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Good mental health is related to mental and psychological well-being. WHO’s work to improve the mental health of individuals and society at large includes the promotion of mental well-being, the prevention of mental disorders, the protection of human rights and the care of people affected by mental disorders. Skip to main content Explore a world of health dataInfodirectories Countries If you have any feedback, you are welcome to write it here. Skip to main content Skip to main content Browse selected WHO news below. Since its identification in the Kingdom of Saudi Arabia and Jordan in 2012, Middle East respiratory syndrome coronavirus (MERS-CoV), a zoonotic virus that... From 3 to 5 December 2024, the World Health Organization (WHO), in collaboration with the United Nations Children’s Fund (UNICEF), convened a regional... WHO coordinated a set of analyses to consider individual and accumulated risks of infant and child mortality. In March 2024, WHO convened a meeting of... In 2022, an estimated 874 million women of reproductive age (15–49 years) were using a modern method of contraception, reflecting the widespread... Skip to main content Skip to main content Worldwide, the number of additional people expected to be enjoying better health and wellbeing is projected to be 1.5bn (1.2bn – 1.8bn) by 2025 compared to 2018. Universal health coverage Worldwide, the number of additional people expected to be experiencing financial hardship is projected to be 585m (526.1m – 639.5m) by 2025 compared to 2018. Health emergencies and protection Worldwide, the number of additional people expected to be protected from health emergencies is projected to be 7.6bn (647.4m – 912.5m) by 2025 compared to 2018. Skip to main content WHO / Vismila Gupta-Smith Please send us your comment or question by e-mail 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 can be a leading risk factor for mental health conditions. Protective factors similarly occur throughout our lives and serve to strengthen resilience. They include acquiring 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 caring and stimulating school-based programmes that improve the quality of children and children’s caregivers. School-based social and emotional learning programmes are among the most effective protection strategies for countries with low mental health service 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 2022” called on all countries to accelerate the action plan. It argues that all countries need to achieve meaningful progress towards better mental health in their populations by focusing on three “pillars of action”: develop 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. The World Health Organization (WHO) today launched new guidance to help all countries reform and strengthen mental health policies and systems. Mental health services worldwide remain underfunded, with major gaps in access and quality. In some countries, up to 90% of people with severe mental health conditions receive no care at all, while many existing services rely on outdated institutional models that fail to meet international human rights standards.The guidance provides a clear framework to transform mental health services in line with the latest evidence and international human rights standards, ensuring quality care is accessible to all.‘Despite rising demand, quality mental health services remain out of reach for many people,’ said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. ‘This new guidance gives all governments the tools to promote and protect mental health and build systems that serve everyone.’“A blueprint for mental health care transformation While effective prevention and treatment of mental health conditions exist, most people living with mental health conditions do not have access to these. The new WHO guidance sets out concrete actions to close these gaps and ensure people have access to health services that promote and protect human rights, focusing on protecting human rights, ensuring that people have access to health services with international human rights standards;promoting holistic care with an emphasis on lifestyle and physical health, psychological, social, and economic interventions;addressing social and economic factors that shape and affect mental health including employment, housing and education; implementing prevention strategies and promote population-wide mental health and well-being; andensuring people with lived experience are empowered to participate in policy planning and design to ensure mental health policies and services are responsive to their needs.The guidance identifies five key policy areas requiring urgent reform: leadership and governance, service organization, workforce development, person-centred interventions, and addressing social and structural determinants of mental health.A tailored approach to strengthening mental health systems The WHO guidance serves as a critical tool for governments, policymakers, and stakeholders working to strengthen mental health systems and improve access to mental health care. By offering a menu of policy directives, strategies and actions to guide reform efforts, the guidance supports policy makers to prioritize and tailor policies to their specific national context, in line with their available resources and operational structures. ‘This new WHO guidance provides practical strategies for countries to build inclusive, responsive and resilient mental health systems. Designed to be flexible, it allows all countries – whether low- middle- or high-income – to adapt their approach to mental health care based on national context, needs, and priorities,’ said Dr Michelle Funk, Unit Head, Policy, Law and Human Rights in the WHO Department for Mental Health and Substance Abuse. Developing and implementing the guidanceThe guidance was developed in consultation with global experts, policymakers and individuals with lived experience. The policy guidance also builds on the resources, guidance and tools developed under the WHO QualityRights initiative, aiming to promote a person-centred, recovery-oriented and rights-based approach to mental health. WHO will support countries in implementing the guidance through technical assistance and capacity-building initiatives. 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 health 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 legal and structural determinants – improving literacy and mindsets to combat stigma, discrimination and exclusion, and joint actions to address structural determinants and society-wide issues affecting mental health and well-being.WHO/OHCHR Guidance on mental health, human rights and 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-centred 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 decision-making and protection are integral to creating supportive social and health environments that protect strong mental health and well-being. Mental disorders are characterized by a clinically significant pattern of invariable and/or hyperactive impairment that has a negative impact on important areas of functioning. There are several different types of mental disorders. Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm. This fact sheet focuses on mental disorders as described by the International Classification of Diseases 11th Revision (ICD-11). In 2019, 1 in every 8 people, or 970 million people around the world were living with the mental disorder, with anxiety and depressive disorders the most common (1). In 2020, the number of people living with anxiety and depressive disorders rose significantly because of the COVID-19 pandemic. Initial estimates show a 26% and 28% increase respectively for anxiety and major depressive disorders in just one year (2). While effective prevention and treatment options exist, most people with mental disorders do not have access to effective care. Many people also experience stigma, discrimination and violations of human rights. Anxiety DisordersIn 2019, 301 million people were living with an anxiety disorder including 58 million children and adolescents (1). Anxiety disorders are characterised by excessive fear and worry and related behavioural disturbances. Symptoms are severe enough to result in significant distress or significant impairment in functioning. There are several different kinds of anxiety disorders, such as: generalised anxiety disorder (characterised by excessive worry), panic disorder (characterised by panic attacks), social anxiety disorder (characterised by excessive fear and worry in social situations), separation anxiety disorder (characterised by excessive fear or anxiety about separation from those individuals to whom the person has a deep emotional bond), and others. Effective psychological treatment exists, and depending on the age and severity, medication may also be considered. DepressionIn 2019, 280 million people were living with depression, including 23 million children and adolescents (1). Depression is different from usual mood fluctuations and short-lived emotions to challenges in everyday life. During a depressive episode, the person experiences depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for most of the day, nearly every day. Manic symptoms may include euphoria or irritability, increased activity or energy, and other symptoms such as increased talkativeness, racing thoughts, increased self-esteem, decreased need for sleep, distractibility, and impulsive reckless behaviour. People with bipolar disorder are at an increased risk of suicide. Yet effective treatment options exist including psychoeducation, reduction of stress and strengthening of social functioning, and medication.Post-Traumatic Stress Disorder (PTSD)The prevalence of PTSD and other mental disorders is high in conflict-affected settings (3). PTSD may develop following exposure to an extremely threatening or horrific event or series of events. It is characterised by all of the following: 1) re-experiencing the traumatic event or events in the present (intrusive memories, flashbacks, or nightmares); 2) avoidance of thoughts and memories of the event(s), or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat. These symptoms persist for at least several weeks and cause significant impairment in functioning. Effective psychological treatment exists. SchizophreniaSchizophrenia affects approximately 24 million people or 1 in 300 people worldwide (1). People with schizophrenia may experience persistent difficulties with their cognitive functioning. Yet, a range of effective treatment options exist, including medication, psychoeducation, family interventions, and psychosocial rehabilitation. Eating DisordersIn 2019, 14 million people experienced eating disorders including almost 3 million children and adolescents (1). Eating disorders, such as anorexia nervosa and bulimia nervosa, involve abnormal eating and preoccupation with food as well as prominent body weight and shape concerns. The symptoms or behaviours result in significant risk of damage to health, significant distress, or significant impairment of functioning. Anorexia nervosa often has its onset during adolescence or early adulthood and is associated with premature death due to medical complications or suicide. Individuals with bulimia nervosa are at a significantly increased risk for substance use, suicidality, and health complications. Effective treatment options exist, including family-based treatment and cognitive-based therapy.Disruptive behaviour and dissocial disorders40 million people, including children and adolescents, were living with conduct-dissocial disorder in 2019 (1). This disorder, also known as conduct disorder, is one of two disruptive behaviour and dissocial disorders, the other is oppositional defiant disorder. Disruptive behaviour and dissocial disorders are characterised by persistent behaviour problems such as persistently defiant or disobedient to behaviours that persistently violate the basic rights of others or major age-appropriate societal norms, rules, or laws. Onset of disruptive and dissocial disorders, is commonly, though not always, during childhood. Effective psychological treatments exist, often involving parents, caregivers, and teachers, cognitive problem-solving or social skills training.Neurodevelopmental disordersNeurodevelopmental disorders are behavioural and cognitive disorders, that arise during the developmental period, and involve significant difficulties in the acquisition and use of verbal and non-verbal communication skills. However, WHO focuses particular attention on the 11 days and 2 weeks that WHO Member States have mandated as “official” global public health days and weeks. Help WHO improve the impact of our public health campaigns by responding to this survey. Whether you are taking the kids to be vaccinated, talking to students on the devastating health effects of tobacco, organizing a mobile blood collection in your community, or contributing to the online conversation through social media, you can play a part in these worldwide efforts to create a healthier world.Leadup to each day, this is where you will find background information, graphics, multi-media links, facts and figures that help highlight the issues and focus global attention on today’s major public health challenges.If you have comments or questions, please write to: mediainquiries@who.int WHO Member States and officially certified partners supporting the campaigns can adapt these materials with their logos and disseminate to their networks. Some of the campaigns create unique logos that can be used by individuals who wish to promote the public health messages to their communities. Find out the terms of use of WHO campaign materials and logos here. For more questions, please write to logo@who.int Skip to main content One in seven adolescents has a mental health condition. Suicide is the third leading cause of death among young people globally. Without support, mental health conditions can negatively impact children and young people’s (CYP) education, employment and relationships, limiting life trajectories. Timely care and enabling environments can improve outcomes and reduce long-term costs. Every dollar invested in adolescent mental health yields an estimated US\$24 return over 80 years.Today, climate change, conflict, poverty, inequality and displacement are intensifying risks. Yet investment remains low: mental health receives less than 2% of national health budgets on average, with little allocated to children and adolescents. In low-income countries, there are fewer than 0.01 child mental health workers per 100,000 people, and services are often out of reach. From fragmented efforts to holistic impactWHO advocates for a comprehensive response to the mental health needs of children and young people, with a focus on strengthening policies and legislation promoting enabling environments (in homes, schools, communities, workplaces and digital spaces) and building preventive and care services. Multiple sectors have a role in creating enabling policy environments for child and adolescent mental health, to protect families against economic and social adversity, support caregivers in promoting nurturing care, ensure access to learning opportunities and employment and to reduce self-harm and substance use. National laws, policies and plans are also important to build systems for delivery of mental health preventive and care services. In Viet Nam, for example, the government formally has initiated a process to create psychosocial counselling positions in all primary and secondary education schools.At family level, interventions to support caregivers’ well-being and improve parenting can make considerable contributions to preventing mental health conditions in children and youth – these interventions are relevant for caregivers of young children as well as older children and adolescents, and of particular importance when caregivers and/or their children are experiencing mental health issues or face adversities. In fact, when these interventions reach caregivers with mental health conditions, they could reduce the risk of mental health conditions in their children by 40%. For caregivers of children with developmental delays or neurodevelopmental conditions, parenting programmes can empower them to foster their children’s learning, social communication and adaptive behaviour.Schools can be places that nurture well-being, inclusion, equipping students with the knowledge, skills, competencies and lifestyles they need to thrive. School-based anti-bullying programmes and socioemotional learning are important components of a whole-school-health-promoting approach, can be delivered for all school ages, can improve students’ well-being, academic performance and reduce risk behaviours, including self-harm and harmful substance use. Beyond schools, any intervention that successfully addresses their needs, reduces adversity in the home, and improves the mental health of young people, can improve their mental health and well-being. A collaborative approach between the health sector and other sectors is needed to address the mental health needs of children and adolescents. Evidence to inform a public health approach for safe and healthy engagement with social media and digital technology for children is limited. However, promising interventions include skills-building programmes for adolescents and for caregivers to promote responsible and safe engagement with social media; and technological tools to promote online safety, including reporting systems.Services need to be responsive to different levels of need, from prevention to recovery. Care services should be provided through both health (general and community health services) and non-health settings, like schools and youth centres. A strong country response fosters social inclusion and connectedness, and addresses structural issues such as housing, education, and employment. It expands community-based services, whilst phasing out care in custodial settings.To make this happen, it is critical that system strengthening is supported by strong leadership and governance, solid coordination across sectors, sufficient financing, a skilled and diverse workforce, and robust health information systems.Maximising opportunities to drive changeDespite the evidence on effective interventions, many opportunities to make information and services for mental health available to CYP and their caregivers through the health, education and other sectors remain untapped.To that end, WHO has partnered with UNICEF, governments, and local stakeholders to deliver a Joint Programme on Mental Health and Psychosocial Wellbeing and Development of Children and Adolescents to strengthen country leadership and capacity to provide services for CYP and their caregivers. Each year, over 10 million children and young people have access to improved services, with more than 6 million reached through prevention efforts and at least 330,000 receiving care. Across regions, there are encouraging examples of evidence-based interventions and good practices that have been successfully implemented and scaled including:In Serbia, a digital one-stop shop developed by the government provides educational resources and counselling sessions for young people in need of mental health support. It has directly reached nearly 170 000 young people and is accessible to more than one million young people in the country.The Ministry of Health of Côte d’Ivoire in partnership with the Ministry of Social Affairs established a roster of social workers trained in child mental health and deployed to emergency-affected areas in response to the Central Sahel crisis, providing services to 50 000 people living in refugee camps and host communities.In Kenya, in a stepped care model called Shamwiri, young high school graduates were trained as peer counsellors to identify cases and deliver support in schools, or coordinate referrals to more intensive support according to mental health needs. In Brazil, community-based mental health service provision takes place through child psychosocial care centres (Centro de Atenção Psicossocial Infantil, CAPSI), which provide multisectoral services to CYP with mental health needs and their caregivers across the country. Strengthening advocacy and accountabilityAccountability and capacity to track progress globally and in countries remain highly inadequate. In 2020, health information systems in nearly half of low-income countries did not have capacity to disaggregate mental health data by age.WHO is working with UNICEF and other partners, including youth, to facilitate platforms to define commitments for children and young people’s mental health and track change. Key messagesOne in seven adolescents experience mental health conditions.Suicide is the third-leading cause of death among youth worldwide. Accessible mental health care and enabling environments support young people to meet their potential and lay a foundation for a health adulthood – yet investment in the mental health of children and young people remains low.WHO calls for a comprehensive approach to child and adolescent mental health, including stronger policies, legislation, prevention and care services, and cross-sector coordination across health, education, social welfare, youth, sports and justice.There are multiple untapped, cost-effective opportunities to integrate mental and brain health into health services, with growing evidence of successful, scalable interventions.Advocacy efforts must meaningfully involve children, young people and caregivers, ensuring government commitment to their needs and rights.Reduce adversity in the home, and improve the mental health of young people, can improve their mental health and well-being. 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