Mental Health, Well-being and Disability: A New Global Priority

Key United Nations Resolutions and Documents

United Nations University, United Nations, World Bank Group, The University of Tokyo

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Preface

The year 2015 marks a historic transition for global mental health, well-being and disability. Mental

health and well-being, and the rights of persons with disabilities have been integrated as new global

priorities into the 2030 Agenda and the Sustainable Development Goals (SDGs). In addition, the

Sendai Framework for Disaster Risk Reduction 2015-30 includes provision of psychosocial support

and mental health services for all in need as well as inclusion of persons with disabilities as priorities.

Worldwide, nearly one in ten people have a mental illness and an estimated one in four people

experience a mental health condition in their lifetime. Depression is the leading cause of disability,

and suicide is a leading cause of death among young persons, especially girls. However, 80%

of persons with serious mental disorders in developing countries do not receive any appropriate

treatment. Many persons with mental, intellectual or psychosocial disabilities face grave human

rights violations based on severe stigma and discrimination. Economic losses related to mental health

issues may exceed 4% of global GDP.

The inclusion of mental health, well-being and disability in global priorities was possible because of

various long-term efforts dating from the inception of the United Nations system. These include the

World Health Organization (WHO)’s definition of health (‘a state of complete physical, mental and

social well-being and not merely the absence of disease or infirmity’) and the definition of the right to

health in the United Nations International Covenant on Economic, Social and Cultural Rights (‘the

right of everyone to enjoy the highest attainable standard of physical and mental health’). In addition,

the United Nations Educational, Scientific and Cultural Organization (UNESCO) constitution

states that ‘since wars begin in the minds of men, it is in the minds of men that the defences of peace

must be constructed’.

Since then, there have been long-standing efforts by many organizations to challenge the stigma,

misconceptions and discriminations around mental health. Under the leadership of WHO, there has

been a great deal of advocacy, including the publication of the ‘World Health Report 2001: Mental

Health: New Understanding, New Hope’, and the development of evidence-based packages such as

the ‘mhGAP Intervention Guide’ (2010) and a strategic roadmap, the ‘Comprehensive Mental Health

Action Plan 2013.2020’, adopted by the World Health Assembly in 2013.

After the adoption of the United Nations ‘Convention on the Rights of Persons with Disabilities’

(2006), based on the lessons learned from previous efforts, including the United Nations ‘Declarations

on the Rights of Mentally Retarded Persons’ (1971) and the ‘Principles for the Protection of Persons

with Mental Illness and the Improvement of Mental Health Care’ (1991), the United Nations

Department of Economic and Social Affairs (DESA) and WHO jointly issued the ‘Policy Analysis on

Mental Health and Development: Integrating Mental Health into All Development Efforts including

Millennium Development Goals (MDGs) (2010) to shed light on this neglected but important issue

in the global development framework. Following this document, the United Nations University (UNU)

and DESA organized the ‘United Nations Expert Group Meeting on Mental Well-being, Disability

and Development’ in Kuala Lumpur (2013) and the ‘United Nations Expert Group Meeting on Mental

Well-being, Disability and Disaster Risk Reduction’ in Tokyo (2014) in collaboration with WHO, the

World Bank Group and other stakeholders, which paved the way for the inclusion of mental health and

well-being in SDGs and the Sendai Framework for Disaster Risk Reduction.

Concurrently, at the implementation levels, mental health, well-being and disability have been included

in strategic plans of the United Nations funds and programmes: UNFPA Strategic Plan 2008-2013;

UNRWA Medium Term Strategy 2010-2015; UNAIDS Strategy 2011-2015; UNODC Strategy 2012-

2015; UNHCR Public Health Strategy 2014-2018; UNICEF Strategic Plan 2014-2017. In the area of

humanitarian response, the United Nations system, together with NGOs, established a collaborative

scheme through the Inter-Agency Standing Committee (IASC) Reference Group on Mental Health and

Psychosocial Well-being in emergency settings.

In addition, as this publication demonstrates the United Nations General Assembly, the Security

Council, and the Economic and Social Council have adopted various mental health, well-being and

disability-related resolutions. These will form an important and solid foundation for the post-2015

efforts to realize mental health and well-being, and to protect and promote the rights of persons with

mental, intellectual or psychosocial disabilities.

We hope that this publication, which compiles lists of key United Nations tools related to mental health,

well-being and disability, will serve as an important reference for future efforts to further integrate

mental health, well-being and disability into global efforts at both policy and programme levels.

Mental health, well-being and disability are profoundly related to wars and conflicts, sustainability

of development, resilience and effective response to disasters and respect for human rights. Mental

and social well-being are the most fundamental and critical constituents of human life. Therefore,

mental well-being must be a key indicator of peace and security, sustainable development, disaster risk

reduction and humanitarian action, and protection of human rights for all in this new era.

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Introduction

The year 2015 is a historic one for world mental health, well-being and disability. Mental health and

well-being have been included in the 2030 Agenda for Sustainable Development and the Sustainable

Development Goals (SDGs) adopted at the United Nations Summit in September 2015. In addition,

the United Nations World Conference on Disaster Risk Reduction (WCDRR) integrated aspects

of psychosocial support and mental health services in the Sendai Framework for Disaster Risk

Reduction 2015.2030 in March 2015. Drawing on these developments, the international community

now needs to collaborate to realize mental health and well-being and to protect the rights of persons

with mental, intellectual or psychosocial disabilities, for all people in need.

This report, therefore, aims to (1) provide an overview of the history of mental health, well-being and

disability in the United Nations and (2) provide a list of key United Nations resolutions and other

documents related to mental health, well-being and disability.

I. Previous Efforts to Address Mental Health, Well-being and

Disability in the United Nations System

Mental health, well-being and disability have been included as priorities in the key tools of the United

Nations system from its early days. The Constitution of UNESCO (1945) states that ‘since wars begin

in the minds of men, it is in the minds of men that the defences of peace must be constructed’. In the

Preamble to the Constitution of the WHO (1946), health is defined as ‘a state of complete physical,

mental and social well-being and not merely the absence of disease or infirmity’. The right to health

referred to in the International Covenant on Economic, Social and Cultural Rights (1966) is ‘the

right of everyone to the enjoyment of the highest attainable standard of physical and mental health’.

The Convention on the Rights of the Child (1989) and the Convention against Torture and Other

Cruel, Inhuman or Degrading Treatment or Punishment (1984) also include concepts related to

mental health, well-being and disability.

Box 1. Basic Facts about Mental Health, Well-being and Disability

1. One in four people worldwide will experience a mental health condition in their lifetime.

Humans are emotional beings, and mental health, well-being and disability are everyone’s

concern.

2. Suicide is an epidemic, leading to nearly 800,000 deaths each year worldwide, which is higher

than the number of deaths caused by war and murder combined. Suicide is the third leading

cause of death among adolescents. Among adolescent girls, suicide is the leading cause of

death.

3. The impact of poor mental health and well-being is pervasive and can lead to morbidity and

mortality, low productivity, social unrest, poverty, inequality, dropout from education, high

unemployment, and delays in recovery and reconstruction. Persons with severe mental illness

die on average 20 years earlier than those without.

4. In developing countries, 80% of persons with serious mental disorders do not receive

appropriate treatment. Mental health policies and systems, human resources and commodities

(including drugs) are scarce in many countries.

5. Depression is the leading cause of disability, according to the disability-adjusted life year

indicator.

6. Economic losses because of problems related to mental well-being are also far reaching. Direct

and indirect costs of mental illness exceed 4% of global GDP, while reasonable financial and

social investment could contribute to better mental health and well-being.

7. Among 1 billion persons with disabilities, comprising 15% of the world’s population, persons

with mental, intellectual or psychosocial disabilities tend to be more marginalized and

excluded. Girls, boys, women and men with mental, intellectual or psychosocial disabilities

are more at risk for sexual and physical abuse and exploitation. In many countries, policies and

laws are not fully consonant with human rights instruments and implementation is weak.

8. Disaster-affected populations frequently experience immense mental and psychosocial

suffering. Although most people are capable of coping with life’s challenges, mental health

and psychosocial support need to be made available for those who require it to support their

recovery. Protection and promotion of mental and psychosocial well-being and the rights

of persons with mental, intellectual or psychosocial disabilities are essential for promoting

resilience and recovery.

9. Mental and emotional well-being are key factors in recovery and reconciliation after conflicts

and wars and are fundamental to the promotion of peace and security.

10. Emotional aspects of human being, particularly freedom from fear, anxiety and anger, form

the foundations of our well-being, thoughts, feelings and behaviour, and our capability,

resilience and compassion. If not addressed appropriately, they can threaten our well-being,

sustainability and peace.

The outcomes of many major United Nations global conferences have included mental health, wellbeing

and disability-related components, such as the World Summit for Children Plan of Action for

Implementing the World Declaration on the Survival, Protection and Development of Children

(1990), the World Conference on Human Rights Vienna Declaration and Programme of Action

(1993), the International Conference on Population and Development Programme of Action (1994),

the Fourth World Conference on Women Platform for Action (1995), the United Nations Conference

on Human Settlement (HABITAT II) Habitat Agenda (1996), the World Summit on Sustainable

Development Plan of Implementation of the World Summit on Sustainable Development (2002)

and the World Conference on Disaster Reduction Hyogo Declaration and Hyogo Framework for

Action 2005.2015: Building the Resilience of Nations and Communities to Disasters (2005).

Furthermore, the Sendai Framework for Disaster Risk Reduction 2015.2030 adopted at the third

WCDRR (2015) states that it is necessary to ‘enhance recovery schemes to provide psychosocial support

and mental health services for all people in need’ (See Box 2).

The international community has developed key global instruments for the protection and promotion of

the rights of persons with disabilities, such as the World Programme of Action concerning Disabled

Persons (1982) and the Standard Rules on Equalization of Opportunities for Persons with

Disabilities (1994). In 2006, the Convention on the Rights of Persons with Disabilities was adopted

by the General Assembly (GA). Following this, the WHO and the World Bank Group issued the World

Report on Disability in 2011. In 2013, the High-level Meeting on Disability and Development

reiterated the importance of realizing disability-inclusive development.

The Declaration on the Rights of Mentally Retarded Persons (1971) and the Principles for the

Protection of Persons with Mental Illness and the Improvement of Mental Health Care (1991)

adopted by the GA played important roles in promoting the rights of persons with mental or intellectual

disabilities. Drawing on good practices and lessons learned from these previous efforts, new and updated

instruments based on the most contemporary knowledge and in line with the Convention on the Rights

of Persons with Disabilities should address issues related to mental well-being and disability in the

context of sustainable development.

The GA declared 2 April to be World Autism Awareness Day (A/RES/62/139), 21 March World

Down Syndrome Day (A/RES/66/149) and 26 June the International Day against Drug Abuse and

Illicit Trafficking (A/RES/42/112). The date 3 December is the International Day of Persons with

Disabilities (A/RES/47/3). The United Nations also commemorates World Mental Health Day (10

October) and World Suicide Prevention Day (10 September).

In September 2009, the United Nations Department of Economic and Social Affairs (DESA) and the

WHO organized the Panel Discussion . An Emerging Development Issue: Integrating Mental

Health into Efforts to Realize MDGs and Beyond at the United Nations Headquarters, and issued

the United Nations.WHO Policy Analysis on Mental Health and Development: Integrating

Mental Health into All Development Efforts including MDGs. The UNU International Institute

for Global Health (UNU-IIGH) and the DESA, together with the University of Tokyo, held the first

United Nations Expert Group Meeting on Mental Well-being, Disability and Development in

Kuala Lumpur in 2013. The outcome document, Conclusions and Recommendations for Inclusion

of Mental Well-being and Disability into Key Goals and Outcomes of Upcoming International

Conferences, recommended that mental health and well-being be integrated into all social development

efforts as a key indicator for sustainable development, in particular in the Post-2015 Development

Agenda. It also recommended that the protection and promotion of the rights of persons with mental,

intellectual or psychosocial disabilities be integrated and strengthened as a key priority in disability

discourse. Moreover, the UNU and the DESA, with support from the World Bank Group, co-organized

the United Nations Expert Group Meeting on Mental Well-being, Disability and Disaster

Risk Reduction in Tokyo in 2014. The outcome report of the expert group meeting developed a

set of recommendations and action points to include mental well-being and disability in the Sendai

Framework for Disaster Risk Reduction. The side event Taking Action towards a Disability-inclusive

Disaster Risk Reduction Framework and its Imprimentation was convened at the WCDRR with

special attention to mental, intellectual or psychosocial disablities by the United Nations and its

member states, the World Bank Group, and other key stakeholders.

Additionally, the DESA, the UNU.IIGH and the World Bank Tokyo Development Learning Center

(TDLC) co-organized the Panel Discussion on Mental Well-being, Disability and Development in

2013 with co-sponsors the Permanent Mission of Bangladesh to the United Nations and the Permanent

Mission of El Salvador to the United Nations. Furthermore, the UNU.IIGH, the World Bank TDLC

and the DESA, with co-sponsorship by the Permanent Mission of Argentina and the Permanent Mission

of Bangladesh, organized the Panel Discussion on Mental Well-being and Disability: Toward

Accessible and Inclusive Sustainable Development Goals in 2014 to facilitate discussion of mental

well-being and disability in the Post-2015 Development Agenda. Both panel discussions were held at

the United Nations Headquarters as part of a commemoration of the United Nations International

Day of Persons with Disabilities. In 2015, the Panel Discussion on Taking Action for Persons

with Invisible Disabilities: Mental Health and Well-being: A New Global Priority in SDGs will be

facilitated in New York.

For global and practical solution packages, the Inter-Agency Standing Committee (IASC) issued the

IASC Guidelines on Mental Health and Psychosocial Support in Emergency Settings (2007). The

WHO published the Psychological First Aid Field Guide as a follow-up and developed the mhGAP

Intervention Guide for Non-Specialized Health Settings for Mental, Neurological and Substance

Use Disorders (2010) as the first intervention package for mental disorders. The Sphere Handbook

Humanitarian Charter and Minimum Standards in Humanitarian Response was published in

2010. The WHO and King’s College London published The Humanitarian Emergency Settings

Perceived Needs (HESPER) Scale (2011).

In 2013, the World Health Assembly adopted the Comprehensive Mental Health Action Plan 2013.

2020 (2013).

United Nations funds and programmes have also prioritized the integration of mental well-being and

disability. In 2008, the UNFPA Executive Board included components on these themes in the UNFPA

Strategic Plan 2008.2013, and the UNFPA and the WHO established the Joint Programme on Mental

Health. In June 2007, the UNFPA and the WHO held the International Expert Meeting on Maternal

Mental Health and Child Health and Development in Resource-constrained Settings in Hanoi,

Vietnam and issued its outcome document, Maternal Mental Health and Child Survival, Health

and Development in Resource-Constrained Settings: Essential for Achieving the Millennium

Development Goals. In December 2008, the UNFPA and the WHO facilitated the Expert Meeting

on Adolescent Mental Health in Resource Poor Settings in Delhi, India. In addition, in 2009, the

UNFPA and the WHO published Promoting Sexual and Reproductive Health for Persons with

Disabilities: WHO/UNFPA Guidance Note, which included components on mental health, wellbeing

and disability. UNRWA includes mental health and psychosocial well-being as a key issue in the

context of gender, health, right of the child, and refugees in its Medium Term Strategy, 2010-2015. The

UNAIDS Strategy 2011-2015 mentions psychosocial support as part of required comprehensive set of

services related to HIV care and support . The UNODC Strategy 2012-2015 elaborates its work related

to countering drug issues. UNHCR has integrated mental health and psychosocial support in the

UNHCR Public Health Strategy 2014-2018. UNICEF Strategic Plan 2014-2017 refers to importance of

psychosocial support for children as part of lessons learned in strategic approach. UNICEF has worked

on the theme of children with disabilities, including those with mental, intellectual or psychosocial

disabilities, and published the State of the World’s Children 2013: Children with Disabilities report.

UNICEF has also played a key role in promoting psychosocial support in emergency settings as part

of its protection efforts. The United Nations Development Programme (UNDP) has incorporated the

aim of mainstreaming mental well-being and disability in its development as well as crisis prevention

and recovery work. The UNU has been spearheading development of a conceptual framework and

promoting inter-agency collaboration in the area of mental health, well-being and disability in close

collaboration with the DESA, the World Bank Group and the WHO.

The World Bank Group has reintegrated into its operations its work on mental well-being and disability

as well as psychosocial support after crises. In 2013, the World Bank Group, together with the UNU,

the DESA, the WHO, academia and others, initiated distance knowledge sharing in mental health,

well-being and disability. The World Bank Group and the WHO will host an International Conference

on Mental Health in 2016.

The International Labour Organization (ILO), the International Organization for Migration (IOM),

UNESCO, and the UN Fund for Action against Sexual Violence in Conflict, among others, have also

been working on mental health, well-being and disability.

Goal 3 of the Introduction to the Proposal of the Open Working Group for Sustainable

Development Goals states in relation to mental health, well-being and disability, ‘Ensure healthy

lives and promote well-being for all at all ages’ and proposes to ‘by 2030 reduce by one-third premature

mortality from non-communicable diseases (NCDs) through prevention and treatment,

and promote mental health and wellbeing’ and ‘strengthen prevention and treatment of substance

abuse, including narcotic drug abuse and harmful use of alcohol’. This is based on the consensus that

genuine achievement of the Millennium Development Goals (MDGs) and other internationally agreed

development goals requires inclusion of mental health, well-being and disability as well as the rights of

persons with mental, intellectual or psychosocial disabilities.

The Synthesis Report of the Secretary-General on the Post-2015 Agenda: The Road to Dignity by

2030: Ending Poverty, Transforming All Lives and Protecting the Planet, issued in December 2014,

endorsed this goal and recommended including reduction of the burden of mental illness in the Post-

2015 Development Agenda.

Transforming our world: The 2030 Agenda for Sustainable Development (A/RES/70/1) was

adopted with including mental health, well-being, and disability in the 2030 Agenda and SDGs at the

United Nations summit on 25 September 2015 (See Box 3).

Box 2. Sendai Framework for Disaster Risk Reduction (United Nations, 2015)

The importance of the Sendai Framework lies in the fact that this new internationally agreed post-

2015 framework for disaster risk reduction was adopted with high-level commitments, and will guide global,

regional and national efforts over the next 15 years.

The Sendai Framework builds on the lessons learned and the gaps identified in the implementation of

the Hyogo Framework for Action 2005.2015. While the Hyogo Framework included only a single and

limited reference to mental health, well-being and disability (‘recovery schemes including psychosocial

training programmes in order to mitigate the psychological damage of vulnerable populations’),

the Sendai Framework states that it is important to ‘enhance recovery schemes to provide psychosocial

support and mental health services for all people in need’ (Para. 33 [o]) to achieve Priority 4: Enhancing

disaster preparedness for effective response, and to ‘Build Back Better’ in recovery, rehabilitation and

reconstruction.

Priority 4: Enhancing disaster preparedness for effective response, and to ‘Build Back Better’ in recovery,

rehabilitation and reconstruction.

33 (o) To enhance recovery schemes to provide psychosocial support and mental health services for all

people in need.

In relation to the rights of persons with disabilities, including persons with mental, intellectual or

psychosocial disabilities, the Preamble states that ‘Disaster risk reduction practices need to be multi-hazard

and multi-sectoral, inclusive and accessible to be efficient and effective. While recognizing their leading,

regulatory and coordination role, Governments should engage with relevant stakeholders, including women,

children and youth, persons with disabilities, poor people, migrants, indigenous peoples, volunteers,

the community of practitioners and older persons in the design and implementation of policies, plans and

standards’ (Para. 7).

In the Guiding principles, it states, ‘A gender, age, disability and cultural perspective should be

integrated in all policies and practices’ (Para. 19 [d]) and ‘Disaster risk reduction requires a multi-hazard

approach and inclusive risk-informed decision-making based on the open exchange and dissemination

of disaggregated data, including by sex, age and disability, as well as on easily accessible, up-to-date,

comprehensible, science-based, non-sensitive risk information, complemented by traditional knowledge’

(Para 19. [g]).

Priority 4 includes ‘Empowering women and persons with disabilities to publicly lead and promote

gender equitable and universally accessible response, recovery, rehabilitation and reconstruction

approaches is key’ (Para. 32). In the Role of Stakeholder section, it says that ‘Persons with disabilities and

their organizations are critical in the assessment of disaster risk and in designing and implementing plans

tailored to specific requirements, taking into consideration, inter alia, the principles of universal design’

(Para. 36 [iii]).

Box 3. The 2030 Agenda for Sustainable Development and the Sustainable

Development Goals (United Nations, 2015)

The 2030 Agenda for Sustainable Development and the SDGs were adopted in September 2015 at the United

Nations Summit and included mental health and well-being as new key targets. The Millennium Declaration and

the MDGs did not mention mental health and disability; therefore, this inclusion is ground-breaking.

Among the 17 SDGs, mental health and well-being are included in Goal 3 in addition to Our vision and The

new Agenda sections of the 2030 Agenda.

Our vision

7. In these goals and targets, we are setting out a supremely ambitious and transformational vision. We envisage

a world free of poverty, hunger, disease and want, where all life can thrive. We envisage a world free of fear

and violence. A world with equitable universal access to quality education at all levels, to health care and social

protection, where physical, mental and social well-being are assured…

The new Agenda

26. To promote physical and mental health and well-being, and to extend life expectancy for all, we must

achieve universal health coverage and access to quality health care.

Goal 3. Ensure healthy lives and promote well-being for all at all ages

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention

and treatment and promote mental health and well-being

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and

harmful use of alcohol

The paragraphs below include disability and this is relevant to efforts to protect and promote the rights of

persons with mental, intellectual or psychosocial disabilities.

The new Agenda

19. We emphasize the responsibilities of all States, in conformity with the Charter of the United Nations, to

respect, protect and promote human rights and fundamental freedoms for all, without distinction of any kind

as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth,

disability or other status.

23. People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all

children, youth, persons with disabilities (of whom more than 80 per cent live in poverty), people living with

HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants.

25. We commit to providing inclusive and equitable quality education at all levels —early childhood, primary,

secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race or ethnicity, and

persons with disabilities, migrants, indigenous peoples, children and youth, especially those in vulnerable

situations, should have access to life-long learning opportunities that help them to acquire the knowledge and

skills needed to exploit opportunities and to participate fully in society.

Goal 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and

vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in

vulnerable situations

4.a Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, nonviolent,

inclusive and effective learning environments for all

Goal 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and

decent work for all

8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for

young people and persons with disabilities, and equal pay for work of equal value

Goal 10. Reduce inequality within and among countries

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age,

sex, disability, race, ethnicity, origin, religion or economic or other status

Goal 11. Make cities and human settlements inclusive, safe, resilient and sustainable

11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all,

improving road safety, notably by expanding public transport, with special attention to the needs of those in

vulnerable situations, women, children, persons with disabilities and older persons

11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular

for women and children, older persons and persons with disabilities

Goal 17. Strengthen the means of implementation and revitalize the Global Partnership for Sustainable

Development

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed

countries and small island developing States, to increase significantly the availability of high-quality, timely and

reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic

location and other characteristics relevant in national contexts

II. United Nations Resolutions related to Mental Health, Wellbeing

and Disability

Within the United Nations, the Security Council (SC), the GA (including its Special Sessions) and

the Economic and Social Council (ECOSOC) have adopted various mental health, well-being and

disability-related resolutions. These have played a critical role in building a solid foundation for the

post-2015 efforts to realize mental health and well-being, and to protect and promote the rights of

persons with mental, intellectual or psychosocial disabilities. Therefore, this chapter provides a list of

recent United Nations resolutions that refer to mental health, well-being and disability. It includes the

resolutions adopted by the GA, the Human Rights Council (HRC) (one of the subsidiary organs of the

GA), the SC and the ECOSOC.

In addition, it lists some of the main human rights conventions as well as key outcome documents of

major United Nations conferences, which are also adopted by the GA. The Official Document System

(ODS) of the United Nations was utilized as a search engine to identify the resolutions with the advice

of the United Nations Library. There are two versions of the ODS (New and Classic); both of these

versions were used for the figures. Specifically, the New and the Classic ODS were used separately, and

the results from each database were later combined to create a comprehensive list.

Method[1]

Those texts that included any of six key words . mental, psychology, psychological, psychosocial,

emotion, and emotional . were identified.

As the first step, the New ODS was utilized. First, the ‘Advanced Search’ mode was selected and English

was designated as the language. The search results were then sorted by year (from 2000 to 2014). Among the

search results, only resolutions (documents that include ‘RES’ in their symbols) were selected to be included.

[1] a. The resolutions identified using the New ODS were the ones adopted in and after the GA 54th session.

b. While documents were sorted based on the years 2000.2014, resolutions adopted in the GA 54th session whose term started from 1999 were also

included as part of the results of the New ODS search.

c. Even if the search results exceeded 1000 documents, the system permitted the retrieval of only 1000 documents. For example, if the search produced

1500 documents, 500 of these would not be accessible. Therefore, those resolutions that met the search criteria but were included in those 500 documents

would not be retrieved.

d. There may have been other resolutions with one or more of the key words that did not show up in the search because of the database’s capability.

Then, the Classic ODS was employed with the ‘Advanced Search’ mode. The database selected to

perform the search was ‘UN Documents’. ‘A/RES/\*’ was entered in the ‘Symbol’ box to search for the

resolutions adopted by the GA; ‘A/HRC/RES/\*’ for the resolutions adopted by the HRC; ‘S/RES/\*’ for

the resolutions adopted by the SC; and ‘E/RES/\*’ for the resolutions adopted by the ECOSOC.

The results showed the resolutions from 1994 to January 2015. The results retrieved from the New and

Classic ODS were then combined to create a comprehensive list.

To identify the committee in which the resolution was discussed, we confirmed whether each resolution

was described ‘with reference to a specific committee’ or ‘without reference to a main committee’.

Results

A total of 371 resolutions were identified (Table 1). All the resolutions are listed in Appendices 1 to

6. Among these, 357 resolutions were adopted by the GA. The GA resolutions include 18 Human

Rights Conventions, 10 key major outcome documents of United Nations global conferences, 275 GA

resolutions (others) and 54 HRC resolutions. Among the 275 GA (others), one resolution had a keyword

in the title. Of the HRC resolutions, five had a keyword in the title. In addition to the GA resolutions,

seven resolutions were identified for the SC; none had a keyword in the title. Seven resolutions were

identified for the ECOSOC but there were none from before 2006, when the Convention on the Rights

of Persons with Disabilities was adopted (Table 3).

Table 1: Number of resolutions

Councils

Number

GA

Human Rights Conventions

18

Key Outcome Documents of Major UN Global Conferences

10

GA (others)

275

Human Rights Council

54

SC & ECOSOC

Security Council

7

Economic and Social Council

7

Total

371

Among the 275 resolutions adopted by the GA (others), the majority

are based on the report of the Third Committee (167 resolutions).

Nine resolutions are based on the report of the Second Committee.

Two resolutions are based on the report of the Special Political and

Decolonization Committee (Fourth Committee). Three resolutions are

based on the report of the Fifth Committee. One resolution is based

on the report of the Sixth Committee. There are 91 resolutions without

reference to a Main Committee, and two resolutions are based on the

report of Ad Hoc Committees. There were no resolutions identified based

on the report of the First Committee (Table 2).

The Overview of the Results

In many of these resolutions, mental health, well-being and disability is

discussed in the context of broader themes, such as human rights. This

might be reflected in the fact that one resolution among the resolutions

adopted by the GA (others) had a keyword in the title, and five of the

resolutions adopted by the HRC had a keyword.

Of those issues and subjects in relation to which mental health, wellbeing

and disability is discussed, some attract particular attention.

Approximately one-third of the resolutions on the list discuss issues

Table 2: Number of GA resolutions (others)

in the committees

Committee

Number

The First Committee

0

The Second Committee

9

The Third Committee

167

The Fourth Committee

2

The Fifth Committee

3

The Sixth Committee

1

No reference

93

Total

275

Table 3: Number of GA resolutions by year

1993

1994

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

Total

Human Rights Conventions

1

2

1

3

1

18

UN Global Conferences

1

1

2

1

1

1

1

2

10

GA (others)

7

5

4

7

9

7

8

11

11

10

16

13

12

14

13

14

17

22

19

24

21

11

275

HRC

10

9

5

14

16

54

Total

8

6

6

8

9

7

10

13

11

11

17

13

13

17

13

15

17

32

28

29

35

27

2

357

Figure 1: Number of GA resolutions by year

1993

1994

1995

1996

1997

1998

1999

2000

2001

2002

2003

2004

2005

2006

2007

2008

2009

2010

2011

2012

2013

2014

2015

25

20

15

10

5

0

Human Rights Conventions

UN Global Conferences

GA (others)

HRC

concerning children and women. In more specific terms, their human rights, conflicts, gender-based

violence and domestic violence are among those issues most frequently discussed. For instance, 18

resolutions have ‘violence against women’ in the title, 8 have ‘sexual violence’, and 6 have ‘rape’. Other

topics such as refugee (18 resolutions have ‘refugees’ in the title), trafficking (10), conflict (7), and

disabilities (7), among many others, also cover and/or address the issue of mental health, well-being and

disability.

Some resolutions are adopted repeatedly. For instance, ‘The situation in Afghanistan’ has been adopted

every year since 2006. Other resolutions such as ‘(The) rights of the child’ have been adopted 19 times,

‘The right to food’ 16 times, ‘The girl child’ 13 times, ‘Torture and other cruel, inhuman or degrading

treatment or punishment’ 11 times and ‘Assistance to refugees, returnees and displaced persons in

Africa’ 8 times. In addition, resolutions concerning human rights comprise a large part of mental

health, well-being and disability-related resolutions. This is in line with the fact that the majority of the

resolutions on the list are based on the report of the Third Committee.

Some resolutions are regional and subject specific. Conflicts of global concern frequently appear on the

list. For instance, there are 16 resolutions that include ‘Palestine/Palestinian’ in the title, 15 resolutions

that include ‘Afghanistan’, 9 resolutions that include ‘Democratic People’s Republic of Korea’ and 5

resolutions that include ‘Syria’.

The results indicate that mental health, well-being and disability has been discussed more frequently in

some topics than in others.