Guidance on policy and strategic actions **for mental health and the health sector**

World Health Organization

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(Mental health and well-being across government sectors)

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Foreword

This guidance is grounded in the principle that every sector has a role to play in protecting and promoting mental health. Whether in health; culture, arts and sport; defence and veterans; education; employment; the environment; the interior; justice; social protection; or urban and rural development, the choices made by leaders and institutions shape the environments in which people live and, in turn, the mental health of individuals and communities. And yet, mental health remains neglected, not only in health, but across many areas of government.

The cost of neglect is high. It undermines individual well-being, family stability, societal cohesion, and economic performance. By contrast, investing in mental health delivers wide-ranging benefits, boosting economic productivity, strengthening communities, improving well-being, and building more equitable and resilient societies.

A fundamental shift is needed: from viewing mental health as the sole responsibility of the health sector, to recognizing it as a shared priority across many sectors of government. This means actively embedding mental health considerations into sectoral policies, planning, and decision-making, from how programmes are designed, implemented and evaluated, through to how people are supported, included, and empowered.

This guidance, available as both an integrated whole and as sector-specific documents, provides a practical roadmap for action. It outlines evidence-based, rights-oriented, and equity-driven policy directions and strategic actions that each sector can adopt and adapt, whether individually or through coordinated, cross-sectoral collaboration.

In doing so, this guidance aims to catalyze lasting change, helping to bring mental health from the margins to the mainstream of public policy and making it a core priority in building healthier, fairer, and more resilient societies.

Dr Tedros Adhanom Ghebreyesus
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Glossary

Accessibility

Article 9 of the Convention on the Rights of Persons with Disabilities (CRPD) recognizes accessibility as a fundamental principle enabling persons with disabilities to live independently and participate fully in all aspects of life. It requires that persons with disabilities have equal access to the physical environment, transportation, information and communications technologies, and other facilities and services open or provided to the public, both in urban and rural areas. States Parties have an obligation to identify and eliminate obstacles and barriers to accessibility, ensuring that services and environments are usable by all, without discrimination *(1)*.

Convention on the Rights of Persons with Disabilities (CRPD)

The CRPD is a United Nations human rights treaty adopted in 2006 that aims to "promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities, and to promote respect for their inherent dignity". It marks a shift in how persons with disabilities are viewed: not as objects of charity or care, but as rights-holders with legal capacity and agency. The CRPD applies to all persons with disabilities, including those with psychosocial disabilities and mental health conditions, and explicitly requires States to eliminate discrimination and support full inclusion and participation in society across all sectors, including those listed in this Guidance.

Deinstitutionalization

Deinstitutionalization is the process of relocating people 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 *(2)*.

Disability

The CRPD states that disability results from interactions between individuals who have 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 both the social model of disability, which highlights how societal barriers drive disability, and the human rights model, which asserts that people with disabilities have the right to demand such barriers are removed so as to ensure equality and non-discrimination.

Discrimination

According to the CRPD, discrimination is "...any distinction, exclusion or restriction on the basis of disability which has the purpose or effect of impairing or nullifying the recognition, enjoyment or exercise, on an equal basis with others, of all human rights and fundamental freedoms ...". Discrimination can occur on grounds of race, sex, gender, sexual orientation, identity or expression, age, disability, ethnic, indigenous or social origin, caste, and other status.

Groups that face discrimination

This refers to groups of people within a culture, context or history who face, or are at risk of, discrimination and exclusion due to unequal power relationships. These groups may experience discrimination based on the range of factors mentioned above as well as others *(3)*. Discrimination on any such ground is prohibited under international human rights law.

Human rights-based approach

This is an approach grounded in international human rights law. In mental health, it involves adopting legal and policy frameworks that comply with State obligations under international law. The approach 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 *(4)*.

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 public health and health research, including for some normative statements on human rights by WHO and other UN entities *(5)*. 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

Lived experience can refer to personal experience with mental health services, mental health conditions, or specific living conditions like poverty. It recognizes how someone's experience brings understanding of a particular situation, challenge, or health issue.

Mental health

Mental health is a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of a mental health condition *(2)*.

Peer support

Peer support refers to emotional, social, and practical support provided by people who have lived experience (see above) of similar mental health or life challenges. It can take place in one-to-one or group settings and is grounded in mutual respect, empathy, and shared understanding. It can be offered in various forms, such as through formal roles within mental health or social services, independent peer-led initiatives, or informal, non-hierarchical and unpaid arrangements. Peer supporters, who are experts by experience, offer judgment-free, person-centred support and serve as empathetic listeners, advocates, and partners in recovery *(6)*.

Person-centred care

Person-centred care 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. It aims to foster trusting partnerships, dignity, respect, and autonomy, while also addressing social and structural factors affecting mental health, in order to provide holistic care *(7)*.

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 stigma, discrimination and exclusion) that arise from the interactions between people with mental health difficulties and attitudinal and environmental factors that hinder their 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 that 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.

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.

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 *(8)*.

Stigma (including self-stigma)

Stigma is a social process that occurs when someone is labelled, associated with negative stereotypes, or somehow separated as different and, as a consequence, may experience status loss, discrimination and exclusion. Stigma operates within contexts where power imbalances enable it, and has real consequences for people's rights, well-being, and life opportunities *(9)*. People may also internalize negative societal attitudes in a process known as self-stigma. This can lead to feelings of shame and self-blame and may prevent people from pursuing their goals or seeking support for their mental health and well-being *(10)*.

Structural and social determinants of mental health

Structural determinants encompass the socioeconomic and political context, including the norms, practices, policies and institutions that shape how power and resources are distributed, and how these contribute to social stratification within society, 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 *(11)*. They include (but are not limited to): stigma and discrimination; poverty; lack of, or lower levels of, education; unemployment or job insecurity; houselessness or housing insecurity; food insecurity; health emergencies; climate change; natural hazards; pollution and industrial disasters; humanitarian crises and forced displacement; vulnerable migration; violence and abuse; loneliness; and social isolation.

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 *(12)*.

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 *(13)*. 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 *(14)*.

Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs) are a universal set of 17 interlinked goals adopted by all United Nations Member States in 2015 as part of the 2030 Agenda for Sustainable Development. They aim to end poverty, protect the planet, and ensure peace and prosperity for all by 2030. Each goal includes specific targets and indicators to guide national and global efforts toward sustainable, inclusive development *(15)*.

Universal Health Coverage (UHC)

Universal health coverage (UHC) means that all people and communities have access to the health services they need, when and where they need them, without financial hardship. UHC is a core target of the Sustainable Development Goals (SDGs) and reflects the recognition of health care as a basic human right. UHC includes the full spectrum of essential, quality health services, from health promotion to prevention, treatment, rehabilitation, and palliative care across the life course *(2)*.

Whole-of-government approach to mental health

In a whole-of-government approach all government sectors collaborate to protect and promote mental health and well-being. This approach addresses mental health as a shared responsibility extending beyond the health sector alone, recognizing that mental health is foundational to individual and societal health, and is strongly influenced by social and structural determinants. A whole-of-government approach aims to ensure coherent, inclusive, and comprehensive responses to mental health challenges within a broad public policy framework.

Executive summary

Mental health and well-being are vital to individual and societal health, and essential for sustainable development. They are shaped by structural and social determinants like poverty, discrimination, and violence: factors that extend beyond the health sector. Global crises such as climate change, conflict, and COVID-19 have further intensified these pressures.

Addressing mental health requires coordinated action across all sectors. A joint effort can improve population well-being, strengthen social cohesion, and advance inclusion, equity, human rights, and economic progress.

The Sustainable Development Goals (SDGs): Economic, human rights and development imperatives

Mental health is deeply interconnected with social and economic development and is linked to many of the UN's Sustainable Development Goals (SDGs), which aim to end poverty, protect the planet, and ensure peace and prosperity for all by 2030. SDG 3 on health and well-being, SDG 8 on decent work and economic growth, SDG 10 on reduced inequalities, and SDG 16 on peace and justice are among the relevant goals.

Actions across sectors can support mental health while advancing progress toward the SDGs. For example, mental health promotion in employment can strengthen productivity, while rights-based approaches in justice and interior sectors can reduce inequalities and support peaceful, inclusive societies. The economic case is strong: global mental health costs are projected to reach US$ 6 trillion by 2030, yet effective interventions offer clear returns.

Mental health is also a human right. Governments must uphold the right to the highest attainable standard of mental health, as recognized in treaties such as the UN Convention on the Rights of Persons with Disabilities (CRPD), and act to eliminate the discrimination and exclusion that people with mental health conditions often face across government sectors.

Integrating mental health into all policies through a whole-of-government approach

Structural and social determinants that span all sectors shape mental health. Acting together, sectors can improve mental health while advancing their own goals. A whole-of-government approach – at all levels from national to local – is essential, requiring coordinated action across culture, arts and sport; defence and veterans; education; employment; environment, conservation and climate protection; health; interior; justice, social protection, urban and rural development; to advance the SDGs and address key determinants of mental health. The treasury and finance sector plays a critical role in promoting equity through budget and fiscal decisions.

Correspondingly, a whole-of-society approach is also vital. Engaging with people with lived experience, communities, and civil society ensures government policies are inclusive and grounded in real needs.

Developing, implementing and evaluating whole-of-government approaches

Cross-cutting principles

A human rights-based approach, a life-course perspective, and attention to structural and social determinants are central to protect and promote mental health. Efforts should focus on tackling root causes such as inequality, exclusion, and violence; and on promoting equity, dignity and inclusion, in line with international human rights obligations, including the CRPD.

Active engagement of all stakeholders and meaningful participation of people with lived experience, especially those facing systemic discrimination, is essential for relevance and accountability. Tackling stigma, shifting institutional cultures, and basing actions on evidence and context are key to making mental health a visible, shared responsibility across all sectors.

Requirements for developing, implementing and evaluating policy

Strong political leadership, high-level endorsement, and action-oriented policy language are essential to drive lasting coordination and investment in mental health. Regular reporting and clear commitments help maintain visibility and momentum.

Policy directives and strategic actions must be fully costed, with adequate sector-specific budgets allocated from the start. Without dedicated funding, implementation risks stalling.

Defined roles, realistic targets and timelines are needed, along with robust accountability systems. Monitoring and evaluation should be built in from the beginning to track progress, support course correction, and ensure sustained impact.

Eight process steps

The Guidance proposes eight flexible, adaptable, interlinked steps for integrating mental health into sectoral policies and plans:

1. **Initiate high-level policy dialogue** to build commitment and engage senior leadership on the benefits of addressing mental health.
2. **Raise awareness and shift mindsets** to integrate mental health into sector-specific policy, strategies and plans.
3. **Review existing policies and strategies** to assess how well they support mental health, using this Guidance as a reference.
4. **Form an inclusive drafting team** with broad representation from government sectors, affected communities, and people with lived experience.
5. **Revise or develop policy content** based on gaps identified in the review and a situational analysis.
6. **Consult stakeholders and the public** to gather feedback, address concerns, and refine the draft.
7. **Implement the policy and plan** through updated procedures, training, and clear targets, timelines, budgets, and indicators.
8. **Monitor and evaluate progress** continuously to ensure effectiveness, responsiveness, and accountability.

Purpose, scope, use and development of the Guidance

This Guidance supports policy-makers in integrating mental health and well-being into sector-specific policies and plans, with attention to structural and social determinants. It highlights the broad relevance of mental health integration across all areas of government, and the enabling role of treasury and finance. Separate sections outline a menu of policy directives and strategic actions for key government sectors and include adaptable example indicators that could be adapted to support monitoring, evaluation, and accountability in various settings.

This Guidance is intended for policy-makers across various government sectors who are responsible for drafting, revising, and implementing sector-specific laws, policies, strategies, and plans, as well as for people involved in monitoring and evaluating those approaches. It is also relevant to mental health professionals, civil society, organizations of persons with disabilities (OPDs), and people with lived experience who contribute to, or are affected by, these government efforts. A directory of key issues (Fig. 1) helps users identify where to find discussions on specific topics.

Recognizing diverse governance systems, the Guidance is flexible. Countries can tailor and prioritize actions to fit their legal frameworks, existing policies, and local contexts. For example, sector responsibilities may differ depending on the country.

WHO developed the Guidance between February 2023 and August 2025 through an iterative, collaborative process involving literature reviews, analysis of international human rights frameworks, and extensive consultations with governments, experts, civil society organizations, and people with lived experience.

Strategic roles of key sectors

Each sector has a distinct and essential role in advancing mental health and well-being that can be amplified when coordinated with actions from other sectors.

Government-led mental health initiatives across sectors

Government-wide coordination, led where possible by heads of state and senior national authorities across diverse sectors, is foundational. These leaders are urged to drive multisectoral strategies, commit resources, and elevate mental health as a public and political priority. High-level government leadership is essential to embed mental health into national development priorities and drive coordinated action across ministries. The document suggests several policy directives and strategic actions that government can implement or adapt.

Prioritizing mental health in the political agenda is a key policy directive. Strategic actions could involve: establishing cross-sectoral coordination mechanisms; creating a whole-of-government strategy with dedicated programmes and budgets; and engaging national leaders in public communication and advocacy. Governments are also encouraged to learn from international best practices to strengthen their own responses.

Governance and accountability for mental health can be strengthened as a policy priority. Strategic actions include: promoting rights-based mental health policies and laws; raising public awareness to reduce stigma and discrimination; and establishing regular high-level reporting to track progress across sectors.

Financial commitment and securing and allocating adequate resources for mental health is a third key direction for policy. Strategic actions include: dedicating specific budgets for mental health across sectors; facilitating collaboration between finance and other sectors to ensure funding; and obtaining external resources to support mental health initiatives.

Culture, arts and sports

Culture, arts and sports are powerful enablers of well-being, connection, and self-expression. This sector can support mental health through inclusive participation, creativity, and cultural expression.

Policy can address mental health and well-being by drawing on cultural heritage and culturally rooted approaches. Strategic actions under such a policy directive include: partnering with the mental health sector and local communities to better understand cultural perspectives on mental health; integrating mental health awareness into heritage programmes; supporting communities affected by the loss of cultural heritage; promoting research on how cultural beliefs influence mental health; and taking steps to eliminate harmful cultural practices.

Policy can leverage cultural and artistic activities in promoting mental health, well-being, and social inclusion, while also raising awareness of mental health issues. Strategic actions supporting such a policy directive include: providing accessible and affordable cultural and artistic programmes in community, workplace, and educational settings; integrating such activities into health and social care services; advancing social prescribing in collaboration with the health sector; and encouraging public figures to champion rights-based, recovery-oriented approaches to mental health.

Promoting mental health and well-being through greater participation in sports and physical activity is also an important policy direction. Strategic actions for such a directive include: ensuring inclusive access for all, including people with mental health conditions and psychosocial disabilities; creating tailored community programmes for groups that face discrimination; integrating physical activity into health and social services; training sports professionals in mental health awareness; embedding mental health into Sport for Development and Peace initiatives; and establishing safeguards against abuse and discrimination; and safeguards to combat substance misuse in sports.

Defence and veterans

Defence institutions and veterans' services can play a vital role in addressing the mental health impacts of trauma, institutional culture, and reintegration into civilian life.

One key policy directive can be to act to prevent harassment, violence, and abuse during service, while tackling stigma and discrimination related to mental health. Strategic actions include: enforcing strong safeguards against all forms of abuse; transforming military culture through awareness and training to reduce stigma around mental health challenges; and implementing measures to prevent all forms of discrimination (including via monitoring, reporting and redress mechanisms).

Policy to address mental health challenges and promote well-being among service members, veterans, and their families is important. Strategic actions include offering pre-deployment training to build resilience; and providing post-deployment support for reintegration. Suicide prevention programmes and improved access to rights-based, trauma-informed mental health services are key, along with targeted support for families throughout the deployment cycle. Additional measures include training for military mental health professionals, leadership development, anti-stigma education, and peer support to strengthen help seeking and mental health literacy.

A further key policy direction is to ensure access to a broad range of social benefits and community support for veterans and their families. An important strategic action for such a policy directive is to provide efficient and accessible financial assistance, pensions, healthcare, and disability benefits. Other strategic actions focus on supporting access to housing, education, and career opportunities post service; as well as facilitating veterans' reintegration into civilian life and communities through social connection and volunteering initiatives.

Education

Education systems shape mental health across the life course and are key to building safe, inclusive, and supportive environments for learning and growth.

A central policy priority in the education sector is to implement system-level reforms that foster safe environments, inclusion, non-discrimination, and support for mental health and well-being. Strategic actions for such a policy directive include introducing safeguarding measures to prevent violence and abuse; integrating rights-based mental health education into curricula; and addressing academic pressures like excessive coursework. Further actions involve mandating institutional mental health policies (to be created with the full participation of persons with lived experience); and improving access to education for learners from groups at risk of discrimination, including those with mental health conditions or psychosocial disabilities.

Creating enabling environments and cultures that promote inclusion, social-emotional learning, life skills, and mental health and well-being is another important policy direction to take. Strategic actions under such a directive include building educators' capacity to support both their own and their student's mental health and well-being; addressing issues such as bullying, harassment, and suicide, substance use and stigma and discrimination; and fostering peer connections and a sense of belonging to strengthen overall community and inclusion.

Ensuring access to high-quality mental health and psychosocial support for all students and staff is also a priority issue. Strategic actions under such a policy directive include: setting up dedicated mental health and well-being offices or appointing focal points in educational institutions; and implementing mentoring programmes to provide ongoing support and promote well-being across the learning environment.

Employment

Workplaces strongly influence adult mental health because people spend such a significant proportion of their lives there. This sector can promote well-being by ensuring decent work, preventing exclusion, and supporting recovery. Policies must reach people in informal as well as formal employment if they are to be effective.

One key policy direction focuses on promoting inclusion, preventing discrimination, and ensuring respect for human rights in workplaces. Strategic actions under such a directive include: creating inclusive employment opportunities (in line with the CRPD) that support mental health and well-being; establishing protections against harassment and discrimination; ensuring access to fair working conditions, benefits and insurance that includes mental health coverage; and integrating mental health into occupational safety and health legislation equally with physical health.

Assessing, preventing and managing occupational risks is a crucial policy approach. Strategic actions can include: improving job design; managing workloads;, clarifying roles; creating safe and healthy physical conditions; and ensuring opportunities for career development and flexibility.

Workplace culture can form another policy focus. Strategic actions under a directive on workplace cultures could include training for mental health literacy and anti-stigma programmes; individual and peer-based supports; leadership development programmes; mandatory training to prevent harassment, discrimination or abuse; and support for social connections and recreational events that strengthen workplace cultures.

Encouraging and facilitating early help-seeking and recovery for mental health challenges is also important. Policy can encourage strategic action such as establishing well-being units, implementing Employee Assistance Programmes; and instituting flexible, coordinated return-to-work opportunities.

Environment, conservation and climate protection

Environmental degradation and climate change can worsen mental health, especially for marginalized groups. Conversely, this sector can promote well-being by integrating mental health into environmental planning and action.

Enhancing mental health considerations in leadership efforts for protecting the environment and addressing climate change forms one policy directive. Strategic actions can include: collaboratively embedding mental health in environmental laws, climate adaptation plans, and disaster preparedness; tracking and researching climate-related distress; and ensuring early warning systems and disaster response reach those at most risk of mental health impacts.

Policy that protects the environment and addresses climate change will also foster mental health. Strategic actions can include promoting urban nature; protecting natural habitats, including Indigenous lands; reducing pollution and expanding access to clean energy; and improving access to clean water, and sanitation and waste recycling and disposal systems.

Collaboration with the mental health sector to help create sustainable health services and train health and environmental workers on climate-related mental health impacts is another useful policy direction. Strategic actions might include creating low-carbon services; and capacity building through environmental education.

Community engagement is a valuable policy approach. Strategic actions under such a policy directive include co-developing local solutions to environmental problems linked to mental health concerns; promoting nature-based activities for all; and collaborating to help integrate social prescribing into health systems.

Health

The health sector is central to delivering rights-based, person-centred and integrated mental health care. It is crucial to recognize that physical and mental health are closely intertwined. Many countries may have a distinct mental health sector. However, this Guidance deals with integrating mental health actions across other sectors. Recommended policies, strategies and actions for the mental health sector itself are comprehensively discussed in Modules 1–5 of *Guidance on mental health policy and strategic action plans*.

A key policy directive for supporting a wider cross governmental approach is to establish strong mental health governance within the general health sector. Strategic governance actions include creating a team within the Ministry of Health to integrate mental health into all policies and initiatives; allocating sufficient funds; eliminating discriminatory practices in health insurance schemes (including those that favour hospital care over community services); and integrating mental health indicators into national health information systems.

Mental health needs to be an integral and comprehensive part of the national health system. A policy directive to achieve this could include actions such as: integrating mental health into primary care and specialized services; and making services more accessible for people with mental health conditions or disabilities, and those facing discrimination. Implementing a rights-based and recovery-orientated approach that addresses social and structural determinants is important. Health services should consider people's housing, income and social connections, and offer physical, lifestyle, social and economic interventions alongside careful drug prescribing.

Training the general health workforce will be crucial. A policy directive can propose actions to collaborate with the education sector; deploy mental health staff more widely (perhaps through task sharing); emphasize ongoing training, support and supervision for health workers; and train and collaborate with people in the community.

Interior

Interior ministries influence mental health through many roles, including policing, emergency response, migration governance, and public safety.

Reforming the roles of law enforcement and emergency responders in mental health crisis intervention is an important policy directive. Strategic actions include broadening crisis response options beyond police involvement (for example, scaling up 24/7 crisis lines, mobile teams, peer support, and call diversion systems); comprehensively training emergency responders on managing mental health crises; and creating independent mechanisms for reporting abuse during crisis response.

Promoting mental health and well-being among emergency responders is equally important. Strategic actions under such a policy directive can implement mental health promotion measures at work; and can enhance access to support for first responders, for example through workplace peer support, and easy access to mental health services.

Protecting and promoting the mental health of migrants, refugees, and asylum seekers is also a responsibility that often falls to interior ministries. A policy directive here could ensure access to culturally appropriate, rights-based services regardless of legal status; could build capacity to provide health and mental health interventions to these communities; and could work to enhance social integration and reduce anti-migrant sentiment and discrimination. The interior sector can also advocate for and protect migrant workers' rights through cross-sector collaboration, and can act to improve living conditions for asylum seekers and refugees.

Emergency preparedness schemes should also take a multi-sectoral approach to mental health and psychosocial support. Within such a policy directive, strategic actions could cover: integrating mental health and psychosocial support into emergency planning; strengthening community and individual preparedness; building care workers' and first responders' capacity on mental health interventions; strengthening support for people with more complex needs; improving frontline workers' access to mental health services; and planning how to continue routine mental health services during emergencies.

Justice

Justice systems are essential for upholding rights and reducing the harms of detention and coercion.

A key policy directive calls for legal reforms to improve access to justice and align laws with human rights standards, including the CRPD. Potential strategic actions are wide ranging and include: enhancing access to justice for people with mental health conditions and disabilities (such as through procedural accommodations); reviewing and revising law on legal capacity, mental health, forensic facilities, decriminalizing suicide, and on non-discrimination; training justice sector professionals on human rights and mental health; and exploring and expanding pre-trial diversion programmes and alternatives to incarceration.

Strengthening oversight and redress is important. A policy directive here might have strategic actions on: establishing independent monitoring and complaint mechanisms within mental health, social services and forensic facilities; supporting independent reporting and monitoring on discrimination and human rights violations; and establishing comprehensive redress and reparations procedures.

Policy directives should protect mental health in custodial settings. Strategic actions around this include staff training on mental health; suicide prevention programmes; reporting and redress mechanisms for harassment, violence, and abuse during arrest, custody, and incarceration; access to education, work, and income generation opportunities during custody and incarceration; improved living conditions for people in detention; and revising regulations on solitary confinement and punitive segregation.

Policy should ensure good-quality and rights-based mental health services and support is available for both staff and detainees. Strategic actions include providing mental health services within jails, prisons and custody facilities; establishing mental health units in prisons to serve people with mental health conditions and complex needs; and improving access to mental health support for detention facility staff.

Reintegration support for people leaving detention should also be a policy priority. A policy directive could have strategic actions to facilitate inter-sectoral collaboration on rehabilitation and reintegration; to enhance continuity of care; to facilitate peer networks and community engagement; and to educate, train and support community providers to serve people with a criminal/forensic background (working closely with parole officers).

Social protection

Social protection supports mental health by reducing poverty, inequality, and exclusion.

Promoting equal opportunities and social inclusion in order to protect and promote mental health should be a policy priority. Strategic actions for such a directive could include: improving monitoring mechanisms for social equity and equal opportunities; working to transform mindsets and combat stigma and discrimination; providing education and support in local communities; and combatting social isolation and loneliness.

Poverty and housing insecurity is also critical and is addressed as a separate policy directive. Associated strategic actions include financial and social support for housing; and wider poverty alleviation measures. Emergency shelters, coordinated assistance like the Housing First model, cash transfers, disability benefits, and services for older adults, can all help ease stress and improve well-being.

Employment schemes and benefits that protect individuals throughout their lives and during economic and other crises are an important policy direction. Strategic actions for such a directive could include: widening eligibility for social protection schemes during economic crises; introducing minimum incomes, supporting employment opportunities and strengthening job seekers' skills; and ensuring access to pensions in older age.

Policy directives should also focus on building schemes that combine social care and mental health support. Strategic actions can include: mental health capacity building for social workers; developing home-based and community services for people with long-term needs; collaborating with mental health services to deinstitutionalize psychiatric and social care facilities; collaboratively funding social activities prescribed to people at high risk of poor health; funding and supporting people to participate fully in society (for example via care vouchers and mobility allowances); and protecting survivors of violence (especially children and survivors of gender-based violence) through safe housing, helplines, and access to psychosocial and legal support.

Urban and rural development

Urban and rural development has significant impacts on mental health. While poor planning can worsen exclusion, inequality, and pollution, well-designed environments foster inclusion, resilience, and well-being.

Expanding access to safe, affordable, and non-discriminatory housing forms a key policy directive because housing problems are closely tied to psychological distress. Strategic actions include: rent subsidies for low-income households; fair, non-discriminatory housing laws with associated reporting and redress mechanisms; addressing housing health and safety risks for low-income or vulnerable people; creating assistance programmes for houselessness and housing insecurity; and developing accessible housing for people with disabilities and mental health conditions.

A separate policy directive focuses on creating safe and inclusive environments in urban and rural areas. Strategic actions include: incorporating access to urban nature; creating opportunities for physical activity; enhancing overall neighborhood safety in urban and rural areas; and mitigating pollution and improving access to sustainable water and sanitation systems. These measures all promote better mental health, especially when they actively accommodate people with disabilities.

Planning that fosters community engagement, access to services, mental health awareness, and overall inclusion can form another policy directive. Strategic actions include: expanding inclusive, accessible commuting and navigation options; creating well-maintained community spaces to support social interaction; addressing inequities (within cities and between urban and rural areas) with needs-based funding for services such as mobile outreach, co-located services, and accessible transport; and implementing tailored suicide prevention programmes for at-risk populations (such as farmers and Indigenous Peoples).

Driving change towards impact: a shared government responsibility

Mental health and well-being are essential to inclusive development, peace, and social progress. Every government sector has a role to play. Heads of state, ministers, and sector leaders are urged to prioritize mental health in all policies; establish coordinated, multisectoral initiatives with defined targets and budgets; actively engage affected populations and people with lived experience; and commit to monitoring, evaluation, and ongoing learning.

By embedding mental health and well-being into their core operations, government sectors can drive lasting change, build more equitable, inclusive, and resilient societies, and deliver on a vision of development that leaves no one behind.

“Across all sectors, mental health and social determinants are inseparable – improving one requires addressing the other, and both are essential for every sector to achieve its goals.”

Professor Sir Michael Marmot,

Director of the Institute of Health Equity, University College London

About this Guidance

This Guidance is a component part of the World Health Organization's broader Guidance on policy and strategic actions to protect and promote mental health and well-being across government sectors *(16)*. It proposes policy directives and strategic actions to protect and promote mental health while also advancing the sector's own core objectives. Stakeholders should review the menu of suggestions, and modify as context requires. Adaptable example indicators are included, to help implementation, monitoring and evaluation. Some of the policies and strategic actions may be applied independently by the sector, but many will require collaboration with other sectors, especially the health and mental health sectors.

The overall document, from which this is drawn, offers guidance for:

- government-led cross sectoral initiatives (including cross cutting aspects such as finance and budgeting, which are closely tied to the treasury and finance sectors);
- culture, arts, and sports;
- defence and veterans;
- education;
- employment;
- environment, conservation, and climate protection;
- health;
- interior;
- justice;
- social protection; and
- urban and rural development.

Each document is designed to function independently as a practical resource, while also contributing to a coherent, whole-of-government approach to mental health. The executive summary, repeated in each sector-specific document, gives an overview of the entire Guidance.

Notably, roles and responsibilities of sectors vary across countries. As a result, some topics addressed under one sector in this Guidance might fall under the responsibility of a different sector in another country. To accommodate these differences, Fig. 1 can be used as a directory, enabling decision-makers to identify where key issues are addressed.

The full Guidance *(16)* includes an introduction. The introduction, which is summarized in the executive summary, should be read alongside the sector-specific advice in this document. It outlines the rationale for a whole-of-government approach; how mental health actions can contribute to the Sustainable Development Goals (SDGs); how to develop, implement and evaluate an integrated approach; and the purpose, scope and use of the Guidance. The development process for this sector-specific guidance, including declarations of interest, follows the same procedures as those described in the overall WHO Guidance.

All sectors will benefit from applying a systematic approach to identifying and implementing the most relevant priorities for their context. Box 1 sets out a set of flexible process steps to guide the development, integration, and implementation of mental health considerations in sector-specific policies and associated strategies and/or plans. For more detailed guidance on each step, refer to Development, implementation and evaluation of a whole-of-government approach in the Introduction section of the full Guidance.

Box 1. Summarized process steps for protecting and promoting mental health and well-being

1. Conduct high-level policy dialogue with senior leadership within the sector(s).
2. Raise awareness and shift mindsets to integrate mental health into sector-specific policy, strategies and plans.
3. Review policy and associated strategies and/or plans in tandem with this Guidance.
4. Establish a drafting team including stakeholders from all relevant sectors, affected communities and persons with lived experience.
5. Revise or draft new provisions based on the review.
6. Consult with stakeholder groups and the public to gather feedback, address suggestions, and concerns, and to refine accordingly.
7. Implement policy and associated strategies and/or plans including updating administrative processes, providing training, and establishing clear targets, timelines, budgets, and indicators of success.
8. Monitor and evaluate implementation by continuous tracking progress, reporting on outcomes, and making adjustments to ensure effectiveness, responsiveness, and accountability.

Fig. 1 Directory of key issues

This figure will help readers find discussions linked to the issues listed. Some issues are discussed across all sectors. For other topics, a cross (×) indicates discussions under that sector. A blue highlight signifies that the issue is substantially addressed in that sector (for example through a proposed strategic action).

Addressed across all sectors

Issue	Government-led cross-sector initiatives	Culture, arts, and sports	Defence and veterans	Education	Employment	Environment, conservation and climate protection	Health	Interior	Justice	Social protection	Urban and rural development
Awareness raising and training on mental health	×	×	×	×	×	×	×	×	×	×	×
Person-centred, rights-based approaches	×	×	×	×	×	×	×	×	×	×	×
Stigma and discrimination	×	×	×	×	×	×	×	×	×	×	×
Suicide prevention	×	×	×	×	×	×	×	×	×	×	×
Social isolation, loneliness, connection and inclusion	×	×	×	×	×	×	×	×	×	×	×
Poverty	×	×	×	×	×	×	×	×	×	×	×

Addressed in one or more sectors

Issue	Government-led cross-sector initiatives	Culture, arts, and sports	Defence and veterans	Education	Employment	Environment, conservation and climate protection	Health	Interior	Justice	Social protection	Urban and rural development
Housing			×							×	×
Transport and infrastructure						×					×
Physical activity, including active transport and leisure activities		×		×		×	×				×
Early childhood development and parenting programmes				×						×	
Digital technologies				×			×	×			×
Pollution						×					×
Water, sanitation and hygiene						×					×
Food insecurity and access to healthy food options				×		×				×	×
Jails and prisons									×		
Conflict, war and humanitarian emergencies			×			×		×			
Migrants, refugees and asylum seekers		×				×	×	×		×	
Natural hazards and climate change impacts						×	×	×			×
First responders					×	×	×	×			
Social protection					×					×	
Violence, abuse, harassment including bullying and gender-based violence		×	×	×	×		×	×	×	×	×

Overview

The health sector in each country typically leads policies and actions related to mental health. Mental and physical health are closely connected, and health policies offer numerous opportunities to address both simultaneously. For example, people with mental health conditions or psychosocial disabilities are at higher risk of developing physical health conditions, such as diabetes, cardiovascular disease, cancer and HIV/AIDS, due to factors like the effects of psychotropic drugs, lifestyle factors (for example, high rates of smoking), living conditions, and discrimination. They have an excess all-cause mortality rate two- to three-fold higher than the general population *(17)*. Conversely, many people diagnosed with physical health conditions, whether chronic or serious acute conditions, are likely to experience mental distress and are at higher risk of developing a mental health condition, highlighting the bidirectional relationship between physical and mental well-being *(18)*. Hence, mental health workers should recognize and assess physical health problems, and primary care and general health workers should be adept at identifying distress and mental health conditions and distinguishing them from symptoms of underlying physical illnesses or their treatments.

Policy should require that the health ministry has a strong team dedicated to mental health and that coordination mechanisms with other sectors are in place. The mental health team needs secure and sufficient funding for mental health services and support. It also needs finance to establish multisectoral collaborations to address key social and structural determinants of mental health, recognizing that these affect physical health too.

Integrating mental health into general and specialized health services is as important as having a dedicated mental health unit. For example, mental health needs to be integrated into: accident and emergency services; child and maternal health care; older adult care; noncommunicable disease care (such as for cancer, cardiovascular, respiratory, and autoimmune diseases); communicable diseases care (such as for HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases); palliative care; sexual and reproductive health-care; and services addressing alcohol and other psychoactive substance use. For people with mental health conditions or psychosocial disabilities, facilitating access to general and specialized health services is critical.

Making mental health expertise available across the spectrum of health services requires training all health workers in basic mental health and well-being knowledge and skills. It is also crucial that they adopt a rights-based and person-centred approach, and address the social and structural factors that impact health. If specialist mental health staff are not directly employed in any particular service, a mechanism or liaison service should be established to draw on their expertise.

Comprehensive information on all aspects of mental health policy and strategic actions is available in Modules 1–5 of *Guidance on mental health policy and strategic action plans (19)* and guidance for integrating mental health provisions into law can be found in Mental health, human rights and legislation: guidance and practice *(20)*.

This Guidance recognizes that mental health policy typically falls under the responsibility of the health sector and that many core activities of the sector already contribute or are directly dedicated to protecting and promoting mental health. Nevertheless, to ensure that mental health is adequately addressed in all areas of general health planning, financing, service development, and provision this Guidance proposes a menu of policy directives and key strategic actions on mental health that can be incorporated into broader health sector policy.

The numbering uses the prefix H (health) to help avoid confusion when discussing policy directives for specific sectors or from other guidance. Strategic actions emphasize that mental health should be integrated as a core component of Universal Health Coverage (UHC) and that everyone should have equitable access to comprehensive, quality mental health services and support, regardless of their socioeconomic status or location.

It is important to note that many issues covered in other sections of this Guidance, for example in the social protection sector, the education sector and the urban and rural development sector, are directly or indirectly relevant for the health sector. To support navigation and help the reader find all relevant information, Fig. 1 in the previous section offers a directory of key issues, indicating where each is discussed.

This Guidance includes adaptable examples of indicators for strategic actions, recognizing the critical role of monitoring and evaluation in ensuring accountability and driving continuous improvement. Clear, measurable indicators enable sectors to track progress, assess impact, and determine whether intended outcomes are being achieved. For more general health and equity indicators related to the work and responsibilities of each sector see Table 3 in *Operational framework for monitoring social determinants of health equity (21)*.

Policy directive H1 Strengthening governance on mental health

Strategic actions

1. Create a team within the Ministry of Health to integrate mental health into all health policies and initiatives.
Such a team, unit, or department could co-develop and inform policies and lead the development, management, and coordination of mental health strategies, services, and actions across all health areas, from national to regional and district levels.

Comprehensive integration requires an organized coordination mechanism and regular meetings with representatives from different health areas within the Ministry of Health. In this way, mental health can become a central consideration in every aspect of healthcare for all age groups and demographics.

To support this integration, the mental health team should consult with key stakeholders from both general and mental health fields as well as service users, families, and providers. These stakeholders should be actively engaged in discussions and decision-making processes, enabling them to offer advice and direction on issues that affect them directly.

Close multisectoral collaboration will help to comprehensively address the structural and social determinants that impact mental health. To achieve this, a formal mechanism can be established to engage other sectors, hold regular discussions, and coordinate actions in a unified and sustained manner.

It is essential to train policy-makers and stakeholders within the health sector on person-centred, rights-based, and recovery-oriented approaches to mental health. This helps align all health policies and actions and ensure they meet international human rights standards, including those set by the Convention on the Rights of Persons with Disabilities (CRPD) *(1)*. The WHO QualityRights face-to-face training *(22)* and e-training *(23)* are examples of rights- and evidence-based training that can be used.

Example indicator
Name A mental health team is established and operational in the Ministry of Health.

Definition Achieved if a formal mental health team or unit has been officially established within the Ministry of Health, is staffed with dedicated personnel, and has organized at least one meeting that convenes multiple departments to integrate mental health into broader health policies and initiatives.

Data source(s) Ministry of Health organizational charts; official gazette, decree, or formal directive establishing the team; HR staffing records; cross-departmental meeting minutes.

2. Allocate sufficient funds to develop community mental health services and integrate mental health into general health-care.

In most countries, mental health funding comes from the Ministry of Health. Based on a thorough cost analysis, the health sector should allocate adequate resources for national mental health policies and action plans, prioritizing community-based services that meet rights-based criteria. Financing should support the development of person-centred, rights-based, and recovery-oriented community mental health services. These might include mental health crisis services, hospital-based services, peer support services, community mental health centres, community outreach services, and supported living services *(24)*.

Finance allocations should also be based on population needs. For example, specific funds should be allocated for creating sufficient high-quality services for children and adolescents, and for older adults.

It is also essential to finance the integration of mental health into primary care and other general health services. Such integration is cost-effective and can dramatically improve outcomes for service users.

At the same time, ongoing funding for psychiatric institutions should be phased out. Institutional care too often delivers poor-quality services, breaches human rights, and is associated with high mortality. Instead, a robust network of integrated community mental health services needs to be developed. This will yield the best outcomes and lay the groundwork for true deinstitutionalization. Importantly, deinstitutionalization must proceed in an orderly, coordinated way and "double funding" is needed to ensure that comprehensive community mental health, housing, and other support services are fully in place before individuals transition out of institutions. For more detailed guidance on financing and budget see *Guidance on mental health policy and strategic action plans (19)*.

Example indicator
Name Health budget is allocated to community mental health services and to integrating mental health into general health-care.

Definition Percentage of the Ministry of Health's annual budget that is allocated specifically to developing community mental health services and integrating mental health into general health care.

Data source(s) National budget law; Ministry of Health budget execution reports.

3. Update health insurance schemes to eliminate discriminatory practices and improve access to mental health care.

Health insurance schemes needs to be updated to eliminate discriminatory practices that deny access to mental health treatments and support, or that restrict people with mental health conditions from accessing general health treatments available to others. It is essential to address financial incentives or disincentives within health insurance schemes that create barriers to providing, accessing, and using rights-based community mental health services and interventions. Health insurance should also cover mental health care and support over the long term, not just for acute admissions.

Discriminatory practices in health insurance can take many forms. For example, insurance schemes that offer coverage for drug treatments might fail to cover a range of evidence-based and rights-based services and interventions such as psychological therapies or psychosocial interventions. Additionally, people with mental health conditions or psychosocial disabilities may be sidelined or excluded from treatments that others receive, such as when they are not given priority for vaccines or treatments. In some cases, individuals with psychosocial disabilities may be denied health insurance entirely, based on their disability status. These discriminatory practices should be prohibited by law, and regulations must be adopted to ensure insurance plans and premiums are set fairly and reasonably *(25)*. Protections should extend to people with complex or costly needs, such as those with disabilities, older people, migrants, refugees and asylum seekers who may require additional support, including translation services or culturally-adapted care.

Beyond discriminatory practices, there are often financial disincentives within health insurance schemes that act as barriers to rights-based community care and support, and these should be addressed in health sector policy. For example, schemes may refuse to reimburse services delivered in community-based settings while covering equivalent, and often more expensive, hospital-based services. This creates incentives to maintain hospital-based care rather than shifting to community-based services, which have been shown to be more beneficial for people and their mental health *(26)*. Additionally, health insurance schemes should be reformed so they no-longer favour convenient and discrete interventions, like medications that may not always be the best or most evidence-based choice, over more complex but potentially more beneficial interventions, such as lifestyle, psychological, social, and economic interventions *(27)*. For more details, see Policy directive 1.2 Financing and Budget in Module 2 in the *Guidance on mental health policy and strategic action plans (19)*.

Example indicator

Name Reformed health insurance schemes for mental health inclusion.

Definition Achieved if law has prohibited the national health insurance scheme from discriminatory exclusions of mental health services (or exclusion of specific population groups from accessing these services) and if the schemes ensure coverage for psychological interventions.

Data source(s) National health insurance legislation; regulatory authority scheme guidelines; insurance enrolment and claims records.

4. Integrate mental health indicators into the national health information system for better planning and evaluation.

Collecting, analyzing, and interpreting mental health data is crucial for understanding the mental health landscape and people's most urgent service provision and support needs *(28, 29)*. Such data enables effective monitoring of health and other sector policies, helping to identify gaps and areas for improvements, and directing policy and strategic action plan creation or revision.

To be useful, data must be collected, processed, analyzed, and communicated in a transparent and timely manner that makes its information accessible to all stakeholders, including policy-makers, healthcare providers, and service users *(29)*. Indicators should incorporate broad recovery and quality measures as opposed to having a narrow focus on diagnosis and symptoms. Data to collect should cover: the availability, coverage, and continuity of services and interventions; the prevalence of mental health conditions, and risk factors; the rates of involuntary hospitalization and treatment; how often seclusion and restraints are used (and why); and suicide rates.

Data should be suitable for disaggregation by age, sex, gender, disability and other sociodemographic variables to better inform decision-making and policy formulation.

For a full list of examples of mental health-related items to include in the health information system at the population, service, and individual levels, see Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans in *Guidance on mental health policy and strategic action plans (19)*.

Example indicator

Name Mental health indicators are integrated into the national health information system.

Definition Number of distinct mental health indicators (for example, service coverage, morbidity, expenditure, outcome metrics) that have been formally incorporated into the national health information system's core data modules.

Data source(s) Health information system metadata registry; Ministry of Health annual health information reports; system configuration and module documentation.

Policy directive H2 Make comprehensive mental health services and support an integral part of the health system

Strategic actions

1. Integrate mental health into primary care and other general health services, including specialized services.

Mental health service integration should include (but not be limited to): accident and emergency services; child and maternal health care; older adult care; noncommunicable disease care (such as for cancer, cardiovascular, respiratory, and autoimmune diseases); communicable diseases care (such as for HIV/AIDS, tuberculosis, malaria, and neglected tropical diseases); palliative care; sexual and reproductive health care; and services addressing alcohol and other psychoactive substance use *(28)*.

Primary care and general health services should play a vital role in providing physical health and lifestyle interventions that benefit mental health, and also enable access to psychological, social, and economic support, either through direct service provision or by referring individuals to other community-based services. To support this, strong referral networks should be established between primary care, general health services, mental health services, and community services and support.

Primary care and general health services are often the first point of contact for people whose physical health issues or treatment side effects have caused or worsened emotional distress or mental health conditions *(28)*. Given the close connection between mental and physical health, integrated primary and general health care that addresses both can provide more holistic treatment and support. Numerous studies show such integration contributes to improved affordability, accessibility, acceptability, and to better health outcomes *(18)*.

Integrating mental health into primary care and general health services requires careful planning and consideration, and sometimes legislative changes to allow tasks to be allocated to different professions. The responsibilities and mental health-related tasks of primary care and other general health workers should be clearly defined according to local circumstances, and these workers must receive adequate training, ongoing support, and supervision from mental health professionals. Importantly, mental health support at the primary care level and in general health should be complemented by more specialized care at secondary and, when needed, tertiary levels. This includes a range of dedicated mental health services to provide ongoing care and support.

Services must be delivered without the over-medicalization that can result from short appointments, overburdened or poorly trained professionals, and limited access to psychological, social and economic interventions. Psychotropic drugs, especially when prescribed routinely and inappropriately, can themselves harm health. This risk is compounded by poor recognition of withdrawal effects, such as those seen with antidepressants *(19)*.

Strong collaboration between health and other government sectors is crucial for successful integration. For instance, the education, social, and employment sectors can work with primary care and other general health services to help people with mental health conditions access opportunities that support recovery and community inclusion. Services will achieve better outcomes when people with lived experience and their families are consulted from the beginning.

Example indicator

Name Services integrate mental health within general health provision.

Definition Percentage of primary care and other general health services (including specialized ones) that have implemented staff training in mental health and that have integrated lifestyle, psychological, social, and economic interventions into health service delivery through direct service provision or referral pathways.

Data source(s) Ministry of Health service delivery records; service assessment and accreditation reports; staff training completion databases; insurance claim records.

2. Make general health services more accessible for people with mental health conditions or disabilities, and those facing discrimination.

People with mental health conditions or psychosocial disabilities are at higher risk of developing physical health conditions, such as diabetes, cardiovascular disease, cancer, and HIV/AIDS *(17, 30, 31)* as well as issues related to alcohol and other psychoactive substance use *(2, 32)*. However, these physical-health and substance-use concerns are often overlooked within mental health contexts *(33, 34)*. Conversely, people with dual diagnosis related to mental health conditions and alcohol and other psychoactive substance use, face multiple barriers to accessing physical health care. Service staff often attribute their physical health concerns to their mental health condition, and they are frequently assigned a low priority for certain treatments. Poor coordination between mental and physical healthcare, along with fragmented services, further contributes to poor physical health outcomes *(35, 36)* and an excess mortality risk up to three times higher than the general population *(17, 37)*. Actions to improve accessibility must involve changing culture, mindsets, and attitudes, as well as addressing stigma and discrimination (see below).

Other barriers affect people from groups that face discrimination. For example, general and mental health services may be offered in inaccessible buildings without ramps or elevators. They may lack adaptive equipment, and information in accessible formats (for example, Easy Read, Braille, sign language, video relay or TTY services, AI-based tools). There may be insufficient translation and interpretation for migrants, refugees, and asylum seekers. It is crucial that health-sector policy proactively addresses these obstacles through targeted infrastructure upgrades, communication strategies, and staff training.

Example indicator

Name Accessibility measures in general health facilities.

Definition Percentage of general health facilities that have implemented at least one accessibility measure for people with mental-health conditions, disabilities, or other at-risk groups. Measures might include ramp access, accessible restrooms, adaptive equipment, information in accessible formats, or staff training on disability-inclusive care.

Data source(s) Health service accessibility audit reports; Ministry of Health accreditation and inspection records; national health information system service profiles.

3. Implement a rights-based and recovery-oriented approach in health services.
All general and mental health services should implement a rights-based and recovery-oriented approach. They should include holistic, person-centred assessments of needs and should provide interventions and support to achieve mental health and well-being for all, aligned with international human rights standards. The WHO QualityRights in person training tools *(22)* and QualityRights e-training *(23)* can help build capacity in these areas.

Assessments of care and support needs should consider all domains of a person's life, including physical health, lifestyle, mental health, emotional well-being, coping mechanisms, relationships, social networks, community inclusion, and support mechanisms *(38–40)*. For instance, assessments in general health settings should consider mental health dimensions. Conversely, mental health services should assess physical health dimensions and address them through referrals and collaborations. Assessments and interventions should address the social and structural determinants of mental health (see Strategic action below) as well as the person's symptoms and challenges. For more detailed information see Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans in *Guidance on mental health policy and strategic action plans (19)*.

Services should be able to offer, or refer to, a wide range of interventions, including lifestyle and physical health, lifestyle, psychological, social, and economic interventions (see Box 2 below) and drug interventions.

While medical approaches, including psychotropic drugs, can play an important role in recovery and crisis management, there are significant concerns about over-reliance on these drugs. Issues such as incomplete information on adverse effects *(41–44)*, polypharmacy *(45, 46)*, lack of safe monitoring, prescription without informed consent *(9, 23)*, and high prescription rates *(47–49)* should be addressed. Mental health and general health services need to be cautious in prescribing psychotropic drugs. Staff should be skilled in supporting people who wish to taper off their use, should know about the adverse effects of these medications on general health, and should be capable of supporting people experiencing these effects. Box 3 gives more information on prescription, tapering and discontinuation of psychotropic drugs.

Many drugs for treating general health conditions, such as corticosteroids, interferons, and mefloquine, can cause symptoms of mental health conditions during use or withdrawal *(50)*. It is important to inform patients about this possibility, provide close monitoring, and, after evaluating the risks and benefits, consider non-pharmacological or pharmacological measures to optimize safety and treatment tolerability. All interventions should be thoroughly explained and discussed, including their advantages, limitations, and potential risks or negative effects, and must always be based on the individual's free and informed consent.

Example indicator
Name Rights-based and recovery-oriented approach implementation in health services

Definition Percentage of general and mental health facilities that have adopted formal rights-based policies that cover legal capacity, informed consent, and zero-coercion goals and conducted rights and recovery-oriented mental health training for staff.

Data source(s) Ministry of Health service policy registers; training completion logs; service user rights documentation and compliance records.

Box 2. Flexible and non-exhaustive menu of physical health and lifestyle, psychological, social, and economic interventions for treatment and well-being

This box is an excerpt from *Guidance on mental health policy and strategic action plans: module 2: key reform areas, directives, strategies, and actions for mental health policy and strategic action plans (19)* where it was numbered Box 3.

There are many interventions that promote and support mental health, and that provide effective treatment without the use of psychotropic drugs.

Physical health and lifestyle interventions:

- physical activity and sport *(51, 52)*;
- nutrition and healthy diet *(53, 54)*;
- sleep *(55, 56)*;
- sexual and reproductive health *(57, 58)*;
- stress management and relaxation techniques (for example, mindfulness-based interventions, yoga) *(2, 59, 60)*;
- art and culture-based therapy *(61–63)*;
- nature-based green and blue interventions *(2, 64, 65)*;
- harm reduction interventions (for example, needle and syringe programmes) *(66, 67)*;
- screening, brief interventions, and referral to treatment for hazardous substance use and substance use disorders *(66)*;
- tobacco cessation *(68, 69)*; and
- collaboration/referral for screening and treatment of physical health conditions as appropriate (for example, diabetes, cardiovascular disease, cancer, HIV/AIDS) *(70–72)*.

Psychological interventions:

- cognitive behavioural therapy, interpersonal therapy, behavioural activation therapy, brief psychodynamic therapy, third-wave therapies, trauma-informed approaches (for example, psychotherapy with a trauma focus, eye movement desensitization and reprocessing), and – mainly in relation to alcohol and other psychoactive substance use – contingency management therapy, motivational interviewing and enhancement therapy, positive affect therapy, supportive expressive therapy *(73, 74)*;
- eye movement desensitization and reprocessing (EMDR) *(75)*;
- family therapy (for example, parenting programmes including home visits for pregnant or postpartum mothers, their partner, and their children, couples therapy, family-focused interventions) *(2, 76–78)*;
- family and other care giver interventions (for example support interventions, education, and guidance) *(73, 79, 80)*;
- problem-solving therapy and skills training *(73, 81, 82)*;
- psychoeducation *(2, 83)*;
- interpersonal and social skills, cognitive and organizational skills and self-regulation-based interventions *(73, 74)*;
- cognitive stimulation therapy and cognitive training *(73, 74)*, mainly in relation to dementia;
- beginning-to-read interventions, early communication interventions and specialized instructional techniques *(73, 74)*, mainly for children and adolescents; and
- recovery, advance, and crisis response plans *(84–87)*.

Social interventions:

- social prescribing *(62, 88, 89)*;
- housing assistance (for example, Housing First, other supported social housing programmes) *(2, 90);*
- personal assistance (for example, supported decision-making, assistance for daily activities) *(91–93)*;
- peer support and mutual help groups (1:1, group and online) *(94–96)*;
- social support and community reinforcement approaches (including to build meaningful social connection and combat isolation and loneliness) *(2, 97, 98)*;
- occupational therapy *(2, 99, 100)*; and
- community-led interventions and bottom-up interventions *(101–104)*.

Economic interventions:

- access to income generation and employment (for example, individual placement and support, supported employment and other employment schemes) *(2, 24, 105, 106)*;
- housing assistance (for example, rental assistance programmes) *(107, 108);*
- cash transfer *(2, 109, 110)*;
- personal budget *(2, 111, 112)*; and
- disability allowances and concessions, (for example, disability pensions, living allowances, tax exemptions, discounts) *(93, 113, 114)*.

Note on electroconvulsive therapy (ECT)

- In countries where electroconvulsive therapy (ECT) is used, this intervention must only be administered with the written or documented, free and informed consent of the person concerned. ECT should only be administered in modified form: with anaesthesia and muscle relaxants. Using ECT for children is not recommended and should be prohibited through legislation *(20)*.

Box 3. Topics for psychotropic drug prescribing and usage guidelines

This box is an excerpt from *Guidance on mental health policy and strategic action plans: module 2: key reform areas, directives, strategies, and actions for mental health policy and strategic action plans (19)* where it was numbered Box 4.

Guidelines for prescribing psychotropic drugs should cover these topics

- Assessing indications and contraindications: how to evaluate individuals' need for psychotropic drugs, identifying contraindications, and assessing likely interactions before prescribing.
- Alternatives and combined interventions: consideration of alternatives to psychotropic drugs and their use in combination with other interventions, such as lifestyle changes, psychological support, social interventions, and economic assistance as part of a comprehensive recovery plan.
- Informed consent: ensuring free and informed consent before prescribing, with clear explanations of potential adverse effects, side effects, and possible complications discussed in advance.
- Avoiding polypharmacy: strategies to avoid using multiple interacting medications, and guidelines for reducing or discontinuing unnecessary psychotropic medications, while ensuring safe withdrawal management and preventing health complications.
- Monitoring and maintenance: how to monitor the effects of drugs, ensure safe maintenance, and provide follow-up for individuals taking psychotropic drugs, including access to adequate laboratory equipment for monitoring medication levels and organ functions, along with regular follow-ups and specialist reviews.
- Communication and coordinated care: ensuring effective communication and coordinated care between the individual's primary and specialist health care teams when psychotropic drugs are prescribed or adjusted.
- Supported decision-making: providing supported decision-making processes for individuals considering psychotropic drug use.

Guidelines for safely tapering or discontinuing psychotropic drugs should cover these topics

- Routine discussions: providing regular opportunities for service users to discuss the possibility of discontinuing psychotropic drugs.
- Comprehensive information: offering detailed information to all service users about what to expect during the tapering and discontinuation process.
- Safe tapering and discontinuation practices: ensuring that tapering is done slowly over months rather than weeks to maximize safety and efficacy *(115)*. Withdrawal symptoms from psychotropic drugs can be more severe than previously thought *(116–118)* and may be mistaken for relapse *(119)*.
- Specialist support: guaranteeing access to specialist medical support (for example, psychiatrists or doctors with expertise in psychopharmacology) to facilitate safe withdrawal.
- Recovery plan review: revising each person's recovery plan to anticipate the need for additional support, adjustments to crisis plans, or more intensive support during withdrawal.
- Follow-up care: providing access to follow-up and ongoing review after individuals discontinue using psychotropic drugs.

4. Address social and structural determinants of mental health from within services.

Social and structural determinants significantly influence health outcomes *(120).* Important determinants include sex- or gender-based inequalities, low income, poor education, insecure housing, and discrimination, amongst others. To improve health and mental health outcomes and reduce inequities, health services must integrate appropriate responses into their assessments, interventions, and supports. This involves creating comprehensive service-level policies and protocols that address the root causes of mental health challenges, and improve long-term health, social, and economic outcomes. For example, service protocols might refer users to services such as women's support groups, legal aid, income generation opportunities, housing, education, disability benefits, community engagement opportunities, and other social protection measures. Since health services rarely provide these directly, collaboration between the health and other sectors is essential. For more detail see Module 2 of *Guidance on mental health policy and strategic action plans (19).*

Example indicator

Name Health and mental health services screen for social and structural determinants of mental health, and have protocols for providing and referring to appropriate interventions.

Definition Percentage of health and mental health services that have implemented formal screening processes for social and structural determinants of health (such as poor housing, low income levels, low levels of education, legal needs) and maintain active referral pathways to appropriate support services.

Data source(s) Service protocol documents; social service referral logs; service integration and implementation reports; link worker reports.

5. Enhance social connection and prevent isolation.

Many people with physical and mental health conditions are at high risk of experiencing social isolation and loneliness, which can contribute to poor health outcomes *(121–123).* Studies show that socially isolated or lonely people are less healthy, have longer hospital stays, higher readmission rates, and are more likely to die earlier than those with supportive social connections *(124).* Health services can help protect and restore mental health through measures to improve social connection and community inclusion. It is important to support socially-isolated people but also people who feel lonely despite being socially engaged, because social isolation and loneliness are not necessarily connected.

Measures that help people with physical and mental health conditions participate in the community are crucial. They can include close links and referral networks between health services and volunteering, cultural and sports opportunities, clubs, special interest groups, and various face-to-face and online support groups and peer support schemes *(125).* Community volunteers and multi-disciplinary mobile teams, including general and mental health professionals, peer support workers, and social workers, can provide home support to people with limited mobility.

Responding to social isolation (as with other social and structural determinants) is a systemic challenge that cuts across government sectors and requires a unified response. The response should be facilitated, rather than led, by mental health services. For more detail see Policy Directive 2.3 in Module 2 of *Guidance on mental health policies and strategic action plans (19).*

Example indicator

Name Health services facilitate social connection interventions.

Definition Percentage of health facilities that have implemented or have established referral pathways to at least one structured social connection intervention, such as peer support groups, community activities, or mobile in-home support teams.

Data source(s) Service delivery records; peer support group attendance logs; community referral databases.

Policy directive H3 Introduce and focus on mental health training for the general health service workforce

Strategic actions

1. Collaborate with the education sector to integrate high-quality mental health training into curricula for the health workforce.

Everyone working in health needs to understand the basics of mental health. This includes:

(i) core mental healthcare workers, including psychiatrists; nurses; medical doctors; psychologists; peer supporters and workers; social workers; community health workers; occupational therapists; counsellors; clinical staff; community volunteers; and

(ii) other health professionals, including ambulance officers, nutritionists, physiotherapists, and dentists; neurologists; pharmacists; employment and education specialists; physical activity trainers and sports coaches; art and music therapists; speech therapists; legal advisers; traditional and faith-based leaders or healers.

While not all these professionals specialize in mental health, they frequently interact with people experiencing emotional distress, mental health conditions and psychosocial disabilities. They should have the skills to recognize common signs of mental health concerns, provide basic support, and refer individuals to appropriate services and supports in the community. It is essential for Ministries of Health to work with the education sector, and universities, colleges, and other training institutions to embed comprehensive mental health education into health profession curricula.

Curricula should cover the social and structural determinants of mental health; public mental health approaches including prevention (for example suicide prevention), promotion and early intervention; as well how emotional distress, mental health conditions and psychosocial disabilities may present. Health professionals should know about evidence and rights-based physical health and lifestyle, psychological, social, and economic interventions so they can respond effectively to people experiencing emotional distress as well as to those with mental health conditions or psychosocial disabilities. For more information on interventions see Box 2 and also Module 2 of *Guidance on mental health policy and strategic action plans (19)*.

It is also crucial that health professionals can impart evidence-based knowledge of drug treatment, including safe prescribing, and de-prescribing, covering adverse effects of psychotropic drug use and managing withdrawal associated with discontinuing drug use. For professionals specializing in paediatric care and care for older adults, education and training should specifically address the mental health needs of these age groups.

All health professionals should receive training on the national mental health system, available services and referral pathways so they can help coordinate effective service use. Training should follow a person-centred, rights-based, and recovery-oriented approach, aligned with international human rights standards, including the CRPD. For more detailed information on education and training for the health workforce, see Module 2 of *Guidance on mental health policy and strategic action plans (19)*.

Example indicator
Name Mental health content is integrated into health workforce curricula.

Definition Percentage of accredited health training institutions that have incorporated comprehensive mental health content into their core curricula, including content on social and structural determinants of mental health, rights-based approaches to care, and psychosocial interventions.

Data source(s) Accreditation body curriculum review reports; training institution programme documentation; Ministry of Health and Education joint initiative records.

2. Employ mental health staff and/or facilitate task-sharing in general and specialized health services.
General and specialized health services often encounter people facing personal crises or emotional distress related to their health, including chronic pain, treatment side effects, loss, grief, or other hardships. It is essential that these services provide adequate mental health and psychosocial support, especially in settings such as palliative care, care for older adults, oncology, HIV/AIDS care, child and maternal care, and alcohol and other psychoactive substance use treatment.

General and specialized health services should consider employing mental health professionals, including psychologists, psychiatrists, psychiatric nurses, community mental health workers, peer support workers, and social workers. If mental health resources are limited, task-sharing among existing general health staff trained in mental health and psychosocial support can be an effective alternative.

The approach should follow rights-based, recovery-oriented, and person-centred principles and ensure the quality of care is maintained. For more discussion of task-sharing, see Policy Directive 3.1 in Module 2 of *Guidance on mental health policy and strategic action plans (19)*.

Example indicator
Name Facilities employ mental health staff or have task-sharing protocols.

Definition Percentage of general health service facilities with professional mental health staff or that have formal task-sharing protocols for mental health care.

Data source(s) Service staffing records; task-sharing protocol documents; Ministry of Health service delivery reports.

3. Provide ongoing training, support, and supervision to general health services' staff.
All staff in general health services should receive training to develop a basic understanding of mental health and psychosocial support needs. (See also Strategic action 1 on collaborations for curricula development).

Training should address the need to change discriminatory attitudes and mindsets, and this should be emphasized continuously and seamlessly throughout ongoing training and supervision. One-off sessions are not sufficient. Ongoing training is essential to overcome reluctance to provide treatment, care, and support to people with mental health conditions or psychosocial disabilities, and to help staff learn effective ways to interact, communicate, and support these individuals.

Furthermore, those actively and regularly providing mental health and psychosocial services should receive regular, ongoing training, supervision, and support from experienced supervisors with clinical mental health expertise. Training should reinforce clinical skills and human rights practice as well as addressing stigma and discrimination and unconscious biases. It should also address challenges specific to mental health support in general health settings. Supervision should offer a safe supportive space for exploring clinical and human rights dilemmas encountered in practice. Additionally, supervision models should be flexible and responsive to feedback from both staff and service users. For more detail on ongoing training and supervision in services see Policy Directive 3.1. in Module 2 of *Guidance on mental health policy and strategic action plans (19)*.

Example indicator
Name General nursing staff of health services receiving ongoing mental health related training, support, and supervision.

Definition Percentage of nursing staff in general health services who have received regular mental health-related training, support sessions, and clinical supervision.

Data source(s) Ministry of Health training programme records; service training and supervision logs; staff development and professional support databases.

4. Train and collaborate with people in the community to improve their understanding of mental health and human rights, so they can better-support people in distress.
Collaborating with and training families, schools, traditional and faith-based leaders and healers, organizations of people with disabilities, other NGOs and police personnel can support people in distress and improve health and social outcomes. They can be trained to identify people at risk, support people in distress or crisis, connect people to services, and help prevent suicides. Training trusted community members enhances understanding, protects rights, and dispels myths. Since stigma and resource gaps can lead to harmful practices (such as seclusion or restraint), respectful dialogue should be established to promote culturally appropriate alternatives.

Example indicator
Name Trusted people in the community are trained in mental health awareness and rights-based support.

Definition Number of people from key community groups, including families, traditional and faith-based leaders, healers, schools, and local organizations, who have completed certified training programmes on mental health and on human rights–based approaches to supporting people in distress.

Data source(s) Training attendance registers; certification records; training programme database; civil society organizations documentation.

Box 4 offers further resources for addressing mental health from within the wider health sector.

Box 4. Resources for addressing mental health from within the wider health sector

- Comprehensive mental health action plan 2013–2030. https://iris.who.int/handle/10665/345301 *(28)*
- Doing what matters in times of stress: an illustrated guide. https://iris.who.int/handle/10665/331901 *(126)*
- Educating medical and nursing students to provide mental health, neurological and substance use care: a practical guide for pre-service education. https://iris.who.int/handle/10665/380914 *(127)*
- From loneliness to social connection: charting a path to healthier societies: report of the WHO Commission on Social Connection. https://iris.who.int/handle/10665/381746.
- Guidance on community mental health services: promoting person-centred and rights-based approaches. https://apps.who.int/iris/handle/10665/341648 *(24)*
- Guidance on mental health policy and strategic action plans. Module 2. Key reform areas, directives, strategies, and actions for mental health policy and strategic action plans. https://iris.who.int/handle/10665/380466 *(19)*
- IASC Handbook, mental health and psychosocial support coordination. https://reliefweb.int/report/world/iasc-handbook-mental-health-and-psychosocial-support-coordination *(128)*
- Integration of mental health and HIV interventions: key considerations. https://iris.who.int/handle/10665/353571 *(129)*

- Integrating mental health into primary care: a global perspective. https://iris.who.int/handle/10665/43935 *(18)*
- Mental health and psychosocial support: minimum service package. https://www.mhpssmsp.org/en/downloads *(130)*
- mhGAP intervention guide for mental, neurological and substance use disorders in non-specialized health settings: mental health Gap Action Programme (mhGAP) forthcoming 2025. *(131)*
- mhGAP training manuals for the Intervention Guide forthcoming 2025. *(132)*
- mhGAP e-training on integrating mental health into primary care, WHO Academy https://whoacademy.org/ *(133)*
- Operational framework for monitoring social determinants of health equity. https://iris.who.int/handle/10665/375732 *(21)*
- Preventing suicide: a resource for primary health care workers. https://iris.who.int/handle/10665/67603 *(134)*
- Problem Management Plus (PM+): individual psychological help for adults impaired by distress in communities exposed to adversity, WHO generic field-trial version 1.1. https://iris.who.int/handle/10665/375604 *(81)*
- Psychological interventions implementation manual: integrating evidence-based psychological interventions into existing services. https://iris.who.int/handle/10665/376208 *(73)*
- The alcohol, smoking and substance involvement screening test (ASSIST): manual for use in primary care. https://iris.who.int/handle/10665/44320 *(135)*
- WHO global report on health equity for persons with disabilities. https://iris.who.int/handle/10665/364834 *(93)*
- WHO operational handbook on tuberculosis: module 6: tuberculosis and comorbidities: mental health conditions. https://iris.who.int/handle/10665/373829 *(136)*
- World mental health report: transforming mental health for all. https://iris.who.int/handle/10665/356119 *(2)*
- WHO QualityRights e-training on mental health. https://www.who.int/teams/mental-health-and-substance-use/policy-law-rights/qr-e-training *(23)*
- WHO QualityRights materials for training, guidance and transformation. QualityRights face-to-face training. https://www.who.int/publications/i/item/who-qualityrights-guidance-and-training-tools *(22)*

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