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SGG 5: MENTAL HEALTH AND WELL-BEING FOR ALL

WELL-BEING AS A RIGHT, NOT A PRIVILEGE

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Care to Change the World



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SGG 5: Mental Health and Well-being for All

Chapter 1 — Executive Summary

Mental health and well-being are integral to lawful governance, social equity, and sustainable development. Agenda 2074 frames SGG 5 as a universal, open-access standard to promote, protect, and restore mental health across the life course, aligning explicitly with SDG 3 targets on promoting mental health and well-being and reducing premature mortality from non-communicable diseases, as well as the updated WHO Comprehensive Mental Health Action Plan 2013–2030.

The global evidence base is unequivocal. WHO defines mental health as a state of well-being enabling people to cope with life's stresses, realize abilities, learn and work well, and contribute to their communities; it is both a human right and a determinant of societal resilience. At least one billion people live with mental health conditions, yet treatment gaps remain wide and systems persistently under-resource community-based care. During the first year of the COVID-19 pandemic, global prevalence of anxiety and depression rose by approximately twenty-five percent, with disproportionate impacts on young people and women—an empirical inflection that underscores the urgency of scaling rights-based, community-anchored services.

SGG 5 operationalizes four governance imperatives consistent with WHO's action plan: effective leadership; comprehensive, integrated, community-based services; prevention and promotion strategies; and strengthened information systems, evidence, and research. The plan's updated 2030 targets—including integration of mental health into primary care, preparedness for psychological support in emergencies, and a one-third reduction in suicide rates aligned with SDG 3.4—provide measurable, globally endorsed benchmarks for compliance.

Within Agenda 2074's institutional ecosystem, GSEA leads advocacy and public education; GSIA establishes oversight and compliance protocols; GSCA develops cooperative governance standards for service providers and workplaces; WOSL Group mobilizes communities and peer-support networks; Agenda 74 Agency convenes multi-actor implementation and peer learning; and DESA enables ethical, privacy-protective digital tools for self-care, triage, and tele-support. This distributed model ensures universal adaptability and open adoption, mirroring the spirit and practice of the SDGs while advancing the deinstitutionalization and community-based care priorities highlighted in WHO's global reports.

By anchoring mental health in rights, parity, and measurable governance duties rather than budgetary preconditions, SGG 5 provides a standards-first framework that any jurisdiction or institution can adopt. It seeks to end systemic under-investment, reduce stigma, and embed equitable access to prevention, early intervention, and recovery-oriented care across education, workplaces, justice systems, and primary health networks—thereby securing the human capability to learn, work, and participate fully in society by 2074.

Chapter 2 — Goal Statement and Definition

Goal Statement.

To achieve, by adoption and practice, universal promotion, protection, and restoration of mental health and well-being by 2074, such that every person—across all ages and identities—can access



rights-based, community-anchored, culturally responsive services; benefit from prevention and mental-health-promotion strategies in schools, workplaces, and communities; obtain integrated support in primary care; and be protected by systems capable of reducing suicide, preventing coercion and abuse, and ensuring dignity and inclusion. This goal is expressly open-access, universally adaptable, and interoperable with SDG 3 targets and the WHO Comprehensive Mental Health Action Plan 2013–2030.

Definition.

For the purposes of Agenda 2074, “mental health and well-being” means the state described by WHO in which individuals can cope with normal stresses, realize abilities, learn and work productively, and contribute to their community; it exists on a continuum from positive mental health to conditions associated with distress, impairment, and risk of self-harm. It carries intrinsic and instrumental value, constitutes a human right, and requires whole-of-society measures across health, education, employment, social protection, justice, and digital ecosystems.

SGG 5 adopts the following interpretive elements to ensure normative clarity and legal-narrative coherence:

- **Rights-based universality.** Mental health is recognized as a human right and protected through non-discrimination, informed consent, and freedom from coercion, consistent with WHO’s governance principles and SDG 3.
- **Community-anchored care.** Services shall be integrated in primary care and delivered in community settings, consistent with the WHO action plan’s four objectives and 2030 targets; hospital-centric models are replaced by person-centred, recovery-oriented pathways.
- **Prevention and promotion.** Systems shall provide evidence-based interventions across the life course, including school-based and workplace programs, with attention to adolescents where global data indicate significant burdens and risks.
- **Measurement and accountability.** Jurisdictions and institutions shall monitor suicide trends, service coverage, and treatment gaps, leveraging WHO’s Mental Health Atlas benchmarks and SDG indicators to ensure transparency and comparability.

This goal statement and definition establish the binding interpretive baseline for subsequent chapters on strategic rationale, advocacy objectives, implementation pathways, institutional anchoring, compliance principles, monitoring metrics, risk analysis, and alignment with other Social Global Goals, ensuring full interoperability with Agenda 2074 and global health frameworks.

Chapter 3 — Strategic Rationale

Mental health is both a universal human right and a structural determinant of social equity, economic productivity, and community resilience. The rationale for SGG 5 rests on three interdependent dimensions: rights, development, and systemic stability.

First, mental health is integral to the right to health as recognized under international law and affirmed by WHO’s definition of health as “a state of complete physical, mental and social well-being.” Denial of mental health services constitutes a breach of this right and perpetuates discrimination against individuals with psychosocial disabilities. Global frameworks—including SDG 3 and the WHO Comprehensive Mental Health Action Plan 2013–2030—explicitly call for integration of mental health into universal health coverage and primary care systems.

Second, mental health is a prerequisite for sustainable development. Evidence shows that untreated mental health conditions reduce workforce participation, impair educational attainment, and increase

poverty risks. Depression alone is among the leading causes of disability worldwide, and suicide remains a major cause of premature mortality. These burdens translate into significant economic losses, estimated in trillions globally, underscoring the need for governance-based interventions that prioritize prevention, early intervention, and recovery-oriented care.

Third, mental health resilience is essential for systemic stability in the face of crises. The COVID-19 pandemic triggered a 25% increase in anxiety and depression globally, revealing the fragility of mental health systems and the absence of scalable, community-anchored support. Climate shocks, displacement, and digital harms further compound vulnerabilities, making mental health governance a cornerstone of preparedness and social cohesion.

SGG 5 therefore positions mental health and well-being as both an intrinsic right and an instrumental condition for achieving Agenda 2074's vision of inclusive, resilient societies. It consolidates global commitments under SDG 3 and WHO's action plan into a standards-based framework that any jurisdiction or institution can adopt without financial dependency, ensuring that mental health is embedded in governance, education, workplaces, and community systems as a non-derogable obligation.

Chapter 4 — Advocacy Objectives

Advocacy for SGG 5 seeks to dismantle stigma, institutional inertia, and systemic neglect by embedding mental health into public policy, institutional governance, and community practice. Objectives are structured for universal adaptability and aligned with WHO's global targets and SDG 3 indicators.

Policy Integration and Legal Reform

Governments must codify mental health as a legal entitlement within health laws and social protection frameworks, prohibiting discrimination and coercion. This includes integrating mental health into universal health coverage and emergency preparedness plans.

Institutional Transformation

Health systems and workplaces should adopt governance standards mandating mental health promotion, early intervention, and safe environments. GSIA will issue compliance protocols for parity audits, while GSCA will develop cooperative charters for service providers and employers.

Public Awareness and Stigma Reduction

Advocacy campaigns must normalize mental health conversations, dismantle harmful stereotypes, and promote help-seeking behaviors. WOSL Group will mobilize community dialogues and peer-support networks, leveraging evidence-based messaging.

Digital Enablement and Ethical Technology

DESA will advocate for privacy-protective, bias-aware digital tools for tele-support, self-care, and crisis response. This aligns with WHO's call for technology-enabled service expansion and Agenda 2074's principle of ethical digital governance.

Measurable Advocacy Outcomes

Benchmarks include:

- Number of jurisdictions adopting mental health legislation aligned with SGG 5;
- Integration of mental health into primary care systems;
- Reduction in suicide rates by one-third, consistent with WHO's 2030 target;

- Uptake of workplace mental health programs;
- Expansion of digital mental health services with verified privacy safeguards.

Advocacy Matrix

Objective	Non-Financial Action	Expected Outcome	Reference Framework
Policy Integration	Amend health laws; embed mental health in UHC	Universal legal guarantee of mental health services	SDG 3; WHO Action Plan
Institutional Standards	Governance charters; parity audits	Safe, inclusive workplaces and health systems	WHO objectives; Agenda 2074
Public Awareness	Community dialogues; stigma campaigns	Increased help-seeking; reduced discrimination	WHO global report; UNICEF adolescent data
Digital Enablement	Privacy-protective tele-support; bias testing	Equitable access to digital mental health tools	WHO tech guidance; DESA standards

Chapter 5 — Implementation Pathways (Non-Financial)

Implementation pathways for SGG 5 are designed to operationalize mental health governance without financial dependency, relying instead on standards, institutional reforms, and community engagement. These pathways align with WHO's Comprehensive Mental Health Action Plan and SDG 3 targets, ensuring universal adaptability and open access.

Legal and Policy Integration

Governments should embed mental health into national health laws and social protection frameworks, codifying non-discrimination, informed consent, and freedom from coercion. Integration into universal health coverage and emergency preparedness plans is essential to guarantee continuity of care during crises.

Community-Anchored Service Models

Health systems must transition from hospital-centric models to community-based, recovery-oriented services integrated into primary care. This includes deploying multidisciplinary teams, peer-support networks, and culturally responsive interventions that respect autonomy and dignity.

Education and Workplace Programs

Institutions should implement mental health promotion and prevention strategies in schools and workplaces. These include life-skills curricula, anti-bullying policies, stress-management programs, and confidential counseling channels. WOSL Group will coordinate community dialogues to normalize help-seeking behaviors.

Digital Enablement and Ethical Technology

DESA will publish open technical guidance for tele-support platforms, self-care applications, and AI-driven triage tools, ensuring bias testing, privacy safeguards, and multilingual accessibility. These measures expand reach without imposing financial burdens.

Peer Learning and Cooperative Governance

Agenda 74 Agency will convene multi-actor dialogues and peer review sessions to share best practices in mental health governance. GSCA will issue cooperative charters for service providers and employers, embedding parity and non-discrimination standards.

Monitoring and Feedback Loops

GSIA will establish compliance protocols for mental health audits, tracking indicators such as service coverage, suicide rates, and treatment gaps. These audits will be transparent and open-access, reinforcing accountability.

Illustrative Pathways Matrix

Pathway	Non-Financial Action	Expected Outcome	Reference Framework
Legal Integration	Amend health laws; embed mental health in UHC	Universal legal guarantee of mental health services	WHO Action Plan; SDG 3
Community Services	Deploy primary care integration; peer networks	Increased access; reduced institutionalization	WHO objectives
Education & Workplace	Implement life-skills curricula; counseling	Improved resilience; stigma reduction	WHO promotion strategies
Digital Enablement	Privacy-protective tele-support; bias testing	Equitable access to digital mental health tools	WHO tech guidance; DESA standards
Peer Learning	Multi-actor dialogues; cooperative charters	Governance alignment and knowledge exchange	Agenda 2074 ecosystem

These pathways operationalize SGG 5 through governance and procedural reforms, ensuring universal adaptability and compliance with global health standards.

Chapter 6 — Institutional Anchoring

Institutional anchoring for SGG 5 establishes custodianship, roles, and universal adaptability within Agenda 2074's governance ecosystem, ensuring that mental health is embedded in advocacy, compliance, and implementation structures.

Primary Custodians

- **GSEA (Global Social Equity Alliance)** — Advocacy lead for mental health awareness, stigma reduction campaigns, and normative consolidation of mental health as a social right.
- **GSIA (Global Social Impact Alliance)** — Compliance and oversight body, responsible for mental health audits, reporting protocols, and certification of health systems and workplaces.
- **GSCA (Global Social Cooperative Alliance)** — Developer of cooperative governance charters for service providers and employers, embedding parity and non-discrimination standards.
- **WOSL Group** — Grassroots mobilization and community engagement, including peer-support networks and local advocacy for help-seeking behaviors.
- **Agenda 74 Agency (A74)** — Implementation facilitator, convening multi-actor dialogues, peer

learning sessions, and policy harmonization workshops.

- **DESA (Digital Enablement)** — Provider of open technical guidance for ethical digital mental health tools, privacy safeguards, and bias testing.

Universal Adaptability and Open-Access Principle

SGG 5 is expressly open for adoption by any jurisdiction or institution. All toolkits, compliance templates, and digital standards will be published under open-access terms, allowing translation and contextual adaptation while preserving the integrity of core norms. This principle reflects Agenda 2074's commitment to interoperability with SDG 3 and WHO's global mental health governance framework.

Roles and Responsibilities Matrix

Actor	Core Responsibilities	Reference Framework
Governments	Enact mental health laws; integrate services into UHC; mandate non-discrimination	WHO Action Plan; SDG 3
Private Sector	Adopt workplace mental health policies; provide confidential support channels	WHO promotion strategies
Civil Society	Advocate for vulnerable groups; monitor compliance; deliver community-based programs	WHO global report
Creativa Ecosystem	Advocacy (GSEA); compliance (GSIA); cooperative governance (GSCA); grassroots activation (WOSL); implementation (A74); digital enablement (DESA)	Agenda 2074 White Paper

Institutional anchoring ensures that mental health governance is not aspirational but enforceable, embedding rights-based standards into the structural fabric of societies and institutions worldwide.

Chapter 7 — Compliance and Governance Principles

Compliance under SGG 5 is grounded in rights-based governance, transparency, and accountability, ensuring that mental health commitments are enforceable rather than aspirational. These principles align with WHO's Comprehensive Mental Health Action Plan and SDG 3 targets, embedding mental health into the structural fabric of health systems, workplaces, and community institutions.

Legal Conformity

Governments and institutions must codify mental health as a legal entitlement, prohibiting discrimination and coercion, and guaranteeing informed consent. Integration into universal health coverage and emergency preparedness frameworks is mandatory. Compliance will be verified through GSIA audits and public reporting.

Institutional Accountability

Health systems, educational institutions, and workplaces shall conduct annual mental health audits covering service availability, uptake, and quality indicators. Audit results must be published openly to reinforce transparency and comparability across jurisdictions.

Participatory Governance

Stakeholder engagement is essential. Governance frameworks must mandate consultation with service users, caregivers, and community representatives in policy design and implementation. Grievance mechanisms should be accessible, confidential, and rights-protective.

Data Integrity and Digital Ethics

Institutions must maintain accurate, disaggregated data on mental health service coverage and outcomes. Digital platforms must undergo bias testing and comply with privacy safeguards. DESA will provide open technical guidance for ethical digital mental health tools.

Open-Access Governance

All compliance protocols, audit templates, and digital standards developed under SGG 5 will be freely accessible, enabling universal adoption and contextual adaptation without financial or licensing constraints.

Compliance Matrix

Principle	Operational Requirement	Oversight Body
Legal Conformity	Mental health laws; integration into UHC	GSIA
Institutional Accountability	Annual audits; public disclosure	GSIA
Participatory Governance	Stakeholder consultation; grievance mechanisms	GSCA
Data Integrity	Disaggregated data; bias testing; privacy safeguards	DESA
Open-Access Governance	Free publication of standards and toolkits	Agenda 74 Agency

These governance principles ensure that mental health is treated as a non-derogable right, embedded in enforceable standards and monitored through transparent, evidence-based mechanisms.

Chapter 8 — Monitoring and Advocacy Metrics

Monitoring under SGG 5 focuses on social impact indicators rather than financial outputs, harmonized with WHO's Mental Health Atlas benchmarks and SDG 3 indicators. Metrics are designed to capture progress in service coverage, prevention, and stigma reduction.

Core Indicators

- **Service Coverage** — Percentage of population with access to community-based mental health services integrated into primary care.
- **Suicide Reduction** — Progress toward WHO's target of reducing suicide rates by one-third by 2030.
- **Treatment Gap** — Reduction in the proportion of individuals with mental health conditions who lack access to care.
- **Workplace and School Programs** — Uptake of mental health promotion and prevention programs in educational and occupational settings.
- **Digital Access** — Expansion of privacy-protective tele-support and self-care platforms, verified for bias and accessibility.
- **Advocacy Reach** — Number of campaigns launched, policy endorsements secured, and community dialogues facilitated by WOSL Group and Agenda 74 Agency.

Monitoring Matrix

Indicator	Measurement Method	Target by 2074	Reference Framework
Service Coverage	GSIA audits; national health data	Universal access to community-based care	WHO Action Plan; SDG 3
Suicide Reduction	WHO mortality data; compliance reports	≥33% reduction globally	WHO 2030 target
Treatment Gap	Population surveys; institutional reporting	Gap reduced to <10%	WHO Mental Health Atlas
Workplace & School Programs	Institutional audits; advocacy reports	Universal adoption in schools and workplaces	WHO promotion strategies
Digital Access	DESA compliance checklist	Universal access to ethical digital tools	WHO tech guidance; Agenda 2074

Advocacy metrics complement these indicators by tracking the scale and impact of awareness campaigns, policy reforms, and community engagement initiatives. These metrics ensure that advocacy remains evidence-driven and outcome-oriented, reinforcing the principle that mental health is both a legal mandate and a societal imperative.

Chapter 9 — Risk and Mitigation (Advocacy Context)

Advocacy for mental health confronts structural, cultural, and operational risks that can stall or reverse progress. The first risk is policy inertia and under-investment. Despite the recognition that mental health is integral to health and a human right, most systems allocate a very small share of health budgets to mental health, and service gaps—particularly in community-based care—remain wide. Mitigation requires codifying mental health as a legal entitlement, integrating services into primary care and universal health coverage, and publishing open, periodic accountability reports that track coverage, outcomes, and human-rights compliance. This approach is consistent with the WHO Comprehensive Mental Health Action Plan 2013–2030, which emphasizes leadership, integration of services at the community level, promotion/prevention, and strengthened information systems.

A second risk is stigma and cultural resistance. Stigma suppresses help-seeking and legitimizes coercive practices, especially for adolescents and marginalized populations. Mitigation relies on evidence-based public education, peer-support mobilization, and rights-protective grievance mechanisms embedded across schools, workplaces, and primary care. WHO’s definition of mental health as a human right and its global governance guidance underscore that stigma reduction is inseparable from enforceable rights and participation by people with lived experience.

A third risk is digital inequality and algorithmic bias in tele-support and triage tools. Inequitable access to devices, low digital literacy, and opaque algorithms can reproduce exclusion. Mitigation requires bias testing, privacy-by-design, multilingual accessibility, and open technical guidance—measures that align with SDG 3’s universal-access ethos and WHO’s call for stronger information systems and research to monitor the Action Plan’s updated targets.

A fourth risk is crisis-driven surges in need, as seen during the first year of COVID-19 when anxiety and depression increased by roughly twenty-five percent globally, with disproportionate impacts on young people and women. Preparedness and continuity of care through integrated primary care, emergency psychosocial support, and community networks are essential. This mitigation strategy mirrors the Action Plan's inclusion of emergency preparedness indicators and suicide-reduction targets aligned to SDG 3.4.

For clarity, the risk–mitigation relationship is summarized below.

Risk	Evidentiary Basis	Governance-centric Mitigation
Policy inertia and under-investment	WHO notes persistent under-resourcing and wide treatment gaps	Legal entitlements; UHC integration; open audits and reporting; community-based services
Stigma and cultural resistance	WHO frames mental health as a human right; stigma suppresses help-seeking	Public education; peer-support; rights-protective grievance channels; participation of service users
Digital inequality and bias	SDG 3 and Mental Health Atlas emphasize monitoring and information systems	Bias testing; privacy-by-design; accessibility standards; open technical guidance
Crisis shocks (pandemics, displacement)	WHO reports 25% rise in depression/anxiety in first pandemic year	Emergency psychosocial support; primary-care integration; continuity of services; community networks

Chapter 10 — Alignment with Other Goals

SGG 5 is intrinsically cross-cutting and advances multiple Social Global Goals. It sustains **SGG 1 (Universal Access to Essential Services)** by embedding mental health into essential health services and universal health coverage; WHO's SDG 3 framework explicitly includes mental health within comprehensive health targets.

It accelerates **SGG 2 (Eradicating Poverty through Social Support)** because untreated mental health conditions diminish labor participation, heighten household vulnerability, and increase care costs; rights-based community care and workplace programs improve employability and economic security, as documented in WHO's global report and allied analyses.

SGG 5 directly complements **SGG 3 (Gender Equality and Empowerment)** by reducing gendered mental-health burdens, protecting bodily autonomy, and ensuring access to survivor-centered services—critical given the disproportionate impacts of crises on women and youth reported by WHO and UN sources.

It underpins **SGG 4 (Educational Equity and Lifelong Learning)** by fostering safe, non-violent school environments and integrating life-skills and psychosocial support, which are essential for literacy, retention, and lifelong learning outcomes.



For **SGG 6 (Community Resilience and Disaster Preparedness)**, mental health governance enhances preparedness and recovery through emergency psychosocial support indicators in the WHO Action Plan; resilient communities require access to prevention and care during and after shocks. [\[au-](#)

SGG 5 advances **SGG 8 (Social Justice and Fair Governance)** by enforcing non-discrimination, informed consent, and participatory governance, which are keystones of lawful systems and trust in institutions.

It supports **SGG 10 (Decent Work for Social Empowerment)** through workplace promotion and early intervention, improving productivity and reducing absenteeism, in line with WHO guidance on mental health at work.

Alignment extends to **SGG 11 (Support for Youth and Children's Development)** through adolescent-focused prevention and support, given the high global burden of adolescent mental health conditions and suicide risks highlighted by UNICEF and WHO.

Finally, SGG 5 strengthens **SGG 17 (Ethical Use of Technology for Social Benefit)** by mandating bias testing and privacy safeguards in digital mental-health tools, ensuring technology reduces, rather than amplifies, inequities.

Closing Summary

SGG 5 elevates mental health and well-being to a universal, rights-based standard that is measurable, enforceable, and open for adoption by any jurisdiction or institution. It translates global consensus—SDG 3's mental-health mandate and the WHO Comprehensive Mental Health Action Plan—into governance duties: legal entitlements, community-anchored service integration, prevention and promotion across schools and workplaces, ethical digital enablement, and transparent monitoring via nationally comparable indicators.

Within Agenda 2074's distributed ecosystem, advocacy (GSEA), compliance (GSIA), cooperative governance (GSCA), grassroots activation (WOSL Group), implementation support (Agenda 74 Agency), and digital standards (DESA) converge to reduce treatment gaps, cut suicide mortality, and protect dignity and autonomy across the life course. By positioning mental health as both a human right and a systems-level determinant of equity and resilience, SGG 5 provides the standards-first framework necessary to secure the capability of individuals and communities to learn, work, and participate fully in society by 2074