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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Resolution adopted by the Human Rights Council on 30 March 2026

61/18. Mental health and human rights

The Human Rights Council,

Guided by the purposes and principles of the Charter of the United Nations,

Guided also by the Universal Declaration of Human Rights and by all relevant international human rights treaties, in particular, the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social and Cultural Rights, the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment and its Optional Protocol, the Convention on the Elimination of All Forms of Discrimination against Women, the Convention on the Rights of the Child and the Convention on the Rights of Persons with Disabilities,

Reaffirming Human Rights Council resolutions on mental health and human rights, the latest of which being Council resolution 52/12 of 3 April 2023, Council resolutions on the rights of persons with disabilities, and General Assembly resolution 77/300 of 26 June 2023 on mental health and psychosocial support,

Recalling, as highlighted in, inter alia, the Vienna Declaration and Programme of Action, that all human rights are universal, indivisible, interrelated, interdependent and mutually reinforcing, and must be treated in a fair and equal manner, on the same footing and with the same emphasis, and recognizing that these rights derive from the inherent dignity of the human person and that everyone has the right to be guaranteed the full enjoyment of their human rights and fundamental freedoms, without discrimination of any kind,

Reaffirming that everyone has the right to life, liberty and security of person, the equal right to live independently and be included in the community, the right to equal recognition before the law, which includes the enjoyment of legal capacity on an equal basis with others, and the right to take part in cultural life, and that no one shall be subjected to torture or cruel, inhuman or degrading treatment or punishment, and in this regard recalling the general principles of the Convention on the Rights of Persons with Disabilities, including respect for inherent dignity, individual autonomy, including the freedom to make one's own choices, and independence of persons, non-discrimination, and full and effective participation and inclusion in society,

Reaffirming also the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, and emphasizing that mental health is an integral part

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of that right, which is inclusive, and that encompasses tackling the underlying determinants of health through interventions, policies and programmes that protect persons from key risk factors of poor health,

Taking note with appreciation of the consultation, organized by the United Nations High Commissioner for Human Rights on 23 October 2024 pursuant to Human Rights Council resolution 52/12, on the challenges and best ways to implement at the local, national and regional levels enabling normative and policy measures for the realization of the human rights of persons with psychosocial disabilities and current or potential users of mental health services, and also of its outcome report,[1]

Acknowledging that the promotion and protection of human rights and the implementation of the 2030 Agenda for Sustainable Development are interrelated and mutually reinforcing, and welcoming the Sustainable Development Goals, including Goal 3, on ensuring healthy lives and promoting well-being for all at all ages, and its specific and interlinked targets,

Taking note of the comprehensive mental health action plan 2013–2030 of the World Health Organization (WHO)*;* the joint publication of the Office of the United Nations High Commissioner for Human Rights and the WHO *Mental health, human rights and legislation: Guidance and practices*; the WHO *Guidance on mental health policy and strategic action plans*, as well as its *Guidance on policy and strategic actions to protect and promote mental health and well-being across government sectors*, which could support States in advancing human rights and promoting whole-of-government approaches to mental health, including by addressing social and structural determinants, in line with international human rights obligations, including the Convention on the Rights of Persons with Disabilities,

Recalling the political declaration of the fourth high-level meeting of the General Assembly on the prevention and control of non-communicable diseases and the promotion of mental health and well-being,[2] the political declarations of the high-level meetings of the General Assembly on universal health coverage,[3] and the Doha Political Declaration of the "World Social Summit" under the title "the Second World Summit for Social Development",

Welcoming the discussion held by the Joint United Nations Programme on HIV/AIDS on the theme of mental health and HIV/AIDS: promoting human rights, an integrated and person-centred approach to improving adherence to antiretroviral therapy, well-being and quality of life, during the thematic segment of the forty-third meeting of its Programming Coordinating Board in December 2018,

Welcoming also the WHO QualityRights initiative and its comprehensive package of training and guidance materials on how to implement a human rights and recovery approach in the area of mental health in line with the Convention on the Rights of Persons with Disabilities and other international human rights standards, including the "QualityRights Training: Humanitarian Edition", which supports mental health and psychosocial support in humanitarian and emergency settings,

Welcoming further the adoption at the Thirty-third International Conference of the Red Cross and Red Crescent, held in Geneva from 9 to 12 December 2019, of resolution 33IC/19/R2 on addressing mental health and psychosocial needs of people affected by armed conflicts, natural disasters and other emergencies, and its progress report of September 2024,[4]

Welcoming the Mental Health and Psychosocial Support (MHPSS) cross-sectional programming of the United Nations High Commissioner for Refugees, which aims to protect or promote psychosocial well-being and mental health as an essential part of the emergency response, as well as conclusion No. 116 (LXXIII) on mental health and psychosocial support adopted in 2022 by its Executive Committee, in which it, inter alia, underlined the importance of raising awareness about mental health and psychosocial well-being, early identification of mental health and psychosocial support needs, reducing stigma and discrimination associated

[1] A/HRC/58/38.
[2] General Assembly resolution 80/117.
[3] General Assembly resolution 78/4.
[4] See 34IC/24/10.2.

with mental health and psychosocial support and facilitating access for all persons of concern to mental health and psychosocial support wherever it is needed and in their native languages whenever possible, based on the principle of informed consent, taking into account the local context, as well as language, cultural, social and religious diversity,

Acknowledging resolution WHA77.3 of 1 June 2024, adopted by the World Health Assembly at its seventy-seventh session, on strengthening mental health and psychosocial support before, during and after armed conflicts, natural and human-caused disasters and health and other emergencies, and drawing attention to the importance of guaranteeing access to quality mental health services with the aim of ensuring the full realization of the highest standard of physical and mental health,

Welcoming the work of the treaty bodies and the special procedures of the Human Rights Council relating to issues of mental health and human rights, including, but not limited to, the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health and the Special Rapporteur on the rights of persons with disabilities, and taking note of their respective general comments and reports,

Taking note with appreciation of the guidelines on deinstitutionalization, including in emergencies, of the Committee on the Rights of Persons with Disabilities,

Deeply concerned that persons with psychosocial disabilities and current or potential users of mental health services continue to be subject to, inter alia, widespread, multiple, intersecting and aggravated discrimination, stigma, stereotypes, prejudice, violence, abuse, social exclusion and segregation, and to be disproportionately exposed to barriers in criminal justice systems, such as the denial of legal capacity and restricted access to courts and other judicial bodies, unlawful and arbitrary deprivation of liberty, and institutionalization, overmedicalization and treatment practices that fail to respect their autonomy, will and preferences, and that an overarching approach is needed to address compounded discrimination,

Equally concerned that such practices may constitute or lead to violations and abuses of their human rights and fundamental freedoms, sometimes amounting to torture or other cruel, inhuman or degrading treatment or punishment,

Equally concerned also that suicide is the third leading cause of death in young people aged from 15 to 29 years, and is among the top 20 leading causes of death worldwide, and acknowledging that suicide attempts and self-harm must be addressed through prevention strategies and support services that promote and respect human rights and fight stigma and discrimination,

Recognizing the need to respect, protect and fulfil all human rights and to ensure the meaningful participation of persons with lived experience in the global response to mental health-related issues, including policy and programme development, implementation and monitoring, prevention, diagnosis, treatment and care and decision-making processes, considering the views of families and of caregivers, as appropriate, and stressing that mental health and community services should integrate a human rights perspective so as to avoid any harm to persons using them and to respect their dignity, integrity, enjoyment of legal capacity on an equal basis with others, choices and inclusion in the community,

Concerned that inequalities continue to increase barriers to accessing mental health services and exacerbate mental health issues, and emphasizing that States should ensure that persons with psychosocial disabilities and, in particular, current or potential users of mental health services, have access to a range of support services, inter alia in primary healthcare services and through leveraging digital tools and technology, including peer support, that are based on respect for human rights in order to live independently, be included in the community, exercise their autonomy and agency, participate meaningfully in and decide upon all matters affecting them and have their dignity respected, on an equal basis with others,

Reiterating how important it is for States to adopt, implement, update, strengthen or monitor, laws, policies and practices aligned with international human rights obligations to expand access to mental health services and support and to eradicate any form of discrimination, stigma, violence and abuse in the context of mental health, including legal

exceptions that allow for forced treatment, which may constitute restrictions to the rights set forth in the Convention on the Rights of Persons with Disabilities, according to which persons with disabilities are not to be deprived of their liberty unlawfully or arbitrarily, and that any deprivation of liberty is to be in conformity with the law, and that the existence of a disability shall in no case justify a deprivation of liberty,

Recognizing the particularly important role that psychiatry, psychology, social work and other mental health professions should have, alongside, inter alia, government institutions and services, actors within the justice system, including the penitentiary system, national human rights institutions, national preventive mechanisms and civil society organizations, in taking measures to ensure that practices in the field of mental health do not perpetuate stigma, discrimination and social exclusion, coercion, overmedicalization and institutionalization, which lead to violations or abuses of human rights,

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

Recalling that, according to the Constitution of the World Health Organization, health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, and, in this regard, acknowledging that good mental health and well-being cannot be defined by the absence of a psychosocial disability but rather by an environment that enables individuals and populations to live a life of dignity, with full enjoyment of their rights, in the equitable pursuit of their potential, and that values both social connection and respect through non-violent and healthy relationships at the individual and societal levels, and recognizing that discriminatory laws, policies, practices and attitudes undermine the social structures required to support well-being and inclusion,

Concerned that there is a continuing lack of parity between physical and mental health reflected in the marginalization of mental health within health policies and budgets or in medical education, research and practice, and stressing the importance of collecting data in achieving parity and adopting targeted measures and of investing predictable and sustained resources on mental health and well-being promotion, through an interdisciplinary approach that is based on respect for human rights and that also addresses the underlying social, economic and environmental determinants of mental health and the impact of economic, commercial and market factors,

Reaffirming the right of refugees and migrants to the enjoyment, without discrimination, of the highest attainable standard of physical and mental health, and underscoring the vulnerable situations that can have a negative impact on the mental health of persons on the move,

Recognizing that women and girls with mental health conditions or psychosocial disabilities at all ages, and in particular current or potential users of mental health services, face an increased vulnerability to violence, abuse, discrimination and negative stereotyping, and underscoring the need to take all appropriate measures to ensure access to mental health and community services that are gender-sensitive,

Recognizing also the fact that not addressing mental health and psychosocial development for children and youth can limit opportunities and may have potential long-term consequences and that ensuring mental health across the life course requires holistic strategies for both promotion and prevention, and further recognizing the health risks related to digital technology, stressing the importance of updating regulatory and educational systems to ensure that children and young people benefit from the opportunities of digital services, that their human rights are protected online and offline and that they are protected from the potential negative impact that digital services can have on their physical and mental health,

Acknowledging the intersections between mental health and HIV and that the multiple or aggravated forms of discrimination, stigma, violence and abuse often faced by people living with, presumed to be living with or affected by HIV/AIDS and members of key populations have negative consequences on their enjoyment of the highest attainable standard of mental health, and underlining the importance of improving psychosocial well-being and the quality of life of people affected by and living with HIV through the implementation of community-, evidence- and human rights-based and people-centred policies and programmes in the context of HIV prevention, diagnosis, treatment and comprehensive care services,

Convinced that the Human Rights Council, in fulfilling its responsibility for promoting universal respect for the protection of all human rights and fundamental freedoms for all, without distinction of any kind and in a fair and equal manner, has an important role to play in the area of mental health and human rights by fostering constructive international dialogue and cooperation and promoting human rights education and learning, and also advisory services, technical assistance, capacity-building and awareness-raising,

Acknowledging the leadership of the WHO in the field of health, and also the work that it has carried out to date to, inter alia, integrate a human rights perspective into mental health, and recalling the commitment of States to implement by 2030 the Organization's comprehensive mental health action plan,

1. *Reaffirms* the obligation of States to respect, protect and fulfil all human rights and fundamental freedoms and to ensure that policies and services relating to mental health comply with international human rights law;

2. *Urges* States to take active steps to fully integrate a human rights perspective into mental health and community services, and to adopt, implement, update, strengthen or monitor, as appropriate, all existing laws, policies and practices in line with international human rights obligations, with a view to eliminating all forms of discrimination, stigma, stereotypes, prejudice, violence, abuse, social exclusion, segregation, unlawful or arbitrary deprivation of liberty, and institutionalization, and overmedicalization of persons with psychosocial disabilities and current or potential users of mental health services, and to promote their right to live independently, to equality and non-discrimination, and to have access to holistic mental health services and support that are free from coercion and respect their legal capacity and informed consent, and that promote their right to full and effective inclusion and participation in society, to decide upon matters affecting them and to have their dignity respected on an equal basis with others;

3. *Also urges* States to promote a paradigm shift in mental health, inter alia, in the fields of clinical practice, policy, research, medical education and investment, through the promotion of community-, evidence- and human rights-based services and support that consider key social determinants of health, prioritize recovery and social inclusion and that respect, protect and fulfil the human rights, and respect the autonomy, will and preferences of persons with psychosocial disabilities and current or potential users of mental health services, including by providing adequate funding and a range of voluntary supported decision-making mechanisms, such as peer support, and safeguards against abuse and undue influence within support arrangements, over a model based on the dominance of biomedical interventions, punitive approaches and coercion, which may include involuntary commitment, forced treatment, seclusion and restraints, medicalization and institutionalization;

4. *Calls upon* States to take all appropriate measures to ensure that practices and treatments fully respect the rights, autonomy, will and preferences of all persons with psychosocial disabilities on an equal basis with others, and to prevent and address power imbalances, stigma, discrimination, harm and human rights violations and abuses in mental health settings, which may involve institutionalization and substituted decision-making in law and in practice;

5. *Also calls upon* States to carry out the necessary legal reforms, in line with the Convention on the Rights of Persons with Disabilities, in all sectors relevant to mental health, including anti-discrimination, legal capacity and criminal justice, education, health, sports, social protection and family law, with a human rights perspective, ensuring that all persons are guaranteed equal rights and equal recognition before the law and taking into consideration

the joint guidance of the United Nations High Commissioner for Human Rights and the World Health Organization (WHO) on mental health, human rights and legislation, as well as WHO guidance documents on mental health;

6. *Further calls upon* States to adopt all measures necessary to ensure that everyone who requires mental health support is recognized, first and foremost, as a person before the law, in accordance with the human rights model of disability, and to ensure that, in all fields, including law and health, language, especially in connection with disability and mental health, reflects a human rights model that does not reinforce stigma, prejudice or ableism;

7. *Calls upon* States to respect, protect and fulfil the right of everyone to the highest attainable standard of physical and mental health, including by monitoring and conducting independent and non-independent reviews of respect for and protection and fulfilment of that right, and to ensure that persons with psychosocial disabilities and current or potential users of mental health services have access to justice on an equal basis with others, including through the provision of procedural and age-appropriate accommodations, and to enable them to have access to redress, effective remedies and reparations;

8. *Urges* States to address the underlying social, economic and environmental determinants of health and the impact of economic, commercial and market factors and to address holistically the range of structural barriers arising from inequality and discrimination that impede the full enjoyment of human rights in the context of mental health, and to recognize that the approach to mental health systems and services should be widened beyond the biomedical model to include a holistic approach that considers all aspects of a person's life, including, but not limited to, the right to take part in cultural life;

9. *Strongly encourages* States to develop, adequately fund and monitor cross-sectoral strategies for the promotion of mental health that consider its social determinants and include public policies, including those addressing the foundations of development in childhood and lifelong well-being, to prevent inequality, discrimination and violence in all settings and promote non-violent and respectful relationships between members of societies and communities, and increase mutual trust between authorities, individuals and civil society;

10. *Urges* States to adopt prevention strategies and action plans to address depression and suicide, such as public health policies that respect human rights and focus on tackling determinants, enhancing life skills and resilience, promoting social connection and healthy relationships, avoiding overmedicalization;

11. *Calls upon* States to take all measures necessary to ensure that health professionals provide care and support of the same quality to persons with psychosocial disabilities and current or potential users of mental health services as to others, including on the basis of free and informed consent by, inter alia, raising awareness of the human rights, dignity, autonomy and needs of these persons through training and the promulgation of ethical standards for public and private health care;

12. *Also calls upon* States to build capacity among law enforcement agents, policymakers, mental health professionals, civil society actors, including organizations of persons with disabilities, and other key stakeholders in order to strengthen knowledge and skills for the promotion of laws, policies, services and practices in the area of mental health, in line with the Convention on the Rights of Persons with Disabilities;

13. *Strongly encourages* States to support persons with psychosocial disabilities and current or potential users of mental health services to empower themselves in order to know and demand their rights, including by promoting health and human rights literacy and education on issues concerning loss of power and control, to provide human rights education and training for health and social workers, police, law enforcement officers, prison staff and other relevant professions, with a special focus on non-discrimination, free and informed consent and respect for their will and preferences, confidentiality and privacy, and to exchange best practices in this regard;

14. *Encourages* States to promote the effective, full and meaningful participation of persons with lived experience of psychosocial disabilities and current or potential users of mental health services and their organizations in the design, implementation and monitoring

of law, policies, services and programmes relevant to ensuring that policies are better informed by the needs of rights holders and more effective and to realizing, without discrimination, the right of everyone to the enjoyment of the highest attainable standard of mental health and to ensure that mental health services are appropriate, available, affordable, accessible, equitable and of good quality for all, including through leveraging digital tools and technologies, as part of a health approach anchored on human rights;

15. *Calls upon* States to adopt all measures necessary for the realization of the right of everyone to the highest attainable standard of physical and mental health, including through stronger and more resilient health systems and by working towards the achievement of universal health coverage;

16. *Recognizes* the need to promote the mainstreaming of a human rights perspective into mental health in all relevant public policies;

17. *Encourages* States to provide technical support and capacity-building through international cooperation to countries that develop and implement policies, plans, laws and services that promote and protect the human rights of persons with psychosocial disabilities and current or potential users of mental health services, in accordance with the present resolution, in consultation with, and with the consent of, the countries concerned;

18. *Requests* the High Commissioner to organize in 2027, and no later than the eightieth session of the World Health Assembly, a one-day consultation accessible to persons with disabilities and open to the participation of States and all other stakeholders, including relevant United Nations bodies, agencies, funds and programmes, in particular the WHO, the special procedures of the Human Rights Council, the treaty bodies, national human rights institutions, national preventive mechanisms and civil society, on tailored, person-centred and recovery-oriented public policies, programmes and strategies across government sectors to protect and promote mental health and well-being, including long-term strategic recommendations for deinstitutionalization, community inclusion and ending coercive practices, informed by lived experiences and robust data collection within mental health systems, for the realization of the human rights of persons with psychosocial disabilities and current or potential users of mental health services;

19. *Also requests* the High Commissioner to invite persons with psychosocial disabilities and current or potential users of mental health services, persons with lived experience and their organizations from all regions, and to ensure their active participation in the consultation, mindful of the central role they play and their historical exclusion from decision-making processes;

20. *Further requests* the High Commissioner to prepare a comprehensive report, accessible to persons with disabilities, on the outcome of the consultation, including a baseline study of the current state of the realization of the human rights of persons with psychosocial disabilities and current or potential users of mental health services, including by gathering lived experiences, with recommendations for States and all other relevant stakeholders, including health professionals, and to include suggestions of policy tools for the implementation of a human rights perspective to mental health, and to present the report to the Human Rights Council at its sixty-seventh session;

21. *Decides* to remain seized of the matter.

52nd meeting
30 March 2026

[Adopted without a vote.]