



SGG 5: MENTAL HEALTH AND WELL-BEING FOR ALL

WELL-BEING AS A RIGHT, NOT A PRIVILEGE

CREATED BY EUSL AB
Care to Change the World
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A Silent Crisis with a Resounding Impact

+25%

Increase in global prevalence of anxiety and depression during the first year of the COVID-19 pandemic.

1 Billion+

People globally living with a mental health condition.

Disproportionate Impact

Young people and women are most affected by the crisis surge.

The evidence is unequivocal. Global systems have persistently under-resourced community-based care, leaving vast treatment gaps and exposing a critical vulnerability in our social fabric.

The Rationale for Action: Rights, Development, and Stability



A Universal Human Right

Mental health is integral to the right to health. Denial of services is a breach of this right and perpetuates discrimination. Aligns with WHO's definition of health as "a state of complete physical, mental and social well-being."



A Prerequisite for Sustainable Development

Untreated conditions reduce workforce participation, impair educational attainment, and increase poverty.

Depression is a leading cause of disability, resulting in economic losses estimated in the trillions globally.



A Cornerstone of Systemic Stability

Crises like the COVID-19 pandemic and climate shocks reveal the fragility of existing systems.

Mental health resilience is essential for preparedness and social cohesion.



Our Goal: Universal Well-being by 2074

“To achieve, by adoption and practice, universal promotion, protection, and restoration of mental health and well-being by 2074, such that every person... can access **rights-based**, community-anchored, culturally responsive services...”



Open-Access:
Universally adaptable for any jurisdiction or institution.



Standards-First:
Anchored in measurable governance duties, not budgetary preconditions.



Interoperable:
Fully aligned with SDG 3 targets and the WHO Comprehensive Mental Health Action Plan 2013-2030.

The Four Pillars of SGG 5

Rights-Based Universality

Mental health is a human right, protected through non-discrimination, informed consent, and freedom from coercion.



Community-Anchored Care

Services are integrated into primary care and delivered in community settings, replacing hospital-centric models with 'person-centred, recovery-oriented pathways.'

Prevention and Promotion

Systems must provide evidence-based interventions across the life course, focusing on schools and workplaces.

Measurement and Accountability

Jurisdictions and institutions will monitor key benchmarks like suicide trends, service coverage, and treatment gaps to ensure transparency.

The Ecosystem for Change: A Distributed Governance Model



A distributed model ensures universal adaptability and open adoption, mirroring the spirit of the SDGs.

Making it Real: Non-Financial Implementation Pathways



Legal and Policy Integration

Embed mental health into national health laws and universal health coverage. Codify non-discrimination and informed consent.



Community-Anchored Service Models

Transition from hospitals to integrated primary care with multidisciplinary teams and peer-support networks.



Education and Workplace Programs

Implement life-skills curricula, anti-bullying policies, and confidential counseling channels.



Digital Enablement

Publish open guidance for ethical tele-support, ensuring bias testing and privacy safeguards.



Peer Learning

Convene multi-actor dialogues and peer reviews to share best practices.

The Blueprint for Action: Core Advocacy Objectives



Policy Integration & Legal Reform:

Codify mental health as a legal entitlement in health laws and social protection frameworks.



Institutional Transformation:

Mandate mental health promotion and parity audits in health systems and workplaces.



Public Awareness & Stigma Reduction:

Normalize mental health conversations and promote help-seeking behaviors through evidence-based campaigns.



Ethical Digital Enablement:

Advocate for privacy-protective, bias-aware digital tools for tele-support and self-care.

Key Measurable Outcome:

A one-third reduction in suicide rates, consistent with WHO's 2030 target.

Upholding the Standard: Compliance and Governance Principles

- 1. Legal Conformity:** Mental health must be codified as a legal entitlement. Compliance verified through GSIA audits.
- 2. Institutional Accountability:** Health systems and workplaces must conduct and openly publish annual mental health audits.
- 3. Participatory Governance:** Mandate consultation with service users and caregivers in policy design; provide accessible grievance mechanisms.
- 4. Data Integrity & Digital Ethics:** Maintain accurate data and ensure digital tools comply with privacy safeguards and bias testing.
- 5. Open-Access Governance:** All compliance protocols, templates, and standards will be freely accessible.

Measuring What Matters: Monitoring and Advocacy Metrics

Service Coverage

Metric: % of population with access to community-based mental health services.



Target
Universal

Suicide Reduction

Metric: Progress toward WHO's target.



Target
≥33% reduction

Treatment Gap

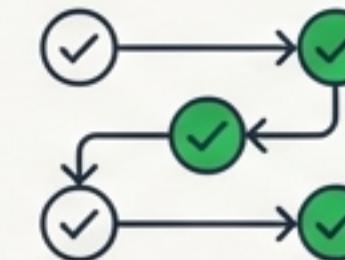
Metric: Reduction in the proportion of individuals who lack access to care.



Target
<10%

Workplace & School Programs

Metric: Uptake of mental health promotion programs.



Target
Universal adoption

Digital Access

Metric: Expansion of ethical, privacy-protective digital tools.



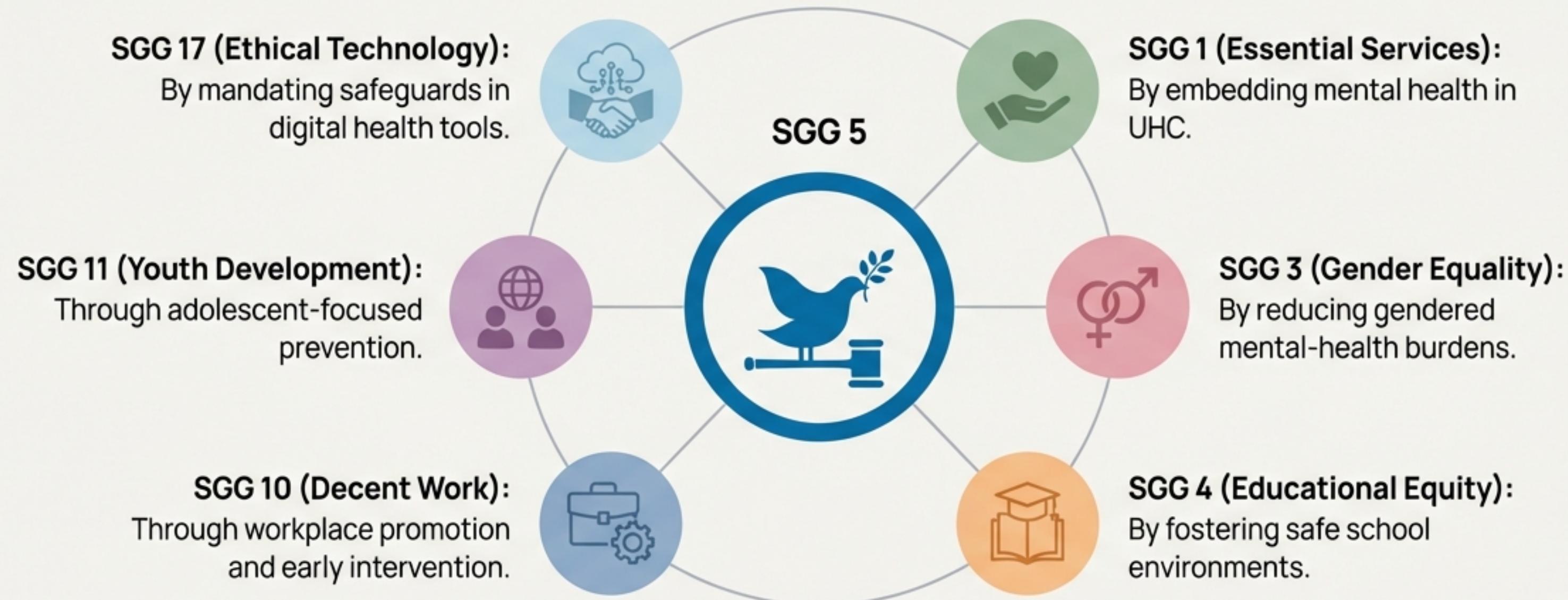
Target
Universal access

Source Note: All metrics are harmonized with WHO's Mental Health Atlas benchmarks and SDG 3 indicators.

Anticipating Challenges: Risk and Mitigation

Risk 1: Policy Inertia & Under-investment	Risk 2: Stigma & Cultural Resistance	Risk 3: Digital Inequality & Algorithmic Bias	Risk 4: Crisis-Driven Surges in Need
Legal entitlements; UHC integration; open audits and reporting.	Public education; peer-support; rights-protective grievance channels	Bias testing; privacy-by-design; open technical guidance.	Emergency psychosocial support; primary-care integration; continuity of services.
Mitigation	Mitigation	Mitigation	Mitigation
Legal entitlements; UHC integration; open audits and reporting.	Public education; peer-support; rights-protective grievance channels.	Bias testing; privacy-by-design; open technical guidance.	Emergency psychosocial support; primary-care integration; continuity of services.

A Catalyst for Progress: Alignment with Social Global Goals



SGG 5 is a direct enabler for:

- **SGG 1 (Essential Services):** By embedding mental health in UHC.
- **SGG 3 (Gender Equality):** By reducing gendered mental-health burdens.
- **SGG 4 (Educational Equity):** By fostering safe school environments.
- **SGG 10 (Decent Work):** Through workplace promotion and early intervention.
- **SGG 11 (Youth Development):** Through adolescent-focused prevention.
- **SGG 17 (Ethical Technology):** By mandating safeguards in digital health tools.

Securing Our Shared Future



SGG 5 translates global consensus into enforceable governance duties. By positioning mental health as both a human right and a determinant of societal resilience, it provides the standards-first framework necessary to secure the capability of individuals and communities to learn, work, and participate fully in society by 2074.

Well-being as a Right, Not a Privilege.