. Data and research systems are being strengthened, including through the WHO *Mental Health Atlas* and the adolescent mental health measurement initiatives of UNICEF.

Despite these advances, major challenges remain. Mental health is still underfunded and underprioritized in both domestic and international financing. Coercive practices persist, particularly in institutional settings. Integration with related health areas (such as brain health, substance use, HIV and noncommunicable diseases) and with such sectors as education, social protection and justice remains limited. Most countries lack comprehensive data and human resource gaps are severe. Crucially, the meaningful participation of people with lived experience continues to be far from sufficient.

In the report, WHO, in line with resolution 77/300, calls for a comprehensive, coordinated and sustained response. Countries should adopt rights-based, person-centred approaches; expand community-based services; shift financing toward system-wide reform; invest in workforce development; and ensure integration across sectors and the life course. The participation of people with lived experience should be structurally embedded in responses at all levels.

These priorities are aligned with the paths to transformation outlined in the WHO 2022 *World Mental Health Report*, with regard to deepening the value and commitment given to mental health, reshaping environments and strengthening systems of care. Progress along those paths is essential to deliver on the vision of inclusive, sustainable and rights-based mental health systems for all, in all contexts, as set out in resolution 77/300.

I. Introduction

1. In June 2023, the General Assembly adopted resolution 77/300, entitled "Mental health and psychosocial support", underscoring the global community's commitment to prioritize mental health as an integral part of public health and sustainable development. The adoption of the resolution has come at a moment when awareness and recognition of the profound implications of mental health for individuals, communities, economies and global stability have reached new levels. Despite the increased awareness, mental health remains underresourced and inadequately addressed, while persons with mental health conditions and psychosocial disabilities continue to be subject to stigma and discrimination across the globe.[1]

2. The term "mental health and psychosocial support", which the World Health Organization (WHO) and partner United Nations agencies usually reserve solely for interventions related to humanitarian action, is used in resolution 77/300 to refer to actions on mental health and psychosocial support, whatever the context. Consistent with that resolution, the report covers progress in advancing mental health globally, not limited to humanitarian contexts.

3. Globally, mental health conditions are among the leading contributors to disability and illness, affecting more than one billion people worldwide.[2] Anxiety and depression alone are responsible for substantial health, social and economic impacts. In addition, suicide remains a significant public health concern, particularly among young people, with nearly 720,000 lives lost annually.[3] Despite the scale of these issues, mental health services remain severely underresourced, especially in low- and middle-income countries.

4. In recent years, mental health has increasingly been recognized as a critical global health priority, amplified by the mental health and social consequences of the COVID-19 pandemic,[4] climate crises, conflicts and economic uncertainties. Member States, international organizations and civil society have raised the profile of mental health, advocating for its inclusion in global health, development and humanitarian agendas. However, while awareness and political commitments have notably increased, investment and action have not kept pace with growing needs, as a result of the historical marginalization of persons living with mental health conditions and the low priority given to them. Mental health continues to receive only a fraction of health funding globally, which underscores the urgency of sustained and accelerated action to bridge this critical gap, estimated to be at least $200 billion.[5]

5. The adoption of resolution 77/300 represents a recognition of mental health challenges worldwide, reflecting Member States' collective commitment to implementing comprehensive mental health strategies. The resolution emphasizes a rights-based approach, aligned closely with the principles of the Convention on the Rights of Persons with Disabilities and the Sustainable Development Goals, in particular target 3.4 of the Goals on reducing premature mortality from noncommunicable diseases through prevention and treatment and promoting mental health and well-being.

[1] WHO, *World Mental Health Report: Transforming Mental Health for All* (Geneva, 2022).
[2] WHO, *World Mental Health Today: Latest Data* (Geneva, 2025).
[3] Ibid.
[4] United Nations, "Policy brief: COVID-19 and the need for action on mental health", 13 May 2020. Available at www.un.org/sites/un2.un.org/files/un_policy_brief-covid_and_mental_health_final.pdf.
[5] United for Global Mental Health, *Financing of mental health: the current situation and ways forward* (2023). Available at: https://unitedgmh.org/the-global-advocate/financing-mental-health-current-status-and-future-prospects.

6. WHO was tasked by the General Assembly with monitoring and reporting progress made by Member States and the global community in implementing resolution 77/300. This role builds on the mandate of WHO as the United Nations specialized agency for health, as described also in the comprehensive mental health action plan 2013–2030.[6]

7. In resolution 77/300, the General Assembly calls for comprehensive action across several strategic areas. It highlights the importance of integrating mental health into universal health coverage frameworks and primary healthcare systems; promoting rights-based community care; ensuring equitable access to mental health services, particularly for marginalized and vulnerable populations; enhancing crisis preparedness and humanitarian responses; and improving mental health information systems, monitoring and research capacities.

8. The present report provides an initial overview of progress in the implementation of resolution 77/300, in the two years since its adoption, by synthesizing available evidence, data and inputs received. The progress report is intended not only as an accountability mechanism but also as an essential tool to identify ongoing challenges, share exemplary practices and provide clear, action-oriented recommendations to accelerate global progress towards mental health for all.

9. The present initial report marks an important milestone in the assessment of progress, laying the groundwork for further in-depth analyses in subsequent reporting cycles. While significant advancements are identified, it is highlighted in the report that considerable work remains. Critical gaps persist in the protection of human rights, resource allocation, human resources, service coverage and data availability. It is hoped that this overview will serve as a catalyst for continued action and renewed commitment by all stakeholders toward meaningful improvements in mental health globally.

II. Progress in implementation

A. Advancing legal and policy reform for rights-based mental health services and systems

1. Mental health, human rights and legislation: guidance and practice

10. In 2023, WHO and the Office of the United Nations High Commissioner for Human Rights jointly published *Mental health, human rights and legislation: guidance and practice*,[7] a comprehensive framework for aligning mental health legislation with the Convention on the Rights of Persons with Disabilities and other international human rights standards. According to latest data from the WHO *Mental Health Atlas*,[8] while 72 per cent of responding countries report having stand-alone mental health laws, significant gaps remain in ensuring that those laws are fully aligned with human rights standards and are effectively implemented and monitored. In recognition of the fact that many existing laws fail to prevent discrimination and human rights violations in mental health settings, new legal objectives are proposed in the guidance, including the mandating of a rights-based approach, deinstitutionalization and access to quality, person-centred and community-based services. The guidance also provides direction on addressing stigma and discrimination and on eliminating coercion by promoting

[6] WHO, Comprehensive mental health action plan 2013–2030 (updated) (Geneva, 2021).

[7] WHO and the United Nations (represented by the Office of the United Nations High Commissioner for Human Rights), *Mental health, human rights and legislation: guidance and practice* (Geneva, 2023).

[8] WHO, *Mental Health Atlas 2024* (Geneva, 2025).

practices that uphold dignity, autonomy and legal capacity. It contains practical advice on how to adopt a human rights-based approach throughout the process of reviewing, developing, implementing and evaluating legislation.

2. Guidance on mental health policy and strategic action plans

11. In March 2025, WHO released its *Guidance on mental health policy and strategic action plans,*[9] a comprehensive resource to support countries in developing rights-aligned, person-centred and community-based mental health systems. The new guidance provides a structured framework to strengthen governance, enhance service delivery, build workforce capacity and expand access to cross-sectoral support. In the guidance, emphasis is placed on addressing the social and structural determinants of mental health – such as poverty, housing and employment – and promoting the meaningful participation of people with lived experience. The guidance serves to outline the importance of implementing a comprehensive package of interventions, including physical health and lifestyle, psychological, social and economic interventions, as well as pharmacological interventions where appropriate.

3. WHO QualityRights initiative

12. WHO has continued to expand the global reach of its QualityRights initiative, supporting countries in transforming mental health systems, laws and services in line with the Convention on the Rights of Persons with Disabilities. The initiative promotes person-centred, community-based and recovery-oriented services, while addressing stigma, discrimination, coercion and other human rights violations. Numerous countries have been systematically rolling out and are actively implementing the initiative, with several countries integrating the tools into national capacity-building, policy and law reform, and service transformation efforts. Over 131,400 participants have enrolled in the QualityRights e-training course on mental health, recovery and community inclusion – a key component of the initiative that is available in 16 languages – and more than 73,200 have completed the training. Independent evaluations show significant improvements in human rights attitudes, particularly in relation to legal capacity, inclusion and the ending of coercion.

4. Anti-stigma and anti-coercion capacity-building

13. In 2024, WHO launched a QualityRights webinar series to support global efforts to eliminate coercion in mental health and promote rights-based care. The series brings together practitioners, people with lived experience, policymakers and civil society for interactive training and dialogue. The webinars showcase innovative, non-coercive service models and experience-based strategies for reducing coercion as well as crisis de-escalation, recovery planning, supported decision-making and advance planning. The WHO Regional Office for Europe has implemented in-country training and policy dialogue in 2024–2025 to advance person-centred, rights-based care. The QualityRights training is focused on alternatives to seclusion and restraint, de-escalation and recovery planning. These initiatives are aimed at reducing coercion and stigma by engaging policymakers, providers and front-line staff and fostering a growing leadership commitment to reform.

[9] WHO, *Guidance on mental health policy and strategic action plans*. Module 1: Introduction, purpose and use of the guidance (Geneva, 2025). Available at https://iris.who.int/handle/10665/380465.

B. Promotion, prevention and early intervention across the life course

1. Global progress in promotion, prevention and early action

14. In terms of promotion, prevention and early intervention across the life course, 63 per cent of countries that participated in the *Mental Health Atlas 2024* survey reported having at least two national multisectoral programmes, compared with 68 per cent in 2020. Despite this slight decline, several targeted initiatives remain strong. Suicide prevention programmes were reported by 80 per cent of responding countries, while 70 per cent reported anti-stigma efforts. Early childhood development programmes (86 per cent), school-based mental health programmes (78 per cent), perinatal and maternal mental health programmes (69 per cent) and workplace mental health programmes (72 per cent) are also widely implemented, demonstrating ongoing investment in mental health promotion and protection over the life course. Close to half of the countries that participated in the *Mental Health Atlas 2024* survey reported having a suicide prevention strategy, the majority of which had been developed or updated since 2020.

15. Early childhood development is a foundational focus of childhood development. WHO supports over 30 countries to strengthen measurement systems, scale up neurodevelopmental interventions and promote inclusive policies for children with developmental delays. This includes the incorporation of early childhood development data in national planning and service delivery systems, ensuring that children receive support from the earliest years. The UNICEF Caring for the Caregiver initiative complements this by supporting the mental well-being of parents and front-line providers. The package has been implemented in both humanitarian and development settings and includes stress management and self-care tools to strengthen the caregiver-child relationship. A new supplement, developed in response to high rates of adolescent pregnancy – especially in low- and middle-income countries – and the lack of support faced by young mothers, is focused on adolescent caregivers. It equips front-line workers to better recognize and respond to the unique vulnerabilities of such adolescents.

16. The Helping Adolescents Thrive initiative has brought programming to promote and protect adolescent mental health to more than 20 countries. The initiative has served to support cross-sectoral training in such countries as China, Ecuador, Kazakhstan, Malaysia, the Republic of Korea and Viet Nam, and has been embedded into youth programmes in Indonesia and Jordan. In humanitarian and refugee settings, it has been implemented in Honduras, Italy, Poland and Venezuela (Bolivarian Republic of). Subnational delivery and capacity-building are under way in Argentina, Belize, Colombia, Mexico and Nepal. Meanwhile, multi-ministerial coordination platforms in Bangladesh, Bhutan, Egypt, India and Pakistan are using the initiative to strengthen systems for adolescent mental health.

17. WHO is helping countries such as Colombia, Jordan, Kazakhstan, the Philippines, Thailand and the United Republic of Tanzania to scale up evidence-based parenting interventions to support child development, mental health and violence prevention. In Thailand, this has involved the development of a strategic parenting model, a national parenting training hub and high-level family engagement initiatives, including the designation of May as the national month for mental health awareness.

2. Preventing suicide through public health action

18. More than 720,000 people die by suicide each year. In 2021, suicide was the third leading cause of death globally among young people between 15 and 29 years of age for both sexes; for females, suicide was the second, and for males, the third leading cause of death in that age group. Most suicides (73 per cent) occur in low-

and middle-income countries. For every death, there are over 20 suicide attempts. In response, WHO launched the LIVE LIFE initiative for suicide prevention – an evidence-based package of interventions to prevent suicide. The initiative, which is accompanied by an implementation guide,[10] has been implemented in Bangladesh, Cambodia, Ghana, Suriname, Thailand and Uruguay, helping to advance political will, build national capacity and coordinate multisectoral action for suicide prevention. WHO has developed a suite of resources that further support the implementation of LIVE LIFE, including a brochure on preventing suicide by phasing out highly hazardous pesticides[11] (jointly with the Food and Agriculture Organization of the United Nations), a resource for media professionals on responsible media reporting,[12] the Helping Adolescents Thrive toolkit[13] (with UNICEF), a policy brief on the health aspects of decriminalization of suicide and suicide attempts,[14] and the module on self-harm and suicide of the WHO mental health gap action programme intervention guide for mental, neurological and substance use disorders in non-specialized health settings.[15]

19. Progress has been achieved in countries such as Suriname, where authorities have begun processes to restrict access to toxic pesticides and media professionals have been trained in responsible reporting. In Uruguay, analysis of suicide and self-harm data has informed the development of a national suicide prevention strategy. In Thailand, adolescents have been equipped with life skills and community volunteers have been trained to identify, manage and follow up on suicidal behaviours. In Cambodia, over 250 stakeholders from every province and multiple ministries have contributed to a multisectoral suicide prevention action plan.

3. Mental health at work: creating healthier workplaces

20. WHO and the International Labour Organization published their joint policy brief on mental health at work in 2022, outlining strategies to prevent work-related mental health conditions – such as organizational interventions to mitigate risk – and support workers living with mental health conditions. Building on this work, WHO is developing manager training for mental health and the International Labour Organization is preparing an updated report on mental health at work, scheduled for release on the World Day for Safety and Health at Work in 2026, with a specific focus on psychosocial risks.

C. Moving towards universal health coverage for mental health

1. Progress reflected in the *Mental Health Atlas 2024*

21. According to new data collected through the WHO *Mental Health Atlas 2024*, approximately a quarter of 138 responding countries report having completed the transition to, or being in the late stages of establishing, a system centred on general hospitals and other community-based mental health services rather than on psychiatric hospitals. Close to half of countries report being at an early stage in the development of such systems, while in 20 per cent of countries, no significant transition has been initiated.

[10] See www.who.int/publications/i/item/9789240026629.
[11] See www.who.int/publications/m/item/preventing-suicide-by-phasing-out-highly-hazardous-pesticides.
[12] See https://iris.who.int/handle/10665/372691.
[13] See https://iris.who.int/handle/10665/341327.
[14] See www.who.int/publications/i/item/9789240078796.
[15] See www.who.int/publications/i/item/9789241549790.

22. Between 2020 and 2024, progress on integrating mental health into primary healthcare remained relatively stable. According to latest data from the *Mental Health Atlas 2024*, 47 countries (34 per cent of responding countries and 24 per cent of all States members of WHO) achieved functional integration of mental health into primary healthcare, a figure comparable to the previous edition of the *Mental Health Atlas*, according to which 49 countries (25 per cent of member States) met the criteria.

23. There remain stark disparities with respect to funding, human resources and service availability. According to the latest information from the *Mental Health Atlas 2024*, the median proportion of total government spending on health that is allocated to mental health is less than 1 per cent in low-income countries, compared with more than 4 per cent in high-income countries.

2. Development of evidence-based interventions and guidelines for mental health care

24. The 2023 update of the WHO mental health gap action programme guideline for mental, neurological and substance use disorders marks 15 years of progress in scaling up evidence-based care for such conditions. In the update, 90 existing recommendations are validated; 30 revised recommendations and 18 new ones, including a new module on anxiety, are introduced; and emphasis is placed on psychological and digital interventions. The guideline continues to serve to support non-specialist health workers, especially in low- and middle-income countries, by providing evidence-based, accessible care strategies. As of 2024, the WHO mental health gap action programme had been implemented in 96 countries – approximately half of WHO member States – according to data collected for monitoring under the Fourteenth General Programme of Work.

25. Expanding access to quality mental health care requires scalable, culturally adaptable and rights-based approaches, especially in low-resource settings. Evidence-based psychological interventions[16] delivered by trained, supervised non-specialists are effective for many mental health conditions, especially depression and anxiety, and can potentially be scaled up rapidly. WHO has developed interventions for adolescents, young people and adults, including innovative self-help formats (e.g. books and apps). Six have been released, while others are in development, including digital self-help tools and a family intervention for psychosis. Since 2023, WHO has strengthened support for testing and implementation. Interventions have been translated into multiple languages and adopted in numerous countries, with, in particular, the roll-out of Step-by-Step – a digital self-help programme for depression – in Lebanon and Thailand, the scale-up of the stress management course Self-Help Plus in Ukraine, and supporting manuals and tools.

3. Building workforce capacity

26. A strong and adequately trained workforce is essential to meet the growing demand for mental health services, especially at the primary care level. *Mental Health Atlas 2024* data show that the global median number of mental health workers per 100,000 population is 13.5, ranging from less than 3 in lower-income countries to more than 60 in high-income countries. While doctors and nurses in general healthcare are often the first point of contact, many graduate without adequate preparation to provide effective mental health care. To address this gap, a comprehensive guide on pre-service education for medical and nursing students was

[16] See www.who.int/teams/mental-health-and-substance-use/treatment-care/innovations-in-psychological-interventions.

released in 2025.[17] The guide defines 12 core competencies in mental health care, including the provision of rights-based care.

27. UNICEF and partners continue to advocate for the inclusion of child- and adolescent-specific competencies in workforce development strategies. In many countries, front-line workers, including educators, school counsellors, community health workers and social service providers, are often the primary source of support for young people facing mental health challenges. However, most receive little to no formal training in child and adolescent mental health. UNICEF-supported initiatives have helped to embed such training into national pre-service and in-service education for key front-line professionals. For example, in Viet Nam, India and several countries in West and Central Africa, teacher training colleges and health institutes are integrating child-focused mental health content into their curricula. These efforts are aimed at ensuring that workers in the broader workforce, not only mental health specialists, are equipped to recognize, respond to and refer children and adolescents experiencing distress, thereby contributing to early intervention and stronger community-based care.

4. Strengthening sustainable financing for mental health

28. The health and economic consequences of mental health conditions are very substantial and are expected to rise over time as populations age and continue to be exposed to adverse determinants for mental health. Yet despite the availability of effective and cost-effective interventions, investment in quality services remains low. Latest findings from the *Mental Health Atlas 2024* indicate that a median of just over 2 per cent of total government health spending is allocated to mental health.

29. In this context, an international dialogue on sustainable financing for non-communicable diseases and mental health[18] was convened by the World Bank and WHO. It brought together representatives from the ministries of health and ministries of finance of more than 30 countries, United Nations agencies, multilateral and bilateral development organizations, civil society and individuals with lived experience, the private sector and academia. The participants concluded that there is a need to focus on domestic resource mobilization and financing as the most sustainable way forward, while noting the critical role of catalytic development assistance for nationally determined and time-bound efforts to introduce and scale up implementation of essential services in low-income and emergency settings. There is a need to enhance financial protection against the otherwise recurring and potentially impoverishing out-of-pocket expenditures incurred by affected households.

5. Enhancing access to mental health care

30. Through the UNICEF-WHO joint programme on mental health and psychosocial well-being and development of children and adolescents, 13 countries have advanced national action. The programme has led to the creation or strengthening of multisectoral coordination bodies in nine countries, the training of over 41,000 care providers in health, education and social services, and the delivery of mental health promotion, prevention and care interventions to 8.8 million children, adolescents and caregivers. In Egypt, 6,600 workers have been trained and mental health centres have been established in schools, including for Sudanese refugees, which are now integrated into government planning and budgeting. In North Macedonia, the programme supported the country's first national action plan on child and adolescent mental health, while, in

[17] WHO, *Educating medical and nursing students to provide mental health, neurological and substance use care: a practical guide for pre-service education* (Geneva, 2025).

[18] International Dialogue on sustainable financing for noncommunicable diseases and mental health. Meeting report (Washington, D.C., WHO and World Bank Group, 2024).

Malaysia, the national centre of excellence for mental health is finalizing a multisectoral strategic plan. In Serbia, the SveJeOK platform has reached over 169,000 young people with online information, interactive activities and counselling.

31. The implementation of the WHO Special Initiative for Mental Health[19] has significantly advanced mental health as part of universal health coverage and demonstrated that transformative change is possible even in low-resource settings and with modest investments. Through its implementation in ten countries,[20] more than 72 million more people gained access to care from 2020 to 2024, with at least 1 million children and adults receiving treatment for the first time. These services were affordable; for every $1 million spent, more than 2.5 million people gained access to mental health services, at a cost of $0.40 per person.[21] Different countries that have joined the Special Initiative for Mental Health have shifted towards community-based services, included mental health in national insurance schemes, increased budgets and revised laws to align with human rights principles.

32. Perinatal mental health is being integrated into maternal and child health systems through national efforts supported by WHO and UNICEF. In Kenya, it has been included in postnatal care through national guidelines and global advocacy. Mozambique has developed clinical guidelines and provincial integration plans, while the United Republic of Tanzania has designed screening tools and care pathways following a national multi-stakeholder workshop. UNICEF has played a key role in these countries by supporting training of health workers and adapting tools for front-line staff, including midwives and community health volunteers. In all these efforts, particular attention is given to adolescent mothers, reducing stigma and fostering caregiver-infant bonding.

33. For the provision of direct support for adolescents experiencing anxiety, depression or distress in low-resource or humanitarian settings, WHO and UNICEF jointly launched the early adolescent skills for emotions[22] initiative in 2023. This group-based psychological intervention targets young people between 10 and 15 years of age. Two global training events were held in 2024 and 2025, equipping experts from 27 countries to train supervisors, trainers and non-specialist helpers, expanding the implementation of the initiative worldwide.

6. Accelerating the shift to community-based mental health services

34. Deinstitutionalization remains a critical component of mental health system reform and a key priority for protecting human rights and promoting social inclusion. WHO continues to advocate for a shift away from institutional care models toward community-based services that are person-centred, recovery-oriented and accessible.

35. WHO is developing new technical resources to guide and operationalize institutional reform, such as the community planning questionnaire. This will be an open-access tool to help institutions to identify the community-based services and support needed to transition individuals who have lived for extended periods in institutional settings. Development of the tool is being informed by a multi-site study under way in seven countries: Argentina, India, Kazakhstan, Paraguay, South Africa, Thailand and Uzbekistan. Resources such as the community planning questionnaire are intended to equip national authorities and service providers with practical tools to ensure safe, effective and rights-based transitions to community-based care.

---

[19] See www.who.int/initiatives/who-special-initiative-for-mental-health.

[20] Argentina, Bangladesh, Cambodia, Ghana, Jordan, Nepal, Paraguay, Philippines, Ukraine and Zimbabwe.

[21] WHO midterm results report, 2024–2025. Available at www.who.int/about/accountability/results/who-results-report-2024-2025/executive-summary.

[22] WHO and UNICEF, *Early Adolescent Skills for Emotions (EASE): group psychological help for young adolescents affected by distress in communities exposed to adversity* (Geneva, 2023).

D. Information systems, monitoring and research

36. New data from the WHO *Mental Health Atlas 2024* indicate that less than half of responding countries (44 per cent) produced a specific report focused on mental health activities in the previous two years. A higher proportion (58 per cent) reported the availability of a nationwide digital health record system that includes data on mental health. Globally, 36 per cent of responding countries have carried out a nationally representative mental health survey in the last 10 years, ranging from 20 per cent in low-income countries to 50 per cent in high-income countries. New efforts are needed and are being made to strengthen epidemiological data and mental health information systems, including through the use of novel survey tools based on the eleventh revision of the International Statistical Classification of Diseases and Related Health Problems. There is also a need for an agreed set of mental health indicators for use in routine health information systems.

37. The UNICEF initiative for measuring mental health among adolescents and young people at the population level addresses key data gaps in adolescent mental health, with the development of a culturally adaptable, clinically validated tool for integration into national platforms. It was included in the seventh round of the UNICEF multiple indicator cluster surveys, enabling stronger analysis of mental health outcomes and influences. Standardized measurement of adolescent mental health is also promoted through Global Action for Measurement of Adolescent health indicators. Additional efforts include cost-benefit analyses of school-based mental health and psychosocial support services.

38. The Office of the United Nations High Commissioner for Refugees (UNHCR), in its *Global Trends report 2024* on forced displacement,[23] presented findings from forced displacement surveys, suggesting that rates of depression are approximately 33 per cent higher among refugees than in the surrounding host populations. In 2024, UNHCR introduced more detailed data collection tools on mental health in its integrated refugee health information system, which allow for better analysis of consultations in primary healthcare facilities supporting refugees in camps and settlements in low- and middle-income countries.

E. Mental health and psychosocial support in relation to emergencies, disasters and conflict

1. Global status and trends in mental health and psychosocial support in relation to emergency preparedness

39. Since 2023, progress has been made in strengthening mental health and psychosocial support in emergencies, though gaps remain. The resolution on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies, adopted at the seventy-seventh World Health Assembly, marked a continuing global commitment. Likewise, figures from the WHO *Mental Health Atlas 2024* indicate advancement, with 65 per cent out of 142 responding countries reporting the integration of mental health and psychosocial support within emergency preparedness systems – an increase from 45 per cent of countries that participated in the WHO *Mental Health Atlas 2020* survey – and similar proportions reporting dedicated resources and implementation plans.

[23] See www.unhcr.org/global-trends-report-2024.

2. Advancing preparedness through systems strengthening and risk reduction

40. The WHO Build Better Before initiative is aimed at strengthening emergency preparedness through four-day workshops that include multisectoral field-based simulation exercises. Since 2023, five global exercises have reached 283 participants working in more than 60 countries. Notable examples of the impact of the initiative include the strengthening of mental health and psychosocial support preparedness systems in Bangladesh, Ethiopia, Lebanon, the Syrian Arab Republic (in the north-west), Ukraine and many other countries.

41. To further strengthen mental health and psychosocial support preparedness, WHO and partners in the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings also developed the "READY" package, comprising operational guidance and training materials for integrating mental health and psychosocial support into emergency preparedness planning.

3. Normative advances and minimum standards for response

42. WHO, UNICEF, UNHCR, the United Nations Population Fund (UNFPA) and other members of the Inter-Agency Standing Committee developed the multisectoral mental health and psychosocial support minimum service package to provide guidance for the implementation of high-quality, priority mental health and psychosocial support activities and facilitate more coordinated humanitarian action across sectors.

43. Supporting resources include costing and gap analysis tools, sectoral guides, orientation videos and a minimum service package help desk. Since 2023, the minimum service package web platform has reached more than 122,000 individuals in over 200 countries and the minimum service package team has provided orientations to over 2,000 humanitarian workers from more than 70 countries. Building on this success, WHO and partners developed and field-tested a multisectoral mental health and psychosocial support assessment toolkit.[24]

4. Coordination and inter-agency leadership

44. The coordination of mental health and psychosocial support has been strengthened through the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings – a platform of 65 organizations, co-chaired by WHO and the International Federation of Red Cross and Red Crescent Societies, that fosters coordination among United Nations agencies, the International Red Cross and Red Crescent Movement and international non-governmental organizations, supports country-level coordination groups and develops multisectoral guidance. In 2025, a global coordination meeting on mental health and psychosocial support was convened in Addis Ababa, bringing together mental health and psychosocial support leaders from 32 humanitarian settings to strengthen inter-agency collaboration.

45. The inter-agency mental health and psychosocial support surge mechanism, supported by WHO and partners, has deployed experts to 46 countries since 2020, in many cases to strengthen national coordination. In 2024, 16 specialists were deployed to emergency locations, including in Afghanistan, Lebanon, Peru, the Sudan and Gaza.

[24] See www.mhpssmsp.org/en/assessment-tools.

5. Integrating mental health and psychosocial support into peacebuilding and reintegration

46. The provision of mental health and psychosocial support sustains peace by supporting social cohesion, restoring trust and addressing distress resulting from violence and insecurity. In its policy brief on mental health and psychosocial support and peacebuilding, the Inter-Agency Standing Committee outlines the necessity of bidirectional integration, emphasizing that mental health and psychosocial support without peacebuilding risks being undermined by persistent insecurity, while peacebuilding without mental well-being has limited impact. Forthcoming guidance to be issued by WHO, UNICEF and the United Nations Department of Peace Operations will build on the Inter-Agency Standing Committee guidance and evidence from the field to highlight how disarmament, demobilization and reintegration that incorporates community-based, culturally grounded mental health and psychosocial support can reduce social exclusion and support sustainable reintegration, particularly for children formerly associated with armed forces and armed groups.

6. Country-level action by United Nations agencies to operationalize mental health and psychosocial support in crises

(a) World Health Organization: advancing integrated mental health and psychosocial support in complex emergencies

47. Significant progress in response and recovery efforts in the field has been achieved. Throughout 2024, WHO supported coordinated mental health and psychosocial support responses across multiple crises. In the Syrian Arab Republic, one in four primary healthcare centres now integrates mental healthcare using the WHO mental health gap action programme. WHO led a multisectoral simulation in the north-west of the Syrian Arab Republic during the recovery phase following the earthquake, launched a national mental health and psychosocial support operational plan and supported 62 partners through a live referral dashboard and coordination across the protection, gender-based violence, education and nutrition clusters. In Ukraine, WHO co-leads a technical working group of over 200 partners and trained 4,100 primary healthcare doctors through in-person and online courses under the mental health gap action programme, expanding mental health and psychosocial support services across 132 communities and reaching more than 4.3 million people. In Afghanistan, WHO supported 107,000 beneficiaries and trained 816 health professionals. In Chad, WHO provided technical support to local coordination mechanisms and emergency response in refugee camps. Globally in 2024, 2.4 million people gained access to potentially life-saving WHO psychotropic medication kits. These efforts highlight the country presence of WHO in advancing mental health and psychosocial support in emergencies.

(b) United Nations Children's Fund: scaling up evidence-based mental health and psychosocial support for children and families in humanitarian settings

48. Since 2023, UNICEF has accelerated its work on mental health and psychosocial support in emergencies. At the global level, UNICEF and WHO played key roles in supporting the 2024 Greentree Retreat on mental health, convened by the Deputy Secretary-General, with the United Nations Office for Partnerships and Wellcome Trust, to drive forward coordinated implementation of scalable, innovative and evidence-based mental health and psychosocial support in humanitarian settings. UNICEF also supported multi-stakeholder mental health and psychosocial support initiatives at the 2023 Global Refugee Forum. Throughout 2024, UNICEF reached approximately 58.4 million children, adolescents and caregivers with multisectoral

mental health and psychosocial support services across 76 humanitarian contexts, spanning basic psychosocial support to specialized care. UNICEF continues to scale up evidence-based interventions: the early adolescent skills for emotions initiative[25] has been rolled out (jointly with WHO) in Ukraine and Sierra Leone; an initiative on building opportunities for lifelong mental health has been piloted; a programme to promote healing through play[26] is being field-tested across the Middle East and North Africa and the Caring for the Caregiver package[27] has been validated in six countries and is being expanded to six more.

49. UNICEF is also scaling up front-line innovations. The "Tammenni Annak" (Talk to Me) programme, designed by and for front-line workers, is being implemented in Libya, the Syrian Arab Republic and the Occupied Palestinian Territory. A partnership with a media service provider expanded audio-based mental health and psychosocial support content for young people from Ukraine to global platforms. UNICEF will co-chair the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings starting in October 2025.

(c) Office of the United Nations High Commissioner for Refugees: embedding mental health and psychosocial support in protection, health and refugee services

50. Since 2023, UNHCR has further integrated mental health and psychosocial support into its refugee responses. In 2023, UNHCR-supported mental health and psychosocial support services recorded 1.3 million consultations, decreasing slightly to 1.2 million in 2024, primarily due to funding reductions that affected community-based activities.

51. Mental health and psychosocial support has been embedded by UNHCR across sectors – including health, protection and education – to ensure that displaced populations have access to a continuum of care, from community-based psychosocial activities to clinical mental health services. Within UNHCR-supported primary healthcare services, 3 per cent of all consultations related to mental health, neurological or substance use conditions in 2024, up from 1.9 per cent in 2023, demonstrating improved identification and response. UNHCR has deployed mental health and psychosocial support personnel in Burundi, Chad, Peru and the Sudan, and has scaled up its mental health and psychosocial support response in Afghanistan and Ukraine. In 2024, UNHCR facilitated workshops on the Inter-Agency Standing Committee mental health and psychosocial support minimum service package in Chad, Ethiopia, Peru, South Sudan and other countries, to assist Governments, United Nations agencies and non-governmental organizations to integrate such services across sectors.

52. UNHCR continues to strengthen capacity through training and supervision, including scalable psychological interventions, across its operations. Community-based mental health and psychosocial support services remain central, with sustained support for refugee-led initiatives that foster resilience, restore dignity and ensure that such services are accessible, inclusive and shaped by the communities.

53. Co-convened by WHO and UNHCR, and led by a coalition of global partners, the Group of Friends of Health for Refugees and Host Communities promotes inclusion in national health systems and advances mental health and psychosocial support with 118 commitments as of December 2024.

[25] WHO and UNICEF, Early Adolescent Skills for Emotions.
[26] See www.unicef.org/sudan/stories/learning-and-healing-through-play.
[27] See www.unicef.org/documents/caring-caregiver.

(d) International Organization for Migration: expanding access to mental health and psychosocial support services for migrants and displaced populations

54. In 2023 and 2024, the International Organization for Migration (IOM) supported 111 Government-led initiatives aimed at improving the access of migrants and displaced persons, including asylum seekers and refugees, to quality mental health and psychosocial support services. IOM provided such services to approximately 1.5 million individuals in various emergency settings, including in Afghanistan, Bangladesh, Ethiopia, Haiti, Mozambique, Nigeria, the Sudan, Türkiye, Ukraine and neighbouring countries, and Yemen.

55. In the same period, IOM supported mental health and psychosocial support coordination mechanisms by co-chairing 14 inter-agency technical working groups at national and subnational levels in 12 countries, including Burkina Faso, Cameroon, the Democratic Republic of the Congo, Iraq and Venezuela (Bolivarian Republic of). In Iraq, IOM supported the Government in the elaboration of the national action plan for suicide prevention.

56. In addition, capacities in the area of mental health and psychosocial support and population mobility were enhanced through training programmes targeting a cumulative 80,000 health, humanitarian and migration professionals. Advanced courses included those on community-based mental health and psychosocial support with Maria Grzegorzewska University in Warsaw; mental health and psychosocial support with migrants in Central and Latin America, with El Colegio de la Frontera Norte, in Tijuana, Mexico; and psychosocial support for migrant, displaced and refugee populations with Babeș-Bolyai University, in Cluj-Napoca, Romania.

(e) United Nations Population Fund: integrating mental health and psychosocial support into sexual and reproductive health and gender-based violence programmes

57. Over the past two years, UNFPA has focused on strengthening the integration of mental health and psychosocial support within sexual and reproductive health and gender-based violence programming by supporting the implementation of the Inter-Agency Standing Committee mental health and psychosocial support minimum service package. This has included technical support as well as collaboration with the global team for the package to disseminate the tool in such countries as Ethiopia, Iran (Islamic Republic of), Myanmar and Venezuela (Bolivarian Republic of). UNFPA has also promoted stronger collaboration between mental health and psychosocial support and gender-based violence actors through key coordination platforms, such as the Inter-Agency Reference Group on Mental Health and Psychosocial Support in Emergency Settings and the task team for mental health and psychosocial support of the gender-based violence area of responsibility in the protection cluster, ensuring the integration of gender-based violence principles and gender perspectives within mental health and psychosocial support approaches. In addition, UNFPA contributed to the development of global workshops for the minimum service package, bringing in expertise on sexual and reproductive health and gender-based violence to ensure that mental health and psychosocial support actors are properly engaged and trained. Complementary guidance is being developed to ensure that core actions under the minimum service package take into account the specific needs of users of sexual and reproductive health and gender-based violence services. Finally, UNFPA has trained and deployed mental health and psychosocial support technical staff in several country offices to support national capacity and integration efforts.

III. Remaining challenges and gaps

58. Despite growing political momentum and global initiatives, major challenges continue to hinder progress in the delivery of mental health and social care. Human rights violations remain a persistent issue across many settings. Institutionalization continues to be the dominant model, often in the absence of accessible alternatives, whether through general hospitals, community mental health centres and teams, or primary healthcare. Coercive practices such as seclusion, restraint and involuntary treatment are still widely used, undermining trust and causing lasting harm. Stigma – both societal and within services – remains a barrier to recovery and inclusion, and mental health services are still overly focused on diagnosis and medication, neglecting social determinants. Evidence-based psychological interventions are rarely available. Integration across sectors such as education, employment, housing and justice remains limited, despite their recognized impact on mental health.

59. Mental health continues to be treated in isolation, with limited integration with other health programmes, including those related to brain health (e.g. covering autism and dementia) and substance use, as well as limited coordination with other key health programmes (e.g. for HIV and noncommunicable diseases) and non-health sectors. This lack of integration reduces the efficiency and impact of services, prevents comprehensive approaches to well-being and limits opportunities to leverage existing infrastructure and platforms for broader mental health promotion and care.

60. Gaps in financing, service availability and workforce also pose a significant barrier to achieving universal health coverage for mental health. While some countries have made commitments to transition away from hospital-based care, investments remain fragmented and most funding continues to support short-term, narrowly focused initiatives rather than comprehensive, systems-level transformation. Overall, sustained funding remains inadequate, impeding the scale-up of essential services and delaying the implementation of national reform strategies. Poor data systems – especially at the primary care level – undermine planning and budgeting, and technological innovations risk exacerbating inequalities if basic infrastructure and essential psychotropic medications remain unavailable in low-resource settings.

61. These systemic gaps are evident in specific areas such as perinatal and child and adolescent mental health. Perinatal mental health is frequently overlooked in maternal and child health strategies, with weak collaboration between sectors, limited workforce capacity and lack of culturally appropriate approaches. Measurement gaps, infrastructure constraints and unreliable funding further impede the scale-up of services. Similarly, child and adolescent mental health services are scarce and underdeveloped, particularly in low-income countries where the relevant workforce is often nearly non-existent. Many countries lack the capacity to design and implement rights-based, cross-sectoral services for children and adolescents, and inequities affecting those with neurodevelopmental conditions remain largely unaddressed. Furthermore, data limitations such as the inability to disaggregate mental health indicators by age restrict accountability and monitoring of progress.

62. Another persistent gap is the limited and inconsistent involvement of people with lived experience in shaping mental health services and systems. Despite growing recognition of the importance of participation, meaningful engagement of such individuals in the design, implementation and evaluation of programmes remains rare. Too often, individuals with lived experience are consulted late in the process, in tokenistic ways, or not at all. Their perspectives are insufficiently reflected in the development, review and updating of policies, laws, plans and normative products at the national and global levels. This lack of inclusion undermines the relevance and effectiveness of mental health responses and reflects a failure to uphold the principle

of “nothing about us without us”. Strengthening mechanisms for structured, safe and sustained participation is essential to build trust, improve service quality and ensure accountability in mental health systems.

63. Together, these challenges highlight the urgent need for coordinated, adequately financed and rights-based approaches that are integrated across sectors and inclusive of all population groups throughout the life course.

IV. Recommendations and way forward

64. To tackle the persistent gaps identified in rights protection, system integration, financing and service availability, and address relevant determinants, a coordinated and multilevel response is urgently needed to ensure that mental health and psychosocial support is prioritized across sectors and settings. A human rights lens must guide reform efforts, including the full inclusion and participation of people with mental health conditions, the elimination of coercive practices and a transition to person-centred care that goes beyond clinical interventions to address social and structural determinants of mental health.

65. Central to this approach is the meaningful engagement of people with lived experience in the strengthening of all aspects of mental health systems. Their active involvement in the design, implementation, monitoring and evaluation of programmes – as well as in the development, review and updating of policies, laws, plans and normative products – is essential for improving service quality, legitimacy and accountability. Mechanisms for safe, sustained and non-tokenistic participation must be prioritized to ensure that mental health systems are responsive to real-world needs and uphold the principle of inclusion.

66. Countries should adopt a comprehensive health and social care systems approach, integrating mental health into national health strategies, laws and policies, and ensuring that it is fully embedded within essential service packages and universal health coverage efforts. This includes strengthening mental health preparedness in disaster risk management and emergency response and ensuring sustained access to services across all settings, particularly through decentralization and integration into primary healthcare.

67. Expanding and diversifying the mental health workforce, especially through training and supervision of non-specialist providers, remains critical to closing treatment gaps and extending reach. At the same time, accelerated deinstitutionalization and the scaling up of rights-based, community-centred services are essential for ensuring more inclusive and effective evidence-based care systems.

68. Substantial and predictable funding from both domestic budgets and international partners is urgently needed. Resources should be directed not only toward innovation, but also toward strengthening foundational infrastructure, service delivery and implementation at scale. Improved data collection and information systems are needed to guide planning, monitor progress and support accountability.

69. These recommendations are aligned with the paths to transformation outlined in the *World Mental Health Report*,[28] with regard to deepening the value and commitment given to mental health, reshaping the environments that influence it and strengthening systems of care. Delivery on these priorities is vital to achieving equitable, integrated and sustainable mental health systems that leave no one behind.

[28] WHO, *World Mental Health Report*.