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In the last years, the number of people in Turkey suffering from anxiety and depression has significantly increased due to the factors like repeated natural disasters, migration, economic downturn and COVID-19 pandemic. According to the data of the Ministry of Health of Turkey (MoH), 17 percent of the population face mental health issues, 3.2 million people suffer from depression, and antidepressant consumption has increased by 56 percent in five years. Of a population of about 83 million, some 9 million people seek mental health support in Turkey each year. Add to this the fact that Turkey hosts the highest number of refugees in the world, with over 3.6 million Syrian refugees, and we have a major social problem: mental health. 2020 was also the year when COVID-19 pandemic broke out, scaling up the challenges. The Social Inclusion of Persons with Mental Disabilities, an EU-funded project, was aimed at addressing the above mentioned mental health challenges. Launched in 2018, the project received technical assistance from the WHO Country Office in Turkey (WCO), with the Ministry of Health and the Ministry of Family, Labour and Social Services (MoFLSS) as beneficiaries. The project aimed to enhance workforce skills in providing healthcare services to people with mental disabilities and to improve community-based healthcare services at a national scale. Another objective was to capacitate those who deliver health services for both refugee and host communities with a strong emphasis on people-centered care.In line with the WHO Global Mental Health Action Plan, WHO's Thirteenth General Programme of Work and the European Programme of Work "United Action for Better Health in Europe", the revision of the National Mental Health Action Plan started. WCO developed technical guidelines for the functioning of local steering committees on mental health that enabled better supporting governance at the provincial level. In addition, WCO delivered training modules for MoH and MoFLSS staff operating in primary health care services, refugee health centres, Community Mental Health Centers (CMHC), and Residential Care institutions. As a result 500 healthcare workers were trained using local steering Committee Guidelines. Additionally, under the Mental Health Gap Action Programme (mhGAP), WCO provided training workshops for Syrian and Turkish general practitioners, community health workers and mental health staff, to equip them with improved knowledge and updated practices of diagnosis, referrals and treatment processes when addressing the mental well-being and psychosocial needs of refugees. Over 3,400 Syrian and Turkish health professionals were trained in dealing with several mental health and psychosocial support issues (mental health GAP, early childhood development, gender-based violence, psychosocial support, and others).WHO scaled up its support in mental health with a specific focus on improving the quality of services to provide a timely response to COVID-19 related needs. WCO supported MoH and MoFLSS in efforts targeting on public awareness and advocacy, the development of guidelines and algorithms to support psychosocial hotlines, the development of guidelines for the transition period of CMHCs, online training for managers of social care centers of CMHCs. The webinars addressed issues like the provision of mental health services during the pandemic for 175 CMHC. The training sessions and webinars covered all residential care institutions managed by MoFLSS and 85% of CMHCs managed by MoH. The guidelines developed are in use for all psychosocial hotlines and CMHCs staff nationwide.In order to meet the new restrictions on meetings imposed by the pandemic, WCO adapted and translated into Turkish the QualityRights e-training platform, WHO's an online learning tool to improve the provision of mental health services and promote human rights of people with psychosocial, intellectual and cognitive disabilities around the world. 773 people enrolled and 90 completed the training on topics of human rights, mental health, disability and human rights, recovery and the right to health in mental health and social services, legal capacity and the right to decide in mental health and social services, mental health and social services free from coercion, violence and abuse, and others.Online meetings, webinars and psychosocial support algorithms for COVID-19 hotline took place in 81 provinces of the country. The hotlines provided support to 236 000 people between April and December 2020, to help them cope with stress factors caused by changes stemming from the COVID-19 pandemic. The hotlines also assisted individuals with chronic mental illnesses and provided a referral mechanism for people who require access to social services. Another important project implemented by WHO is the Refugee Health Programme, that specifically addresses mental health issues of the refugees and migrants hosted in the country. WHO continues today to work closely with Turkey's Ministry of Health to provide health services to Syrian refugees. The project offered a bridge to linguistic and cultural barriers to serve as patient guides at primary, secondary and tertiary levels of care. Furthermore, WCO coordinated the provision of continuing medical education to Turkish and Syrian health workers in diagnosing and treating mental health conditions like depression, anxiety, and post-traumatic disorders. In addition, WCO advised on guidelines and algorithms for psychosocial support hotlines, which provided 80 000 consultations annually in 7 Refugee Health Training Centers. With the close relationship between WHO and MoH as a key factor for the successful design and implementation of planned activities, WHO worked closely with a range of Government actors, including related Ministries - specifically MoH and MoLFSS - academics, professional organizations, service user organizations as well as provincial health and social care directorates and staff of health and social care centres. As part of a coherent, structured, and coordinated effort, these projects form the broadest training initiative related to mental health and psychosocial support in Turkey and in the region in the recent years. Overall, through these projects, Turkey has strengthened its health workforce through in-service training, and by responding rapidly to health emergencies. Photo caption: Turkish and Syrian family physicians participated in "Training on Strengthening Mental Health Services in Primary Care Program" carried out within the framework of MhGAP to scale up mental health services in non-specialized health settings to achieve universal health coverage. Photo credit: WHO Skip to main content In mid-2024, there were 122.6 million forcibly displaced people globally, including 68.3 million internally displaced people, 37.9 million refugees, 8 million asylum-seekers, and 5.8 million others needing international protection (1). Low- and middle-income countries host 71% of the world's refugees and others needing international protection (1).Refugees and migrants exposed to adversity are more likely than host populations to experience mental health conditions such as depression, anxiety, post-traumatic stress disorder (PTSD), suicide and psychoses.Many refugees and migrants struggle to access mental health services and face disruptions in continuity of care.Refugees and migrants contribute positively to society and there are many evidence-based strategies to support them in reaching their full potential. OverviewToday more people than ever live in a country other than the one where they were born. While many people migrate out of choice, others migrate out of necessity. Some may be forcibly displaced from their homes as they flee persecution, conflict, violence or disaster. Others facing adversity may also have little option but to move, for example to escape inhuman treatment, avoid economic hardship, access social rights or reunite with families. Refugees and migrants exposed to adversity have diverse mental health needs, shaped by experiences in their country of origin, their migration journey, their host country's entry and integration policies, and living and working conditions. In some contexts, they may be at greater risk of experiencing mental health conditions than their host population. Refugees and migrants face significant barriers that hamper inclusion in society and limit the accessibility and acceptability of mental health services. Addressing these typically requires targeted, multi-disciplinary action, including culturally sensitive and integrated mental health care, social support, legal assistance and community engagement.Stressors facing refugees and migrantsThe experience of migration is a key determinant of refugee and migrant mental health. Each stage of the migration journey presents unique stressors that can increase the risk of developing mental health conditions.Pre-migration: lack of livelihoods and opportunities for education and development, exposure to armed conflict, violence, natural disasters, poverty and/or persecution.Migration travel and transit: exposure to challenging and life-threatening conditions including violence, detention and lack of access to services to cover basic needs. Post-migration: barriers that hamper access to mental health care and other services, poor living conditions, separation from family members and support networks, potentially uncertain legal status, and in some cases detention in immigration centres. Integration and settlement: poor living or working conditions, unemployment, assimilation difficulties, threats to cultural, religious, and gender identities, challenges with obtaining entitlements or navigating policies, racism and exclusion, tensions with host populations, social isolation and possible deportation.Risks and protective factors In all contexts, and at all stages of the migration journey, refugee and migrant mental health is influenced by diverse individual, family, community and structural factors that can be grouped into five areas. Community support. Being part of a community with a shared background, and attending school for children, is associated with better mental health. Basic needs and security. Insecure income, work, housing, legal status and access to food can contribute to poor mental health.Stigma. Experiences of racism and discrimination may prevent or delay help seeking and are associated with adverse mental health outcomes. Adversity and trauma. Exposure to potentially traumatic events such as conflict, abuse, violence and extended detention is associated with mental health conditions such as depression and PTSD.Access to services. Language barriers, lack of awareness and confidentiality concerns often prevent refugees and migrants from accessing mental health care.Prevalence of mental health conditionsMany refugees and migrants experience distress, such as feelings of anxiety, sadness, hopelessness, difficulty sleeping, fatigue, irritability, anger and physical pains. For most people, these reactions improve over time. Others will go on to develop mental health conditions.Studies show that mental health conditions such as depression, anxiety, PTSD and suicide are more prevalent among refugees and migrants than host populations. In several countries, the incidence of psychoses is also higher among migrants, linked to cumulative social disadvantages throughout the migration journey. Policy considerations to benefit refugee and migrant mental healthPromote community support and social inclusion. Encourage refugees and migrants to participate in society through community forums and peer-mentorship programmes. Avoid separating families and children.Address social determinants. Ensure equal access to basic needs, such as food, housing, legal support, safety, education and employment. Involve multiple sectors (e.g. law enforcement, social services) to integrate mental health support and ensure referral and access to services.Integrate mental health into general health care. Train general health workers to assess and treat people with mental health conditions. Also train other professionals (e.g. migration officers, social workers, teachers) to recognize, support and refer those needing mental health care. Adapt interventions to account for language and culture. Offer flexible mental health services. Give people choices regarding the location, provider and treatment approach of their mental health care. Clearly communicate entitlements and service access options (e.g. through community outreach, schools, faith groups).Protect human rights. Safeguard the human rights of all refugees and migrants regardless of legal status. Protect them from discrimination and violence, especially at-risk groups such as unaccompanied minors, people with disabilities and those who identify as LGBTIQ+.Strengthen community capacity. Engage with refugee and migrant groups, provide information about mental health services, and offer community-based referrals. Improve continuity of care by ensuring communication among service providers and providing portable health information.WHO responseWHO uses its three strategic approaches to support Member States in including refugees and migrants in national health systems and ensuring their access to mental health services as part of their journey towards universal health coverage. Leadership and advocacy. WHO's Global Action Plan (2019–2023) is designed to promote the health of refugees and migrants through concerted international action and cooperation. The updated Comprehensive Mental Health Action Plan (2013–2030) focuses specifically on promoting mental well-being, and reducing the impact of mental health conditions. It emphasizes the need to address disparities in access to care and improve support for at-risk groups, including refugees and migrants. Through the Global Compact on Refugees Multistakeholder pledge, WHO is committed to integrating mental health and psychosocial support in humanitarian, development and peace-building programmes. WHO also co-chairs the Inter-Agency Standing Committee Reference Group on Mental Health and Psychosocial Support in Emergency Settings, helping to ensure coordinated mental health responses in emergencies. Norms, standards and data. WHO's 2023 Global Evidence Review on Health and Migration (GEHM) focused on the mental health needs of refugees and migrants, identifying major risks and protective factors and making key research and policy recommendations. With partners, WHO has also published a range of practical tools and guidelines to meet the mental health needs of people affected by emergencies, including refugees and migrants. These are used by most large international humanitarian organizations active in mental health. Country support. Working with partners such as the International Organization for Migration (IOM) and The UN Refugee Agency (UNHCR), WHO supports mental health in diverse countries and territories hosting large numbers of refugees and migrants, including Chad, Colombia, Ethiopia, Jordan, Lebanon, Sudan, Türkiye and Uganda. References Skip to main content Transforming mental health for all Mental health is critically important to everyone, everywhere. All over the world, mental health needs are high but responses are insufficient and inadequate. This "World Mental Health Report" is designed to inspire and inform better mental health for all. Drawing on the latest evidence available, showcasing examples of good practice from around the world, and voicing people's lived experience, it highlights why and where change is most needed and how it can best be achieved. It calls on all stakeholders to work together to deepen the value and commitment given to mental health, reshape the environments that influence mental health, and strengthen the systems that care for mental health. Mental health is a lot more than the absence of illness: it is an intrinsic part of our individual and collective health and well-being. As this "World Mental Health Report" shows, to achieve the global objectives set out in the WHO "Comprehensive mental health action plan 2013–2030" and the Sustainable Development Goals, we need to transform our attitudes, actions and approaches to promote and protect mental health, and to provide and care for those in need. We can and should do this by transforming the environments that influence our mental health and by developing community-based mental health services capable of achieving universal health coverage for mental health. As part of these efforts, we must intensify our collaborative action to integrate mental health into primary health care. In so doing, we will reduce suffering, preserve people's dignity and advance the development of our communities and societies. Our vision is a world where mental health is valued, promoted and protected; where mental health conditions are prevented; where anyone can exercise their human rights and access affordable, quality mental health care; and where everyone can participate fully in society free from stigma and discrimination. Skip to main content More so than previous UN General Assembly high-level meetings on noncommunicable diseases (NCDs), mental health has featured prominently in the discussions and preparations for the fourth high-level meeting, to be held in September 2025. In this opening commentary, the links between mental health, mental health conditions and other diseases – including but not limited to the major NCDs – are set out, revealing the rationale and need for an integrated public health approach to addressing them. Subsequent commentaries will focus on selected issues outside this shared agenda that nonetheless represent key concerns also deserving of attention and consideration by heads of state in the run-up to the high-level meeting. Mental health conditions and their links to NCDs and other chronic diseasesMental health conditions include disorders such as psychosis and depression, and other mental states associated with significant distress, impairment in functioning, or risk of self-harm. Due to their shared determinants and common co-occurrence, mental health, neurological and substance use (MNS) conditions collectively describe a constellation of health conditions and disorders that compromise mental or brain health and functioning and may lead to cognitive, intellectual, psychosocial or physical impairment. But key determinants and consequences of these conditions are also those underlying NCDs (e.g. cancer and diabetes) and communicable diseases (e.g. HIV and TB). The inter-connectedness of these conditions and their determinants can be exemplified as follows.Tobacco and alcohol use, unhealthy diet and physical inactivity are not only key modifiable risk factors for major NCDs such as cardiovascular disease (CVD), cancer and diabetes, but also dementia, meaning that reduced exposure to these risk factors leads to improvements in cognitive as well as physical health.Among people living with diabetes or those with CVD, there is a notably elevated incidence of depression, and vice-versa.Harmful use of alcohol often co-occurs alongside anxiety, depression and other mental health conditions, is a significant cause of cancer, and negatively influences health outcomes for people living with HIV and TB.These inter-relationships point to the need for an integrated person-centred approach to the identification, treatment and follow-up of people living with these conditions, as well to addressing shared social and other determinants. Prevention and management of NCDs and MNS conditions: a shared agendaThe global mental health and NCD communities share an agenda that will lessen the burden of both MNS conditions and NCDs. This agenda includes promotive and preventive efforts to focus on risk factors and health education: lifestyle interventions to encourage physical activity, healthy diets and the avoidance of tobacco and alcohol, and early screening programmes at the community level. Integrated services at the community and general health-care levels can increase access to care and improve adherence to treatment, health outcomes, and quality of life. Sustainably financing the response to NCDs and MNS conditions will allow for essential NCD and mental health packages including intervention packages and training to be successfully implemented, critical for achieving universal health coverage. Coordinating advocacy, programmatic, policy-based and legislative actions to improve those living with MNS conditions and NCDs must include expert input from people with lived experience (PWLE) of these conditions. Engaging PWLE meaningfully should be seen not just as a tool but as a rights-based approach to addressing health inequities and achieving health for all.Public mental health issues for prioritized considerationThe upcoming UN High-Level Meeting on NCDs and Mental Health provides an opportunity to celebrate progress and highlight areas of need moving forward. Among the many issues to be considered, there are several specific mental health topics already highlighted in the Secretary General's Progress Report, which are outlined below and will be explored in more depth in subsequent communications. Stigma and discrimination: Though progress has been made in societal attitudes and behaviours toward people with mental ill-health, barriers on individual and structural levels remain. Self stigma, public stigma and institutional stigma can be addressed through more opportunities for leadership for PWLE, inclusive collaborations, and social contact – the idea that contact between a stigmatized group and those displaying stigmatizing attitudes and behaviours will reduce stigma and discrimination. Additionally, responsible reporting by the media and creating safe online spaces can be prioritized to eliminate stigma and discrimination against those with mental ill-health.Child and youth mental health: One in seven 10–19-year-olds experience mental health conditions, though these remain largely unrecognized and untreated. Several key drivers account for poor mental health of young people, including poverty, domestic and community violence, bullying, family dysfunction, substance use and some aspects of technology and social media. Mental ill-health in young people limits their future contribution to society. Despite the interest, investment in youth mental health remains very low.Community-based mental health services that protect human rights. In most countries, mental health care is heavily weighted toward provision in institutions; between 1–2% of health budgets go toward mental health, and about two-thirds of this limited amount goes on average toward institutions. Better supports at the community, primary and secondary care levels will result in more people having access to prevention and treatment. Suicide prevention and decriminalization: Suicide is the third-leading cause of death among 15–29-year-olds, and more than 720 000 people lose their lives to suicide each year. Nearly three quarters of those deaths occur in low- and middle-income countries. Suicide and suicide attempts are criminalized in more than 20 countries; this deters people from seeking the help they need, and results in an underreporting of the issue to governments who need to understand the scale of the problem.Key messages:Mental health and related conditions share several concerns and priorities with NCDs but also have many distinct issues and concerns. The shared agenda includes addressing social, commercial and environmental determinants for health and promoting healthy lifestyles, as well as a person-centred approach to treatment and care. People with lived experience of mental ill-health should be involved in policies and programmes that affect them.Priority areas in mental health for advocacy, policy change and legislation enactment include child and youth mental health, suicide prevention and decriminalization, deinstitutionalization and rights- and community-based services. Concepts in mental healthMental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development.Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health conditions are more likely to experience lower levels of mental well-being, but this is not always or necessarily the case. Determinants of mental healthThroughout our lives, multiple individual, social and structural determinants may combine to protect or undermine our mental health and shift our position on the mental health continuum. Individual psychological and biological factors such as emotional skills, substance use and genetics can make people more vulnerable to mental health problems. Exposure to unfavourable social, economic, geopolitical and environmental circumstances – including poverty, violence, inequality and environmental deprivation – also increases people's risk of experiencing mental health conditions. Risks can manifest themselves at all stages of life, but those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental. For example, harsh parenting and physical punishment is known to undermine child health and bullying is a leading risk factor for mental health conditions.Protective factors similarly occur throughout our lives and serve to strengthen resilience. They include our individual social and emotional skills and attributes as well as positive social interactions, quality education, decent work, safe neighbourhoods and community cohesion, among others.Mental health risks and protective factors can be found in society at different scales. Local threats heighten risk for individuals, families and communities. Global threats heighten risk for whole populations and include economic downturns, disease outbreaks, humanitarian emergencies and forced displacement and the growing climate crisis.Each single risk and protective factor has only limited predictive strength. Most people do not develop a mental health condition despite exposure to a risk factor and many people with no known risk factor still develop a mental health condition. Nonetheless, the interacting determinants of mental health serve to enhance or undermine mental health.Mental health promotion and preventionPromotion and prevention interventions work by identifying the individual, social and structural determinants of mental health, and then intervening to reduce risks, build resilience and establish supportive environments for mental health. Interventions can be designed for individuals, specific groups or whole populations. Reshaping the determinants of mental health often requires action beyond the health sector and so promotion and prevention programmes should involve the education, labour, justice, transport, environment, housing, and welfare sectors. The health sector can contribute significantly by embedding promotion and prevention efforts within health services; and by advocating, initiating and, where appropriate, facilitating multisectoral collaboration and coordination.Suicide prevention is a global priority and included in the Sustainable Development Goals. Much progress can be achieved by limiting access to means, responsible media reporting, social and emotional learning for adolescents and early intervention. Banning highly hazardous pesticides is a particularly inexpensive and cost–effective intervention for reducing suicide rates.Promoting child and adolescent mental health is another priority and can be achieved by policies and laws that promote and protect mental health, supporting caregivers to provide nurturing care, implementing school-based programmes and improving the quality of community and online environments. School-based social and emotional learning programmes are among the most effective promotion strategies for countries at all income levels.Promoting and protecting mental health at work is a growing area of interest and can be supported through legislation and regulation, organizational strategies, manager training and interventions for workers.Mental health care and treatmentIn the context of national efforts to strengthen mental health, it is vital to not only protect and promote the mental well-being of all, but also to address the needs of people with mental health conditions. This should be done through community-based mental health care, which is more accessible and acceptable than institutional care, helps prevent human rights violations and delivers better recovery outcomes for people with mental health conditions. Community-based mental health care should be provided through a network of interrelated services that comprise: mental health services that are integrated in general health care, typically in general hospitals and through task-sharing with non-specialist care providers in primary health care;community mental health services that may involve community mental health centers and teams, psychosocial rehabilitation, peer support services and supported living services; andservices that deliver mental health care in social services and non-health settings, such as child protection, school health services, and prisons.The vast care gap for common mental health conditions such as depression and anxiety means countries must also find innovative ways to diversify and scale up care for these conditions, for example through non-specialist psychological counselling or digital self-help.WHO responseAll WHO Member States are committed to implementing the "Comprehensive mental health action plan 2013–2030", which aims to improve mental health by strengthening effective leadership and governance, providing comprehensive, integrated and responsive community-based care, implementing promotion and prevention strategies, and strengthening information systems, evidence and research. In 2020, WHO's "Mental health atlas 2020" analysis of country performance against the action plan showed insufficient advances against the targets of the agreed action plan. WHO's "World mental health report: transforming mental health for all" calls on all countries to accelerate implementation of the action plan. It argues that all countries can achieve meaningful progress towards better mental health for their populations by focusing on three "paths to transformation":deepen the value given to mental health by individuals, communities and governments; and matching that value with commitment, engagement and investment by all stakeholders, across all sectors;reshape the physical, social and economic characteristics of environments – in homes, schools, workplaces and the wider community – to better protect mental health and prevent mental health conditions; andstrengthen mental health care so that the full spectrum of mental health needs is met through a community-based network of accessible, affordable and quality services and supports.WHO gives particular emphasis to protecting and promoting human rights, empowering people with lived experience and ensuring a multisectoral and multistakeholder approach. WHO continues to work nationally and internationally – including in humanitarian settings – to provide governments and partners with the strategic leadership, evidence, tools and technical support to strengthen a collective response to mental health and enable a transformation towards better mental health for all. Skip to main content Globally, one in seven 10-19-year-olds experiences a mental disorder, accounting for 15% of the global burden of disease in this age group.Depression, anxiety and behavioural disorders are among the leading causes of illness and disability among adolescents.Suicide is the third leading cause of death among those aged 15–29 years old.The consequences of failing to address adolescent mental health conditions extend to adulthood, impairing both physical and mental health and limiting opportunities to lead fulfilling lives as adults.One in six people are aged 10–19 years. Adolescence is a unique and formative time. Physical, emotional and social changes, including exposure to poverty, abuse, or violence, can make adolescents vulnerable to mental health problems. Protecting adolescents from adversity, promoting socio-emotional learning and psychological well-being, and ensuring access to mental health care are critical for their health and well-being during adolescence and adulthood.Globally, it is estimated that one in seven (14%) of 10–19-year-olds experience mental health conditions (1), yet these remain largely unrecognized and untreated.Adolescents with mental health conditions are particularly vulnerable to social exclusion, discrimination, stigma (affecting readiness to seek help), educational difficulties, risk-taking behaviours, physical ill-health and human rights violations.Mental health determinantsAdolescence is a crucial period for developing social and emotional habits important for mental well-being. These include adopting healthy sleep patterns; exercising regularly; developing coping, problem-solving, and interpersonal skills; and learning to manage emotions. Protective and supportive environments in the family, at school and in the wider community are important.Multiple factors affect mental health. The more risk factors adolescents are exposed to, the greater the potential impact on their mental health. Factors that can contribute to stress during adolescence include exposure to adversity, pressure to conform with peers and exploration of identity. Media influence and gender norms can exacerbate the disparity between an adolescent's lived reality and their perceptions or aspirations for the future. Other important determinants include the quality of their home life and relationships with peers. Violence (especially sexual violence and bullying), harsh parenting and severe and socioeconomic problems are recognized risks to mental health.Some adolescents are at greater risk of mental health conditions due to their living conditions, stigma, discrimination or exclusion, or lack of access to quality support and services. These include adolescents living in humanitarian and fragile settings; adolescents with chronic illness, autism spectrum disorder, an intellectual disability or other neurological condition; pregnant adolescents, adolescent parents, or those in early or forced marriages; orphans; and adolescents from minority ethnic or sexual backgrounds or other discriminated groups.Emotional disordersEmotional disorders are common among adolescents. Anxiety disorders (which may involve panic or excessive worry) are the most prevalent in this age group and are more common among older than among younger adolescents. It is estimated that 4.4% of 10–14-year-olds and 5.5% of 15–19-year-olds experience an anxiety disorder (1). Depression is estimated to occur among 1.4% of adolescents aged 10–14 years, and 3.5% of 15–19-year-olds (1). Depression and anxiety share some of the same symptoms, including rapid and unexpected changes in mood.Anxiety and depressive disorders can profoundly affect school attendance and schoolwork. Social withdrawal can exacerbate isolation and loneliness. Depression can lead to suicide.Behavioural disordersBehavioural disorders are more common among younger adolescents than older adolescents. Attention deficit hyperactivity disorder (ADHD), characterized by difficulty paying attention and/or excessive activity and acting without regard to consequences, occurs among 2.9% of 10–14-year-olds and 2.2% of 15–19-year-olds (1). Conduct disorder (involving symptoms of destructive or challenging behaviour) occurs among 3.5% of 10–14-year-olds and 1.9% of 15–19-year-olds (1). Behavioural disorders can affect adolescents' education and increases the risk of criminal behaviour.Eating disordersEating disorders, such as anorexia nervosa and bulimia nervosa, commonly emerge during adolescence and young adulthood. Eating disorders involve abnormal eating behaviour and preoccupation with food, accompanied in most instances by concerns about body weight and shape. Girls are more commonly affected than boys. Eating disorders can affect physical health and often co-exist with depression, anxiety and substance use disorders. They occur in an estimated 0.1% of 10–14-year-olds and and 0.4% of 15–19-year-olds (1). They are associated with suicide. Anorexia nervosa can lead to premature death, often due to medical complications or suicide, and has higher mortality than any other mental disorder.PsychosisConditions that include symptoms of psychosis most commonly emerge in late adolescence or early adulthood. Symptoms can include hallucinations or delusions. These experiences can impair an adolescent's ability to participate in daily life and education and often lead to stigma or human rights violations. Schizophrenia occurs in 0.1% of 15–19-year-olds (1).Suicide and self-harmSuicide is the third leading cause of death in older adolescents and young adults (15–29 years) (2). Risk factors for suicide are multifaceted, and include harmful use of alcohol, abuse in childhood, stigma against help-seeking, barriers to accessing care and access to means of suicide. Digital media, like any other media, can play a significant role in either enhancing or weakening suicide prevention efforts.Risk-taking behaviourMany risk-taking behaviours for health, such as substance use or sexual risk-taking, start during adolescence. Risk-taking behaviours can be an unhelpful strategy to cope with emotional difficulties and can severely impact an adolescent's mental and physical well-being.Young people are especially vulnerable to developing harmful substance use patterns that can persist across the lifespan. In 2019, the prevalence of alcohol use among 15–19-year-olds was high worldwide (22%) with very few gender differences, and showing an increase in consumption in some regions (3).The use of tobacco and cannabis are additional concerns. Many adult smokers had their first cigarette prior to the age of 18 years. In 2022, the prevalence of cannabis use among adolescents was higher than that of adults globally (5.5 per cent compared with 4.4 per cent, respectively) (4).Perpetration of violence is a risk-taking behaviour that can increase the likelihood of low educational attainment, injury, involvement with crime or death. Interpersonal violence was ranked among the leading causes of death of older adolescents in 2021 (1).Promotion and preventionMental health promotion and prevention interventions aim to strengthen an individual's capacity to regulate emotions, enhance alternatives to risk-taking behaviours, build resilience for managing difficult situations and adversity, and promote supportive social environments and social networks.These programmes require a multi-level approach with varied delivery platforms – for example, digital media, health or social care settings, schools or the community – and varied strategies to reach adolescents, particularly the most vulnerable.Early detection and treatmentIt is crucial to address the needs of adolescents with mental health conditions. Avoiding institutionalization and over-medicalization, prioritizing non-pharmacological approaches, and respecting the rights of children in line with the United Nations Convention on the Rights of the Child and other human rights instruments are key for adolescents' mental health.WHO responseWHO works on strategies, programmes and tools to assist governments in responding to the health needs of adolescents.For example, the Helping Adolescents Thrive (HAT) Initiative is a joint WHO-UNICEF effort to strengthen policies and programmes for the mental health of adolescents. More specifically, the efforts made through the Initiative are to promote mental health and prevent mental health conditions. They are also intended to help prevent self-harm and other risk behaviours, such as harmful use of alcohol and drugs, that have a negative impact on the mental– and physical– health of young people.WHO has also developed a module on Child and Adolescent Mental and Behavioural Disorders as part of the mhGAP Intervention Guide 2.0. This Guide provides evidence-based clinical protocols for the assessment and management of a range of mental health conditions in non-specialized care settings.Furthermore, WHO is developing and testing scalable psychological interventions to address emotional disorders of adolescents, and guidance on mental health services for adolescents.WHO's Regional Office for the Eastern Mediterranean has developed a mental health training package for educators for improved understanding of the importance of mental health in the school setting and to guide the implementation of strategies to promote, protect and restore mental health among their students. It includes training manuals and materials to help scale up the number of schools promoting mental health.(1) Institute of health Metrics and Evaluation. Global Health Data Exchange (GHDx)(2) WHO Global Health Estimates 2000-2021(3) Global status report on alcohol and health and treatment of substance use disorders 2024 (4) World Drug Report. Geneva: UNODC; 2024(Skip to main content Mental health is a public health priority and a fundamental human right. Yet, many systems remain reliant on biomedical models and institutional care, overlooking social and structural determinants and international human rights standards. People with mental health conditions and psychosocial disabilities often face discrimination, stigma, and coercion in care settings.The COVID-19 pandemic intensified awareness of mental health needs, the harms of isolation, service disruptions, and confinement in institutions. Broader challenges—climate change, conflict, displacement, and economic instability—have worsened trauma and adverse social conditions like poverty and inequality. These stressors, combined with fragmented governance, insufficient funding, and outdated laws that allow involuntary treatment and guardianship, entrench inequities. A lack of coordinated action across sectors like education, housing, and employment demands urgent attention.WHO's Mental Health Policy and Strategic Action Plan Guidance and WHO/OHCHR Mental Health, Human Rights and Legislation provide complementary, rights-based frameworks for reform. Both call for coordinated policy and legislative changes to close care gaps, eliminate coercion, and build systems rooted in dignity, autonomy, and inclusion.Required reforms Both the Policy Guidance and the Law Guidance emphasize a core set of interrelated areas that require reform. These include:Strengthened governance, leadership, and accountability mechanisms with clear mandates, dedicated coordination bodies, and active participation of people with lived experience in both policy and legislative development.The transformation of service delivery from institutional to community-based care that incorporates a network of interconnected services, including: mental health services integrated into general health care; community mental health centres; outreach, providing care at home or in public spaces; and access to key social and other support services.Workforce development that emphasizes competency-based training, reflective supervision, and formal inclusion of peer support roles to deliver person-centred, rights-based care.Financing reforms that align budgets and insurance schemes to prioritize community services over institutional care, ensuring better outcomes and respect of human rights.Cross-sectoral actions that address social and structural determinants—through education, employment, housing, social protection and other policies—to reduce stigma and discrimination and protect and promote mental health.The elimination of coercion and discrimination: replacing guardianship with supported decision-making, eliminating forced admission and treatment, upholding informed consent, and embedding anti-discrimination provisions in policy and law.Robust monitoring, evaluation, and accountability systems- including key indicators in national information systems - and periodic policy and legislative reviews allowing countries to track progress, inform continuous improvement, and safeguard human rights.WHO Guidance on mental health policy and strategic action plans The guidance is organized into five modules that provide a comprehensive approach to the development and implementation of policy and strategic action plans. The Guidance centres on five policy areas, each of which includes a menu of directives, strategies and actions to help policymakers tailor reforms to their specific context and resources.Policy Area 1: Leadership, governance and enablers – coordination, financing, information systems, involvement of people with lived experience, civil society and communities, and rights-based law reform.Policy Area 2: Service organization and development – comprehensive, community-based, rights-based, person-centred and recovery-oriented services; integrated mechanisms addressing social and structural factors; partnerships for inclusion, socioeconomic development and rights protection; and deinstitutionalization.Policy Area 3: Human resource and workforce development – a diverse, competent, resilient, multidisciplinary workforce through task-sharing, competency-based curricula, training, recruitment, retention and staff well-being.Policy Area 4: Person-centred, recovery-oriented and rights-based assessment, interventions and support – multidisciplinary assessment of mental health and support needs; physical health and lifestyle; psychological, social, economic and psychotropic drug interventions.Policy Area 5: Sector contributions to social and structural determinants – improving literacy and mindsets to combat stigma, discrimination and exclusion; and joint actions on social and structural determinants and society-wide issues affecting mental health and well-being.WHO/OHCHR Guidance on mental health, human right, legislation This joint WHO-OHCHR guidance outlines essential legal provisions to safeguard rights: uphold autonomy, informed consent, and equality. It mandates deinstitutionalization, oversight of involuntary detention, and access to a full range of community-based services. It promotes legal parity between mental and general health services and embeds anti-discrimination protections in all sectors. Supported decision-making, prohibition of forced treatment, and recognition of advance directives are key components. The guidance also calls for participatory lawmaking and offers a practical checklist to evaluate alignment with human rights standards.Leveraging both guidance frameworks for implementation Countries can adopt a stepwise, adaptable process starting with a comprehensive analysis, followed by the formation of a multistakeholder drafting committee. Using WHO Guidance, stakeholders can co-develop policies and laws tailored to national contexts. After public consultation and adoption, implementation requires monitoring and evaluation with clear indicators—ensuring systems are effective, inclusive, and rights-based.Key messages:Five key policy areas can be reformed to promote rights-based mental health: leadership and governance; service organization; workforce development; person-centered interventions; and addressing social and structural determinants of mental health. These policy areas are designed to protect human rights; promote holistic care with an emphasis on lifestyle, physical health, and psychological, social and economic interventions; address social and economic factors that shape mental health; and implement prevention strategies and promote population-wide mental health and well-being. Attention to the social determinants of mental health, a focus on rights-based care at the community level, and involvement of PWLE in policies and programmes that affect them are integral to creating supportive societies and mental health systems that promote strong mental health and well-being.