



AMERICAN
PSYCHOLOGICAL
ASSOCIATION

Mr. Volker Türk
c/o Registry Office, Mr. Khalid Hassine
Office of the United Nations High Commissioner for Human Rights
Palais des Nations
1211 Geneva 10, Switzerland

Dear Msrs. Türk and Hassine,

I am writing on behalf of the American Psychological Association (APA) to respond to the recent [“Call for Contributions - OHCHR comprehensive report on mental health and human rights \(HRC resolution 52/12\)”](#). Our Association is committed to using psychology to promote human rights and to protecting the human rights of those impacted by our field, including through the use of population health approaches that seek to improve the mental health, equity, safety and wellbeing of broad populations. We commend the World Health Organization (WHO) and the UN Office of the High Commissioner for Human Rights (OHCHR) on their leadership in this important area of human rights work.

APA is a scientific and professional organization representing psychology, comprising a membership of more than 133,000 clinicians, researchers, educators, practitioners, consultants, and students across the United States (U.S.) and around the world. We work to advance the creation, communication, and application of psychological knowledge to benefit society and improve lives. APA holds special consultative status with the Economic and Social Council and is associated with the Department of Global Communications. We have active teams of volunteer psychologists advocating at the United Nations in New York and Geneva, the latter in collaboration with the European Federation of Psychologists’ Associations and the Federation of Swiss Psychologists.

We were honored to [provide input](#) as you developed the vital resource, *Mental health, human rights and legislation: guidance and practice* (hereon referred to as “the Guidance”). We now welcome the opportunity to engage further, explaining how our work advances the highest attainable standard of physical and mental health as a human right, as outlined in the International Covenant on Economic, Social, and Cultural Rights (United Nations General Assembly, 1966b).

In response to your most recent call for contributions, we have compiled the below information that addresses sections (a) and (c) of your call for contributions:

(a) Existing enabling normative and policy measures at the local, national and regional level applied for the realization of the human rights of persons with psychosocial disabilities and current or potential users of mental health services;

APA develops policies, resolutions, guidelines and statements that inform the field of psychology in the United States and beyond. Since its last information provision to the OHCHR, APA has focused on many additional human rights topics critical to the practice of psychology. The following non-exhaustive, highlighted policies and efforts effectively promote the realization of human rights for persons with psychosocial disabilities and current users of mental health services.

The following policy, guideline, and advocacy efforts **align with the Guidance's stress on gender responsive mental healthcare:**

Policy: APA Resolution Supporting Girls' and Women's Human Rights Globally (August 2024a).

The APA promotes national and international research on general and specific (e.g., by intersectionalities of status/personal characteristics and in different cultural contexts) factors that enable versus prevent violations of girls' and women's human rights, building on multidisciplinary and multinational evidence, and in consideration of contexts (Tait et al., 2019; UN, 2014, 2023).

The APA promotes national and international research on interventions geared at eliminating and/or preventing violations of girls' and women's human rights (Canetto, 2018), building on multidisciplinary and multinational evidence, and in consideration of contexts (Tait et al., 2019; UN, 2014, 2023).

Advocacy: Supporting investments in women's behavioral health research (August 2024b).

APA Services staff met with APA member Carolyn Mazure and representatives of the White House Gender Policy Council to provide recommendations on integrating women's behavioral health in the White House Initiative.

Advocacy: Informing sexual and gender minority health research (July 2024c).

APA Services, with expert input from APA's Committee on Sexual Orientation and Gender Diversity, responded to the NIH's request for information concerning their 2026–30 Strategic Plan for Sexual and Gender Minority Health Research, underscoring the critical need for research that addresses the unique challenges faced by the LGBTQI+ community.

Guideline: Guidelines for Psychological Practice with Women with Serious Mental Illness (August 2022a).

Guideline 1: Psychologists strive to provide recovery-oriented care to women with serious mental illness that acknowledges their right to self-determination.

Guideline 6: Psychologists endeavor to employ trauma informed practice and assessment of past or ongoing trauma in the lives of women with serious mental illness (SMI) given that many are survivors of abuse...Women with SMI are at risk of trauma, both as individuals with SMI and as women. These women are uniquely vulnerable to sanctuary trauma as well and may have histories of multiple traumas in mental health settings that may serve as barriers to care. Psychologists are encouraged to ensure their competence in treatment and communicate their experience to their clients to instill a sense of safety.

Guideline 8: Psychologists are encouraged to be mindful that women with serious mental illness are at higher risk of poverty, garner a social justice and citizenship perspective, and may lack access to adequate resources including supported employment, housing, education, and the full rights of citizenship.

Guideline 10: Psychologists strive to work to enhance the peer support network of women with serious mental illness to overcome social barriers posed by stigma and mental health symptoms.

The following policy and advocacy efforts **align with the Guidance highlighting violence and discrimination suffered by lesbian, gay, bisexual, transgender, intersex and queer persons:**

Policy: APA Policy Statement on Evidence-Based Inclusive Care for Transgender, Gender Diverse, and Nonbinary Individuals (February 2024d).

The APA upholds the rights of all individuals to unbiased health insurance coverage, rejecting discrimination based on gender identity and advocating for the inclusion of gender-affirming care, including psychological care;

The APA emphasizes the importance of psychological and medical care from an intersectional perspective, which takes into consideration the many facets of an individual's experience and provides services that are antidiscriminatory in all areas, including opposing racial, ethnic, socioeconomic, religious, and gender-based discrimination;

The APA affirms the essential role and legal rights of parents and caregivers in taking action to ensure the well-being of children and adolescents while honoring their expressed gender identity, including involvement in the process of healthcare decision-making, as well as the role of parents, caregivers, and providers in supporting developmentally appropriate youth self-advocacy.

Advocacy: [Opposing conversion therapy](#) (October 2023a).

APA joined 28 organizations in call to end conversion therapy in the United States.

Advocacy: [Urging Congress to protect access to gender-affirming care for transgender youth](#) (August 2023b).

APA Services joined more than 60 health care institutions and health professionals in a letter to Congress strongly opposing efforts to restrict access to gender-affirming care.

The following efforts **align with the Guidance's insistence on increasing access to and taking a cross sectoral approach to mental healthcare:**

Policy: [Psychology's Role in Advancing Population Health](#) (February 2022b).

APA describes population health as a multi-tiered approach that includes: (a) universal provision of preventative tools and health promotion for all people, families, and communities; (b) monitoring, anticipatory guidance, and early intervention for those with risk factors for physical, mental health, and substance-related conditions; and (c) psychosocial and mental health/substance use care for those experiencing illness and/or escalating physical health and mental distress.

Principal 1: Work within and across diverse systems to advance population health.

Principal 2: Work "upstream" by promoting prevention and early intervention strategies.

Advocacy: [Advocating to improve health equity across the lifespan](#) (June 2024e).

APA members and APA Services staff urged their members of Congress to cosponsor three pieces of legislation: the [Telemental Health Care Access Act \(H.R. 3432/S. 3651\)](#), which would repeal a Medicare requirement that patients must be seen in-person for continued coverage of their telehealth services; the [Increasing Mental Health Options \(IMHO\) Act \(H.R. 8458/S.669\)](#), which would increase Medicare beneficiaries' access to mental health care by removing outdated Medicare requirements for physician oversight and referral for services provided by psychologists; and the [COMPLETE Care Act \(H.R. 5819/S. 1378\)](#), which would increase access to mental and behavioral health services by adopting a "model-neutral" approach to assisting practitioners with adoption of integrated care.

Advocacy: [Advocacy leads to increases in funding for health equity and social justice policy initiatives](#) (January 2024f).

APA Services secured success within the fiscal year (FY) 2023 Omnibus Appropriations bill which passed at the end of the 117th Congress in December. The bill included increased funding for mental health services and research within the Centers for Disease Control and Prevention (CDC), National Institutes of Health (NIH), and the Department of Justice (DOJ). Leading with science, APA Services worked with colleagues across the association, our coalition partners, and our grassroots advocates to secure these important public policy victories.

Advocacy: Promoting psychology in the National Institute of Allergy and Infectious Diseases strategic plan (June 2024g).

APA's Chief Science Officer urged NIAID to amend the institute's mission statement to reflect a support of behavioral, social, and psychological research.

Advocacy: Supporting proposed changes to mental health parity rules (September 2024h).

The Biden administration finalized a new rule on September 9 designed to ensure that Americans with private health insurance can more easily access mental health services. The new rule aims to hold insurance companies accountable for practices preventing patients from accessing mental health care as easily as medical care. Most of the new requirements will roll out in 2026.

APA Services has long advocated for action to address the suffering caused by inadequate mental health care access and was a major proponent of this new rule as a major step toward resolving the mental health crisis.

Advocacy: Promoting inclusion of psychologists in national directory of health care providers (December 2022c).

Promoting inclusion of psychologists in national directory of health care providers. APA Services responds to a Centers of Medicare and Medicaid Services request for information on the establishment of a national directory of providers.

Advocacy: Expanding access to prevention and early intervention service (March 2024i).

Sustained advocacy leads to legislation allowing for prevention and early intervention services through the Community Mental Health Services Block Grant.

International Effort: Supporting the United Nations General Assembly Resolution on Mental Health and Psychosocial Support (June 2023).

On June 26, the United Nations General Assembly unanimously adopted a historic resolution (A/77/L.77) affirming the human right to mental health and, among other components, calling on increased access to care. APA's UN representatives collaborated with the [Global Psychology Alliance](#) (GPA) to play an important role in the passage of the resolution, providing input as the resolution was being developed in 2022, and then advocating for the resolution's passage after it was introduced in 2023.

Many members of the GPA assigned leaders to partner with an APA UN Representative in requesting meetings with the UN Missions from their countries, explaining the importance of mental health and requesting support for the Resolution. This outreach led to 10 virtual meetings between leaders of national psychological associations and the UN Missions from their nations—Canada, Hungary, Mexico, Nepal, Nigeria, the Philippines, the Republic of Ireland, Trinidad and Tobago, the United States, and Uruguay.

The following efforts align with the Guidance's acknowledgement of race and ethnicity-based health disparities:

Strategic Framework and Progress Report: APA's Racial Equity Action Plan Progress and Impact Report (2024j)

Since the development of the [APA's Racial Equity Plan](#) (2022d), two key priorities have been actively addressed: (1) Advancing racially conscious knowledge production and scholarship through projects such as the launch of a new fund and (2) utilizing the breadth of the field to advance health equity in communities of color through various collaborative working efforts and education.

Policy: Advancing Health Equity in Psychology (October 2021a)

The APA will support practice innovations that deliver competent and financially viable clinical assessment, intervention, and prevention services to diverse populations and communities. This includes the development and

expansion of models for integrating psychological practice in the community and for collaboration with other health professionals (e.g., Community Health Workers) to address social determinants of health and health inequities.

Advocacy: Providing psychological science to guide federal racial and ethnic health equity policies (October 2022e and ongoing).

APA Services utilizes psychological science in its advocacy efforts around health equity. Below is just a snapshot of our health equity work.

Legislation endorsed/supported by APA:

- The Mental Health for Latinos Act (H.R. 4884/S. 2476) which would develop a behavioral and mental health outreach and education strategy aimed at reducing the stigma associated with mental health among the Hispanic and Latino populations.
- Pursuing Equity in Mental Health (H.R. 3548/S. 2700) which addresses disparities in access to mental health resources to underserved communities.
- NIH Clinical Trials Diversity Act (H.R. 3503) which seeks to diversify participation in clinical trials by race, ethnicity, age, and sex.

Comment letters to federal agencies:

- Responded to proposed rules issued by the Centers for Medicare and Medicaid asking to increase access to mental health services for Medicaid beneficiaries citing disparities in access among communities of color.
- Responded to a proposal updating the Office of Management and Budget statistical standards on race and ethnicity citing that accurate collection of ethnicity and race data is the first step in identifying and addressing health disparities.
- Responded to a request for information from the National Institutes of Health on innovative approaches to addressing mental health disparities citing law enforcement interactions with communities of color, escalation of hate crimes, immigration status as factors challenging mental health.

Advocacy: APA president informs members of Congress on Black maternal mental health crisis (October 2023c).

The 2023 APA President Thema Bryant, PhD, joined Representative Lauren Underwood as a featured presenter at the Congressional Black Caucus Foundation's Annual Legislative Conference to highlight Black maternal mental health.

Advocacy: APA's CEO urges Congress to address the mental health crisis among Black men and boys (May 2024k and ongoing).

APA Services advocates for several initiatives that would improve health outcomes for Black men and boys including: fully funding the 988 Suicide and Crisis Lifeline; passing the Youth Mental Health Research Act (H.R. 5976/S.3060), which would fund and develop research to improve prevention, treatment, and crisis care for children and youth, with a particular focus on youth in underserved communities; passing firearm safety legislation; supporting programs to diversify the mental health workforce and improve access to culturally competent care, such as the Minority Fellowship Program; increasing the number of mental health community training programs; increasing the number of mobile crisis outreach and programs.

Advocacy: Advocating for Native American youth mental health (April 2024l).

APA Services staff and psychologists partnered with the American Academy of Pediatrics (AAP) for a Hill Day to support the health needs of Native American children. This event was held in conjunction with AAP's Committee on Native American Child Health (CONACH), an initiative focused on issues facing American Indian and Alaska Native children.

The following resolution **aligns with the Guidance highlighting the harms of solitary confinement and restraints:**

Policy: [APA Resolution Opposing Involuntary Individual Isolation of Youth in Juvenile Justice Settings](#) (February 2024m).

The APA recommends that the solitary or room confinement of youths—involuntary isolation of a youth in a locked cell or room—be **prohibited**, except under truly exigent or emergency circumstances, in response to instances in which the youth is an imminent danger of serious physical harm to themselves or to others. Thus, the brief involuntary isolation of a youth from others must never occur unless it is absolutely necessary to achieve stabilization or protection of the youth and/or other persons from serious physical harm. Further, the separation of youths from others must never be a substitute for adequate staffing numbers, staff training, and supervisory and/or administrative support. In every instance, adequately trained staff must first employ alternative best practices methods for de-escalation, stabilization, protection, and/or risk reduction.

The following resolution **aligns with the Guidance calling for reparations and redress to those who have suffered torture, ill-treatment, and general violations of their human rights by the mental health system:**

Policy: [Individual, Collective, and Intergenerational Trauma Recovery: Considering the Restorative Roles of Restitution and Reparations](#) (August 2024n).

The APA [resolves to support] efforts to combat the neglect and abandonment of victims that have been revictimized by systems and structures, including mental health institutions.

(c) Suggestions of other policy tools for the implementation of a human rights perspective to mental health mindful of the centrality of mental health for the full realization of the right to health;

The APA recently created two tools in its efforts to actualize its [Equity, Diversity and Inclusion Framework](#) (2021b) which strives to successfully integrate equity, diversity and inclusion (EDI) across the organization, the discipline of psychology and throughout society through a multicultural ecological approach, including work to create a common language and a long-term coordinated strategy towards dismantling racism.

The Guidance correctly identifies the importance of language and terminology in contributing to stigma and discrimination (e.g., “[The law can say] stigmatizing and discriminatory terminology related to mental health and marginalized groups, including persons with psychosocial disabilities and lesbian, gay, bisexual, transgender, intersex and queer persons, shall be removed and replaced with appropriate language.”

Similarly, the APA developed the [Inclusive Language Guide](#) (2023d), among the most downloaded resources on the APA website. The Guide is intended to raise awareness, direct learning, and support the use of culturally sensitive terms and phrases that center the voices and perspectives of those who have been historically marginalized or stereotyped. For example,

Authors who write about identity are encouraged to use terms and descriptions that both honor and explain person-first and identity-first perspectives...In person-first language for disability, the person is emphasized, not the disability. “In identity-first language, the disability becomes the focus that allows the individual to claim the disability and choose their identity rather than permitting others (e.g., authors, educators, researchers) to name it or to select terms with negative implications. Identity-first language is often used as an expression of cultural pride and a reclamation of a disability that once conferred a negative identity” (APA, 2020b, p. 136).

Term to avoid: mentally ill, crazy, insane, mental defect, suffers from or is afflicted with [condition].
Suggested alternative: person living with a mental illness, person with a preexisting mental health disorder, person with a preexisting behavioral health disorder, person with a diagnosis of a mental illness/mental health disorder/behavioral health disorder.

Additionally, the APA recently launched an [Accessibility and Inclusion Maturity Model \(AIMM\)](#) (August 2024o). Grounded in principles of our [EDI Framework](#) (2021b), the APA's AIMM offers a systematic, science-based approach to advancing disability awareness and equity across the Association with the primary goal of supporting the implementation of best practices around disability inclusion and accessibility. Actively partnering with members and staff, including those who have the lived experience of disability, infuses every step with a sense of purpose and accountability ensuring that progress is not just a goal but a shared commitment. The APA strives to foster an environment where people with all types of disabilities are valued, supported, and included.

Conclusion

Thank you for the opportunity to explain how professional associations can play an important role in enabling normative and policy measures to advance the human rights of persons with psychosocial disabilities and current or potential users of mental health services. We hope this highlight of some of our recent endeavors informs your report. We can also direct you to a summation of the APA's dedicated policy efforts to dismantle racial inequity in the field of psychology as a further reference in how psychological science can further explore the intersection of mental health and human rights issues from a multicultural or EDI lens (Awad et al., 2024). If we can provide any further information or other assistance, please feel welcome to contact Jagruti Bhakta (jbhakta@apa.org) or Gabriel Twose (gtwose@apa.org).

Sincerely,



Maysa Akbar, PhD

Chief Diversity Officer
Chief of Psychology in the Public Interest
Executive Office
American Psychological Association

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