



# MID-YEAR IMPACT ROUND-UP 2025

**UNITED  
FOR  
GLOBAL  
MENTAL  
HEALTH**



The logo for United for Global Mental Health, featuring the text "UNITED FOR GLOBAL MENTAL HEALTH" in white, stacked vertically, on a blue and purple gradient background.

## INTRODUCTION

Our vision is a world where everyone, everywhere, has access to mental health support, free of stigma or restrictions. Ultimately, we want to create a kinder, healthier, more productive world. And in the first half of 2025, we have used our advocacy and policy expertise to advance this vision, focusing on four areas of strategic impact:

- **Rights:** We work to make sure everyone has the right to enjoy the highest attainable level of mental health.
- **Health systems:** We strive to ensure mental health care is integrated across all health systems as a vital step towards making high-quality, comprehensive and person-centred mental health services accessible to all.
- **Ecosystems:** We seek to promote better mental health in the context of climate change, pollution and biodiversity loss.
- **Field building:** We expand the reach and impact of organisations working to advance good mental health for all.

A close-up photograph of a woman with long, wavy brown hair, wearing large, round, gold-rimmed sunglasses. She is smiling and looking slightly to the right. The image is overlaid with a semi-transparent green and blue rectangular area.

THERE IS  
NO HEALTH  
WITHOUT  
MENTAL HEALTH



# 2025 SO FAR

## WORK

### JANUARY – JUNE 2025

In the first half of 2025, United for Global Mental Health (UnitedGMH) has built on the momentum generated in 2024 to drive concrete action towards improving mental health across the world.

We've maintained our focus on suicide prevention, young people's mental health and integrating mental health with HIV and TB care, while doubling down on our work to deinstitutionalise mental health care.

Our 'North Star' is the 2025 High-Level Meeting (HLM) on Non-Communicable Diseases and Mental Health at the UN General Assembly in September. For the first time, mental health is taking centre stage at a UN high-level meeting involving all UN member governments. We've been pushing for this kind of global recognition of the importance of mental health since we were established – now it's crucial that this recognition is followed by firm government commitments.

UnitedGMH team members, Faith, Hamdi, Yves, Divya and James attend the Multi-stakeholder Hearing at the UN headquarters in New York



# 2025 HEADLINES



- Our advocacy work has ensured the voices of people with lived experience are heard – resulting in representation at the global UN level, regional fora and major national meetings.
- UnitedGMH advocacy on integrating mental health and HIV and TB care unlocked US\$75 in mental-health funding for every US\$1 invested, an [independent evaluation found](#).
- UnitedGMH's flagship report '[Out of Sight, Out of Mind](#)' catalysed sector-wide endorsement of the need for mental health deinstitutionalisation.
- A Global Mental Health Action Network-led survey exposed [the impact of global aid cuts](#) on mental health and generated debate on the issue.
- A UnitedGMH-facilitated youth representation initiative helped persuade the South African government to prioritise youth wellbeing during its G20 presidency.
- UnitedGMH advocacy ensured the first dedicated side event on suicide prevention at a World Health Assembly, in an event attended by a wide range of governments.

## HOW WE MEASURE ADVOCACY IMPACT

We follow a series of steps to achieve change, and assess our progress throughout.

**Awareness:** We raise awareness of an issue to educate the key organisations, institutions and individuals with influence. This work largely involves developing and disseminating pertinent new research and information, using our networks and communications channels. Our measures of success are increased visibility and engagement among key target audiences.

**Understanding:** We foster understanding among those with influence, providing them with evidence and information on the change needed and what they can do to make it happen. Our measures of success are the depth of knowledge our target audiences develop on the issues we care about.

**Commitment:** We secure specific commitments from these key players, typically through one-to-one engagement with them. Our measure of success is the number and quality of commitments made, such as in policy or legislation, by those with the power to positively impact people's mental health, such as governments or global institutions.

**Change:** We secure changes that help improve people's lives. We work with national organisations to ensure commitments made are delivered. We measure success on the numbers of people whose lives are now improved for having access to better mental health services and support.





## SEISMIC WINS, GROWING MOMENTUM

The first half of 2025 has seen seismic wins in shaping the global mental health agenda. Momentum for change is growing.

UnitedGMH has been working closely with the World Health Organisation (WHO) on the UN High-Level Meeting (HLM), representing mental health civil society on the HLM steering committee. As the Secretariat for the Global Mental Health Action Network (GMHAN), we have been ensuring the voices of civil society from around the world are heard. We are using all our connections and resources to help the mental health community secure strong commitments in the HLM Political Declaration.

### These include government commitments to:

1. Redirect their precious resources from harmful mental health institutions into comprehensive community-based mental health services, which uphold human rights.
2. Help address the tragic and avoidable loss of life through suicide by calling for the decriminalisation of suicide in every country in the world, and an end to the punishment of suicidal behaviour.
3. Invest in the mental health of children and young people by integrating mental health programmes into education services, and providing appropriate services, plans and policies for young people to help secure the mental health of future generations.
4. Holistically address the barriers to good mental health that arise from poverty, violence, inequality and discrimination, including the impacts of alcohol, tobacco, fossil fuels and the food industry.

• **Fossil fuels:** we're pushing for a just transition to low-carbon infrastructure that doesn't leave communities behind.

• **Ultra-processed foods (UPFs):** UPFs are increasingly linked to poorer mental health outcomes, yet they are often cheap and convenient, and therefore popular. We're advocating for policies that tackle the commercial determinants of health without penalising those with the least choice.

When the first draft of the Political Declaration was released in June, we acted quickly, reviewing the text, engaging with over 50 governments, negotiating with blocs including the European Union and the G77+China, and submitting our inputs and recommendations. **Our coordinated messaging on mental health reached more than half the world's governments.** Our influence has helped elevate mental health within leaders' discussions ahead of the HLM.

Thanks to this sustained advocacy, mental health and psychosocial wellbeing were fully integrated into the first draft of the Political Declaration, marking a major milestone we have been working toward for years. Our collective voice is shaping global policy.

Now our focus is on building on this progress and **holding governments accountable for delivering on their commitments.**



# THE WORLD'S LEADING NETWORK FOR GLOBAL MENTAL HEALTH ADVOCACY



Global Mental Health Action Network members from across the world attend the Multistakeholder Hearing at the UN headquarters in New York.



Global Mental Health  
Action Network

## GMHAN: A GLOBAL NETWORK DRIVING MENTAL HEALTH ACTION

The Global Mental Health Action Network (GMHAN) is a powerful and growing network of over 7,000 members across 170 countries. As Secretariat of GMHAN, we brief and equip its members, partners and expert working groups with what they need to influence their own governments. The first half of 2025 has seen GMHAN continue to play a key role as convenor.

### Mental health voices heard loud and clear at the UN

The most direct opportunity to influence the deliberations and commitments at the HLM on NCDs and Mental Health was the multi-stakeholder hearing at the UN headquarters in New York – where member states listened to a range of stakeholders to better understand their priorities.

GMHAN members made clear recommendations for transformative change from the floor of the multi-stakeholder hearing. Their interventions meant people with lived experience and local civil society organisations – especially from low- and middle-income countries (LMICs) – had unprecedented access to this political process.

During the week of the multi-stakeholder hearing, UnitedGMH staff led by the GMHAN secretariat mobilised a team of 40 advocates from 30 countries. We facilitated five days of workshops, and some 23 meetings with governments from across continents. The team communicated the same unified message: mental health must be prioritised at the upcoming HLM.



## Mental health featured at the World Health Assembly like never before

After years of UnitedGMH advocacy to secure meaningful recognition of mental health at the highest political levels, the 78th World Health Assembly in May marked a major turning point.

Demonstrating our commitment to decentralising power and connecting local to global influence, GMHAN supported 17 members from 12 countries over five days. Together, we engaged with 26 governments, calling for more substantial commitments on shared mental health priorities.

Joint statements from the EU, and governments representing Southeast Asian, Eastern Mediterranean, and African regions (106 member states) underscored the urgent need to prioritise mental health and outlined possible solutions governments want to implement.



**Read more about our wins at the World Health Assembly here**



UnitedGMH CEO Sarah Kline (right) speaking at the World Health Assembly

## GLOBAL AID CUTS: THE IMPACT ON MENTAL HEALTH

At the start of 2025, the abrupt suspension of US foreign aid – soon followed by significant cuts to many other governments' aid budgets – put millions of lives and fundamental human rights at risk worldwide.

In response, GMHAN, in partnership with the Mental Health Innovation Network, commissioned a survey assessing the impact of these aid reductions on mental health services across more than 130 programmes in 32 countries. The results published in June provided the first comprehensive, data-driven insight into how US foreign aid cuts have devastated mental health care globally.

### The findings paint a stark and urgent picture, revealing that:

- Over three-quarters of a million people lost access to essential mental health services overnight.
- More than 310,000 torture survivors, 82,000 LGBTQI+ individuals, 400,000 women, and 255,000 children were abruptly cut off from life-saving care and critical preventative community programmes, following the suspension of USAID funding.
- More than 50,000 lost access to training they were receiving to become mental health practitioners.

Beyond the numbers, the survey includes powerful stories, testimonies and recommendations from partners across Uganda, Brazil, Zambia, Tanzania, Nigeria and Ukraine. These highlight the human cost and provide a roadmap for urgent action.



This work on the impact of aid cuts was covered by the Times Radio Breakfast Show, which has a large audience of UK parliamentarians, MIT Review, and at the UN Committee on the Status of Women.

By harnessing the strength of its global network, GMHAN has not only illuminated the devastating consequences of these aid cuts. It has also provided a vital tool for advocacy, driving attention and momentum towards restoring and strengthening mental health support worldwide.

[Read the full report HERE](#) 

Mental health advocate and GMHAN member, Zion Ameh, runs an organisation in Nigeria called The Mandate Health Empowerment Initiative and fed into our survey assessing the impact of aid reductions on mental health services.



**“ In conditions of instability, crisis, and social challenges, adolescents and youth often lack access to qualified support. It is necessary to expand free psychological support programmes and adapt them to the real needs of young people. With the reduction of funding from the United States, such programs are currently being scaled back in Ukraine. ”**

Service provider in Ukraine.





Suicide Prevention Side Event at the World Health Assembly

## PREVENTING SUICIDE

Every year, suicide takes the lives of an estimated 720,000 people – that's one every 40 seconds. For every suicide death, at least 20 other people survive a suicide attempt, often without the support they need.

Among young people aged 15 to 29, suicide is the third leading cause of death, robbing communities of futures and families of loved ones. These numbers reflect a deep, ongoing crisis – one that urgently requires global public health and policy responses.

That is why, in the first half of 2025, we continued to advocate for stronger suicide prevention efforts at the global, regional, and national levels.

## Gaining momentum across the Caribbean

In November 2024, our work in the Caribbean received USAID funding via a consortium led by the Education Development Centre (EDC) to support suicide decriminalisation efforts in the Caribbean. This funding was cut in early 2025, but our advocacy continued to support critical progress in several Caribbean countries.

We focused our efforts in Trinidad & Tobago, Grenada, St Lucia, and The Bahamas. This initiative began with a three-day workshop, which ultimately led to the establishment of the Caribbean Suicide Decriminalisation Coalition (CSDC).

Our coalition partners brought together the voices of young people, people with lived experience, and mental health professionals to build a compelling case for suicide decriminalisation in St Lucia and Grenada.

Governments are now actively working with our coalition partners to move towards the decriminalisation of suicide. As an example, Senator Gloria Thomas, Minister of Social & Community Development and Gender Affairs in Grenada, [raised the issue of decriminalisation](#) in Parliament. She recognised it as a significant step forward in improving mental health services, and reducing stigma.



David Johnson, mental health advocate and GMHAN member, speaks at our Suicide Prevention event. David is the founder of Let's Unpack It, a mental health community organisation from Barbados



## A GLOBAL PUSH FOR SUICIDE PREVENTION AT THE WORLD HEALTH ASSEMBLY 2025

To highlight the urgent need for suicide prevention, we co-organised a side event with the Netherlands government at the World Health Assembly in May, titled 'Suicide Prevention: A Call for Policy Change and Public Health Action.'



**Aastha Sethi, UnitedGMH's Senior Officer for Rights and Advocacy Policy, speaks about our suicide prevention side event at the World Health Assembly.**

The event brought together representatives from over a dozen countries and key UN agencies, showcasing successful reforms and galvanising global support for action. It helped position suicide prevention as a political priority for the upcoming UN High-Level Meeting on NCDs and Mental Health, with several member states making on-record commitments to policy change.



### Crucially, the event:

- **catalysed new cross-regional dialogue**
- **strengthened the case for funding evidence-based interventions**
- **advanced the call to repeal discriminatory laws that criminalise suicide.**

This marked a significant shift: from silence to coordinated advocacy, from punishment to prevention.

Panellists from WHO member states, including India, Guyana, Cambodia, Japan and Bangladesh, and from the Office of the UN High Commissioner for Human Rights and UNICEF, spoke of the need to repeal laws criminalising suicide in at least 24 countries. They also underscored the role of governments in investing in mental health services that reach everyone, especially the most vulnerable.

The overriding consensus is that criminalising suicide does not save lives. Support does. As part of our global advocacy to decriminalise suicide, United for Global Mental Health published [Breaking the Silence: We Say Suicide is NOT a Crime](#), a powerful blog highlighting how outdated laws harm those in crisis and obstruct effective prevention. Written by our Senior Rights Officer, Aastha Sethi, the blog reached policymakers, advocates and civil society, combining lived experience and legal evidence to make a compelling case for urgent reform.



## DEINSTITUTIONALISATION OF MENTAL HEALTH CARE

Today, the treatment of mental health conditions is still heavily focused on long-stay psychiatric institutions and specialised care facilities. The world keeps more individuals in institutions for their mental health every year than it holds people in prison for committing crimes. At least 8.4 million people are admitted to mental hospitals every year.

Institutional care is outdated and ineffective. Worse still, strong evidence suggests that people in institutions are frequently subjected to human rights abuses, and suffer stigma and discrimination.

We want to end institutionalisation. We want a shift to community-based care, where people's human rights are respected and their recovery prioritised, so they can return to their lives, free from stigma and discrimination.

### OUT OF SIGHT, OUT OF MIND

New report making the case for deinstitutionalising mental health care



This year, we launched [Out of Sight, Out of Mind](#) – our landmark report calling for a global shift away from institutionalisation. The report shines a light on the often-invisible realities faced by people with mental health conditions who have been isolated in institutions – people who are often denied their rights, subjected to abuse and excluded from society.

The report draws together new research and insights from people with lived experience to present a compelling case for replacing outdated, harmful institutional models with a **rights-based approach to care**. This means supporting people's recovery, community reintegration, and access to ongoing support, while tackling stigma and discrimination.

*Out of Sight, Out of Mind* will serve as a powerful tool for civil society and policymakers, help drive global and national advocacy and complement the WHO guidance on how to deinstitutionalise mental health, which will be out later this year.

[Read the full report HERE](#)

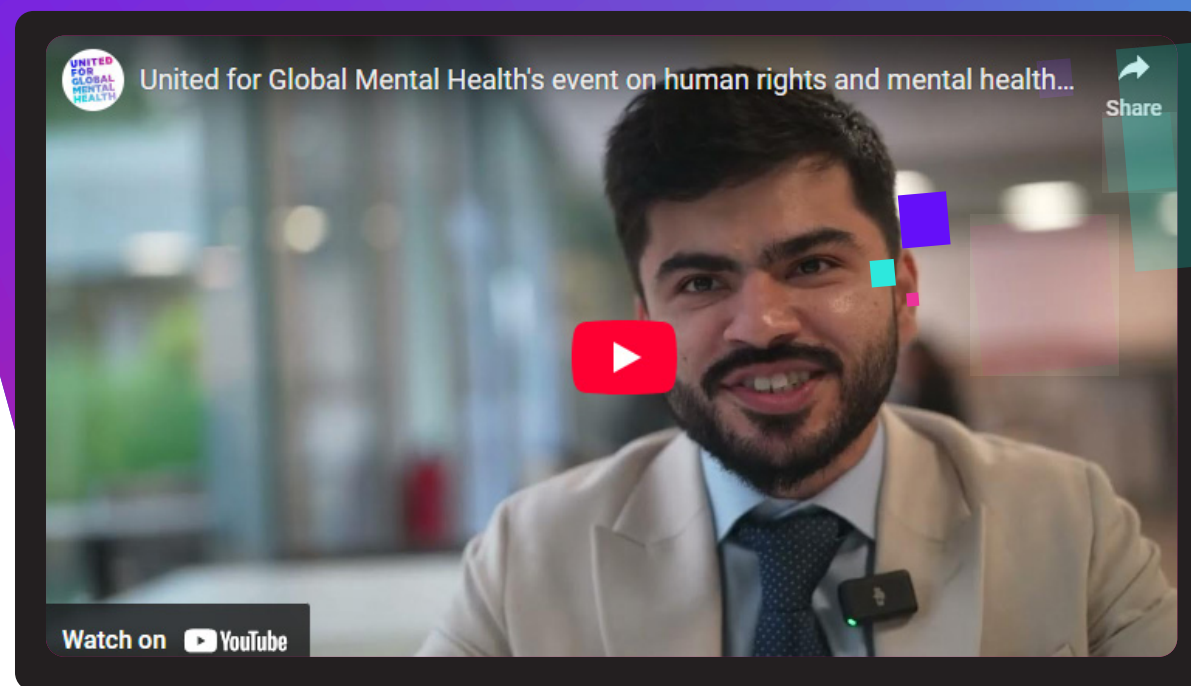
**“Mental health care today is still heavily focused on long-stay psychiatric institutions and specialised care treatment facilities, with persistent abuses and lasting stigma. But some countries have demonstrated how the mental health care landscape can be transformed, and restructuring care from institutions to the community is possible.”**

Sarah Kline, CEO of United for Global Mental Health



## MAKING THE CASE AT THE UN TO END INSTITUTIONALISATION IN MENTAL HEALTH

In March, as the UN Committee on the Rights of Persons with Disabilities (UN-CRPD) convened, United for Global Mental Health highlighted the urgent need for mental health reform. Our Policy and Advocacy Advisor, Ali Hasnain, was an opening speaker at the session, drawing global attention to the scale of abuse residents of mental health institutions face. He told the session that one in 10 people in institutions had been there for over 25 years and that, in 60 out of 100 countries, people are still being shackled.



■ Ali Hasnain, UnitedGMH's Policy and Advocacy Advisor, speaks about our World Health Assembly side event on deinstitutionalising mental health care.

We used this platform to call on the UN body that monitors the UNCRPD's implementation to end all forms of institutionalisation and invest in rights-based primary, secondary and community-based mental health care. Our contribution to the UNCRPD meeting was sufficiently impressive to see us invited back to make a statement on ending all forms of institutionalisation at the UNCRPD session in August. We will use the opportunity to disseminate our new *Out of Sight, Out of Mind* report and strengthen working relationships with committee members.

**By bringing lived realities to the highest level of human rights monitoring, we're helping move international dialogue toward community-based, person-centred care.**



UnitedGMH's event on deinstitutionalisation in May featured powerful remarks from representatives from Mexico, Portugal and the World Health Organization



## BACKING CALLS FOR DEINSTITUTIONALISATION OF MENTAL HEALTH CARE AT THE WORLD HEALTH ASSEMBLY



At the World Health Assembly (WHA), UnitedGMH co-hosted a high-level event on deinstitutionalisation with the Office of the United Nations High Commissioner for Human Rights (OHCHR). The event, which included remarks from Mexico's Health Minister and Portugal's envoy to Madrid, brought together a wide range of member states and WHO representatives. Many reaffirmed their commitment to advancing deinstitutionalisation and shifting towards community-based, rights-respecting mental health care.

Learn more about the event and its outcomes by reading our [blog](#).



## CLIMATE, THE ENVIRONMENT AND MENTAL HEALTH



Climate change is not only an environmental and physical health crisis; it is also a mental health crisis. It increases people's risk of new mental health problems and exacerbates existing ones.

That's why policies and actions designed to address climate change also need to include measures to deal with the resulting harm to mental health. During the first half of 2025, with the support of our donors and partners, we worked to drive systemic change – ensuring that mental health is embedded into global climate policy, funding and practice.

### Catalysing climate action to protect mental health

More and more countries are recognising the link between mental health and climate change, but very few have plans in place to address it.

In April, we released [a first-of-its-kind report](#) designed to help countries identify how addressing climate change across sectors within Nationally Determined Contributions (NDCs) can help unlock extensive co-benefits for mental health. Right now, only 3% of NDCs reference mental health. Our report aims to change that. It identifies multiple ways mental health could be included in climate mitigation policies, equipping policymakers with guidance on how to position mental health as a pillar of climate resilience strategies.

Our report was added to the knowledge portal of the NDC Partnership – the main coalition of governments and others working on NDCs.



## Making mental health systems climate resilient and sustainable

In June, we coordinated the first-ever global meeting on mental health systems and climate change as part of the [Alliance for Transformative Action on Climate and Health](#). The Alliance, supported by the WHO and the UK government, brings together more than 90 member states working to make health systems more climate-resilient and sustainable.

The meeting featured speakers from Brazil, Ethiopia, India, Kenya, Rwanda and Mozambique, and experts from the WHO, UNICEF, Imperial College London, the Royal College of Psychiatrists, and the London School of Hygiene and Tropical Medicine. It was a chance for members to share their experiences and expertise in integrating mental health into national climate adaptation strategies and promoting long-term resilience in the face of climate change.

We believe this landmark gathering marked the start of a new era of global cooperation, laying the groundwork for developing climate-resilient and sustainable mental health systems worldwide.

## Air pollution and mental health

There is growing evidence that air pollution has a negative impact on the brain and mental health. We highlighted this worrying finding at the WHO's Second Conference on Air Pollution and Health, held in Colombia in March, and attended by more than 700 government officials, UN stakeholders, and CSOs.

A key message from the conference was that air pollution affects every organ of the body, from the heart and lungs to the brain. As such, it also impacts our mental health. The conference helped us broaden the global understanding of air pollution's health risks and build momentum for more integrated public health policies.



*A mural designed by Brazilian artist Eduardo Kobra for the WHO's Second Conference on Air Pollution and Health in Cartagena, Colombia. Credit: World Health Organisation*

**“Clean air policies are also ultimately mental health policies and will allow us to safeguard our mental health as well as protect our planet.”**

Ale Massazza, UnitedGMH's Policy and Advocacy Advisor, Environment and Climate Change



## YOUNG PEOPLE'S MENTAL HEALTH

One in seven 10- to 19-year-olds is estimated to experience a mental health condition, yet these are often unrecognised and left untreated. Early action is crucial: one-third of mental health conditions emerge before the age of 14 and half before the age of 18. If left unaddressed, mental health challenges can have devastating and lasting effects on young people's adult lives.

We want to make sure young people play a leading role in the conversation about their mental health. We do this as advocacy lead of the Being Initiative, which will disburse up to \$100m to youth-focused mental health organisations across 12 countries.

## G20 host, South Africa prioritises young people's wellbeing

The 2025 South African President's State of the Nation Address in Cape Town highlighted the rollout of the National Strategy to Accelerate Action for Children (NSAAC). It is a policy to which UnitedGMH has made a proud contribution over the past year. This milestone underscores our commitment to prioritising adolescent mental health in South Africa, this year's G20 host.

In January 2025, UnitedGMH became part of the South African Office of Adolescence's Technical Expert Group, which prioritises the overall wellbeing of South Africa's adolescent population. The Partnership for Maternal, Newborn and Child Health (PMNCH) – a UnitedGMH partner working with the South African Adolescent Office in the Presidency – has chosen South Africa as one of three countries to promote increased investment in adolescent wellbeing.

We also worked with South African civil society organisations, ministries and Victoria University in Australia to adapt the global PMNCH [investment case](#) – on the need for increased funding for adolescent wellbeing – to the South African context.




Aviwe Funani (left), Senior Policy Officer at UnitedGMH, pictured with Dr Roseline September, Programme Lead in the Presidency, and Gwen Ramokgopa, former South African Deputy Minister of Health, at South Africa's Presidential Office.



## From inconceivable to influential: young people at the World Health Assembly

In the first half of 2025, UnitedGMH helped young people gain access to the World Health Assembly – a traditionally difficult political arena to penetrate – and take their rightful place as equal participants in global health dialogues.

In partnership with the Being Learning Network and the South African Permanent Mission to the UN in Geneva, we co-hosted a youth-led side event at the WHA. It became an inclusive space for dialogue and connection between youth advocates, governments, policymakers, funders and other global mental health stakeholders. By helping young people take a leadership role, the Being Initiative and UnitedGMH are making the mental health ecosystem more inclusive, representative and responsive.



**“This event is important for us because it deals with issues of adolescents, a priority area for our government, and the mental health of adolescents is a priority.”**

H.E Lebogang Lebesse, Health Attache – South African Permanent Mission to the UN in Geneva

## INTEGRATING MENTAL HEALTH INTO HIV/TB CARE

For the past three years, we have made the case that the fight against HIV and TB cannot be won without addressing the mental health needs of people living with, at risk of, or affected by HIV and TB. This is because there is a strong correlation between HIV/TB and mental illness.

In Sub-Saharan Africa, for example, depression is higher among people living with HIV (24% compared with less than 3% for the general population). And up to 50% of people in the region with TB experience depression, which can delay diagnosis, hinder treatment, and reduce quality of life.

That’s why we’ve continued to push for mental health care to be integrated into HIV and TB programmes – an approach with the power to improve the effectiveness of both physical and mental health care in a mutually reinforcing way.







We’ve been working in partnership with the Elton John Aids Foundation (EJAF) since 2022 to integrate mental health into HIV and TB programmes. In May 2025, we commissioned an independent evaluation of our work. It was an important opportunity to:

- **look at the effectiveness of our advocacy efforts**
- **analyse the reach and engagement secured**
- **explore opportunities for adaptability and learning**
- **consider sustainability and value for money**

The evaluation’s findings demonstrate that targeted advocacy resulted in a six-fold increase in mental health inclusion in Global Fund funding requests, expanded access to services for millions, and contributed to key policy wins at both national and global levels.

Further, the evaluation found that our work to promote the integration of mental health care in HIV and TB programmes directly benefitted more than 40,000 people, and indirectly reached more than 20 million people in our four priority countries – Nigeria, Pakistan, the Philippines and South Africa – giving them, in

various ways, greater access to mental health information and/or services. Across our four priority countries, the evaluation concluded:

- **Mental health was better integrated into the latest Global Fund grants cycle for HIV and TB – something Global Fund representatives described as “big progress” for mental health.**
- **Every US\$1 invested in our advocacy generated an estimated US\$75 in mental health funding.**

Ultimately, the most important takeaway from this evaluation is the Global Fund’s growing commitment to integrating mental health into HIV and TB responses, demonstrating how global health financing can support more holistic, person-centred care.

[Read the full report HERE](#)







## MATERNAL MENTAL HEALTH

Mental health during pregnancy and the first year after birth is a crucial but often neglected part of maternal and newborn care. Worldwide, an estimated 10% of women who are pregnant and 13% of those who have just given birth will develop a mental health condition.

Mental health conditions in expectant and new mothers – especially young mothers – can have profound and lasting effects on both women and their infants if not detected or treated. We are working to improve both the quantity and quality of perinatal mental health services, through greater investment in the perinatal workforce.







## Maternal mental health: A right, not a privilege

On World Maternal Mental Health Day 2025, we launched our first advocacy brief to spotlight the often-overlooked mental health needs of women during pregnancy and the year after birth.

The brief highlights how maternal mental health conditions frequently go undetected in routine care. It shares case studies from **Indonesia, Kenya and Liberia** to show how mental health can be effectively integrated into maternal health services. It provides practical recommendations for policymakers and health systems to mainstream maternal mental health into national strategies.

Crucially, the brief calls for a better-equipped health workforce to identify and support women in need. It frames good maternal mental health as a fundamental right, helping drive systemic change towards more just and equitable care.

[Read the full advocacy brief](#)



## Curating global discussions around maternal mental health

Following the launch of our new maternal mental health brief, we co-hosted a webinar on perinatal mental health with the Global Health Council to mark World Health Day in April 2025. The webinar highlighted the global burden of perinatal mental health challenges and showcased national examples of good practice. It amplified the voices of women with lived experience to humanise and deepen policy discussions.

Experts from global and national organisations emphasised the urgent need to accelerate investment in high-quality perinatal mental health care. Engaging over 130 participants from health ministries, NGOs, academia and UN agencies, the webinar was more than a discussion – it firmly placed perinatal mental health on the global agenda.

By bringing together expertise, policy and lived experience, the session helped to galvanise momentum for stronger, more coordinated action to improve maternal mental health worldwide.



# SUSTAINING MOMENTUM IN 2025

2025 is the most politically important year for mental health since our launch in 2018. September’s High-Level Meeting on NCDs and Mental Health is a critical opportunity to advance the mental health agenda. UnitedGMH and GMHAN will make sure the meeting is informed by the voices of local mental health advocates and civil society from across the world, helping create momentum the HLM decision makers cannot ignore.

And we have a wealth of other opportunities to keep advancing progress on mental health this year. Look out for our work:

- Arguing for **increased investment** in mental health from global donors and development banks
- Highlighting **perinatal mental health** with a workshop aimed at galvanising national-level multi-stakeholder action
- Working to address **youth mental health** with national partners in 12 countries
- Launching a global campaign, as well as more reports, on **deinstitutionalising mental health**
- Detailing new research on why and how countries can **integrate mental health into National Adaptation Plans** and ensuring mental health is prominent at COP30
- Supporting **national partners** to drive new mental health strategies and legislation in their countries

...and many more efforts to ensure everyone, everywhere, has access to mental health support, free of stigma or restrictions.

# JOIN US TO HELP KEEP MENTAL HEALTH ON THE WORLD’S AGENDA

**SIGN UP FOR THE LARGEST MENTAL HEALTH POLICY GATHERING OF CIVIL SOCIETY IN 2026**



The Global Mental Health Advocacy Forum is the largest gathering of civil society organisations working on mental health advocacy. This event unites experts and advocates from more than 170 countries dedicated to improving mental health for all.

We’re excited to be hosting this event in the beautiful Iloilo City in the Philippines – our first event in Asia! Iloilo is known within the region for its progressive approach to climate and conservation, championing mental health in school curriculums, and incredibly preserved cultural and heritage sites.

Over three days, we will be learning about the incredible work within local communities – and at national, regional and global levels – to enhance our joint advocacy efforts towards better mental health for all. This is a unique opportunity to learn from peers, exchange expertise and share the best practices for impactful advocacy. Our special Forum is not a traditional conference; it’s a community of changemakers coming together from around the world, designed to ensure no voice is left behind.

THE FOURTH  
GLOBAL  
MENTAL  
HEALTH  
ADVOCACY  
FORUM



ILOILO CITY, PHILIPPINES

2nd - 4th  
FEBRUARY  
2026





Global Mental Health  
Action Network

Register here to join in person or online!



**With thanks to our funders:**

- Being Initiative
- Elton John Aids Foundation
- Flourishing Minds Fund
- Fondation Botnar
- The Global Fund
- Grand Challenges Canada
- lululemon
- Pinterest
- The Wellcome Trust

# MID-YEAR IMPACT ROUND-UP 2025

[!\[\]\(666e09182d4cd268646ea700ea60dcdf\_img.jpg\) in !\[\]\(1ef1ef0bf9af6c6996401964cf280f2d\_img.jpg\) @UnitedGMH](#)

**UNITED  
FOR  
GLOBAL  
MENTAL  
HEALTH**