

# FACTSHEET

## The Right to Mental Health Promotion:

A call for action on the social and psycho-social determinants of health

**Summary.** The Special Rapporteur on the right to health, Dainius Pūras, presented his report to the Human Rights Council in June 2019 on human rights and mental health promotion (A/HRC/41/34). The report focuses on the social determinants of mental health, arguing that policy responses to mental health remain narrowly focused on treatment, leaving a significant gap in rights-based action on the structural and psycho-social causes of distress or poor mental health. Mental health promotion must no longer be viewed as a luxury, but as a critical element of a rights-based approach to mental health. Investment and action on determinants enables a holistic approach to well-being, supporting both the most vulnerable in society, as well as whole populations by creating and sustaining respectful and health-promoting environments.

### Interdependence is a foundational principle for a human rights-based approach to mental health

Giving effect to the full range of human rights is a core determinant of mental health. The relationship between the right to health and other human rights is indivisible: health enables the attainment of other rights, and certain rights promote the attainment of the right to health. Although the right to health is a social and economic right, that does not undermine the importance of civil and political rights for mental health promotion. Measures to enable everyone to participate actively and meaningfully in decision-making and civil action, and State accountability, are essential to the realization of mental health. The chart to the right provides a non-exhaustive illustration of this critical relationship.

Protective Factors



Risk Factors

## Right to Health Framework for Mental Health Promotion

**Obligations** States have obligations to respect, protect, and fulfil the right to mental health - extending to determinants promoting mental health. Governments may be directly contravening this obligation through cuts to social welfare; laws and policies which restrict access to health information and services (including sexual and reproductive health); criminalization of drug possession or cultivation for personal use, laws which restrict civil society spaces; and failure to eliminate corporal punishment of children and adults.

**Participation** Populations and individuals must be provided with the space and resources necessary for civic debate and community action that can empower communities to develop strategies that shape their own wellbeing. Laws that restrict civil society are not compliant with the right to health and must be reformed. User-led advocacy initiatives, peer support networks and new methods based on genuine equality

for people with lived experience of mental health conditions and services are key elements of a rights-based transformation in mental health settings.

**Non-discrimination** The right to non-discrimination in access to and delivery of mental health-care services includes determinants. Harmful stereotypes and discrimination in the community, family, school and workplace settings undermine healthy relationships, dismantling supportive and inclusive environments required for wellbeing. Xenophobia and intolerance, in particular, create hostile environments, and interfere directly with conditions required to promote health and wellbeing.

**Equality** The collective dimensions of the right to health embed a framework of equality that creates equal opportunities and outcomes for both groups and society as a whole – including addressing the non-material dimensions of poverty, discrimination

and deprivation. Inequality is a key obstacle to mental health globally, with outcomes of structural inequality having a negative individual impact as well as a detrimental societal impact, breaking down protective factors including trust, social inclusion and healthy development of young people

**International Assistance** The Special Rapporteur reiterates calls for assistance to take balanced, rights-based responses emphasizing promotion of mental health and strengthening the protection and promotion of social determinants.

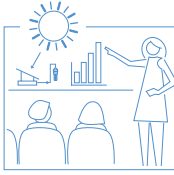
**Accountability** Accountability on social determinants tests the strength of governance, requiring monitoring, review, and redress. Participatory development of indicators and benchmarks to monitor realization of mental health must move away from biomedical traditions, rebalancing to target population-wide determinants at community and structural levels.

**Relationships:** The quality of social relationships - the complex social tapestry of connections between individuals, families and communities - over the course of life, across generations, between government and people, between different nations, and between mankind and nature, is a crucial determinant of health, mental health in particular. Promoting respectful relationships through policy action is a human rights imperative.



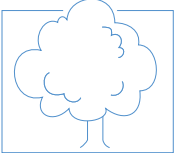
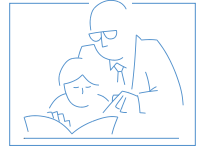
Interventions fostering emotional health and development from **early childhood** should be given priority as investments in human development and global health. This includes maternal education, family leave, and community support, with an aim to end institutionalization for children under the age of 5.

**Adolescence** is a critical time during which whole-school approaches to promote mental health can be effective. This is a critical stage to promote respectful relationships to prevent bullying and suicide. Social support can counter effects of stress and trauma as children transition to adulthood.



**Working life** has profound social and psychological repercussions, influencing relationships, family life, the care of children, ageing, and the social structure of communities. Protective policies must take integrated, multigenerational approaches; improving conditions in labor markets; strengthening employer accountability; securing better pay, conditions and dignity. Mental health strategies narrowly focused on restoring economic productivity cannot be considered compliant with the right to health.

The **older generation** is a conduit for family connection and wisdom. Proactive inclusion of ageing populations promotes healthy ageing whilst developing society in general. The right to mental health requires positive interventions ensuring that older persons have the resources to achieve well-being, including security and freedoms, adequate housing, social support, inclusion programmes and community development programs.



**Nature** is vital to both social relationships, community life, and wellbeing at large. Lack of engagement with the nature may contribute to breakdown of the human ecosystem, damaging social and cultural resources and community life.

**Violence:** The prevention of violence in homes, health-care and educational settings and society at large is a prerequisite to the realization of the right to mental health.

**Suicide:** Suicide is a form of self-directed violence that often occurs in response to adversity. Actions targeting determinants to strengthen life skills

and resilience, and promote social connection and support, empower vulnerable individuals rather than medicalize emotional pain. Public health approaches allow for multi-format interventions including implementation of early-year and school programs, strengthening communities, changing cultural norms, reducing income inequality and improving social welfare.

## Key Recommendations

### To ensure rights-based policy responses to mental health promotion States should:

1. Take immediate steps to develop a cross-sectoral strategy for mental health promotion, including review of public policies with a view to social, labor and economic reforms to prevent inequality, discrimination and violence in all settings, promote non-violent and respectful relationships between members of societies and communities
2. Develop holistic strategies and policies for societal well-being and scale up sustainable resources for interventions that strengthen protective factors, across all settings: the home, schools, workplaces and the broader community
3. Fund and enable civil society and user-led groups to support monitoring and service provision

### To promote rights-based international cooperation and assistance, Stakeholders should:

1. Balance development efforts to close the treatment gap by investing equally in mental health promotion activities
2. Ensure transparent and participatory decision-making processes in the development of strategies and funding priorities globally, developing rights-based indicators for the monitoring and review of investment
3. Resource and support user-led civil society engagement, particularly for the most marginalized

### To promote respectful relationships and reduce violence, States should:

1. Develop policies and resource measures that promote effective interventions to promote positive relationships throughout life, scaling up measures to support healthy holistic development in childhood and adolescence, recognizing their evolving capacities
2. Develop effective infrastructure for child protection and family support to improve quality of relationships between parents and children, aiming to avoid institutional care
3. Take steps towards the full elimination of institutional care for children, with a focus on young children, with or without disabilities
4. Address bullying with an ecological, public health approach fostering non-violent relationships
5. Assign high priority to developing accessible public health interventions to prevent or reduce violence in all its forms
6. Address unacceptable levels of violence, institutionalization and other forms of coercion in mental health-care systems
7. Refrain from and prevent xenophobic action and rhetoric inciting intolerance against persons in vulnerable situations

### To ensure accountability and measurable progress in securing the right to mental health promotion:

Develop holistic indicators to measure progress, including:

- (a) Performance indicators on reduction of coercion, institutionalization and medicalization, and sustainable funding of rights-based alternatives to a biomedical framework and coercion
- (b) Participatory indicators on funding of user-led and other civil society initiatives
- (c) Cross-sectoral indicators on the integration of promotion of mental health in education, housing and employment

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Mr. Dainius Pūras, (Lithuania) was appointed by the Human Rights Council as the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. He is a medical doctor with notable expertise on mental health, child health, and public health policies. He is a Professor and the Head of the Centre for Child Psychiatry Social Paediatrics at Vilnius University, and teaches at the Faculty of Medicine, Institute of International Relations and Political science and Faculty of Philosophy of Vilnius University, Lithuania. Learn more, visit: <http://www.ohchr.org/EN/Issues/Health/Pages/SRRRightHealthIndex.aspx>