

## The right to health in adolescence

It is time to recognise the urgent need to support health and well-being during the second decade

### Summary

The Special Rapporteur on the right to health, Dainius Puras, presented a thematic report to the Human Rights Council in June 2016 on the right of adolescents to the enjoyment of the highest attainable standard of physical and mental health (A/HRC/32/32). This report highlights the urgent need to implement measures to support and recognise the health and development of adolescents. Adolescence is associated with emerging and complex risk factors that result in patterns of behaviour affecting long-term morbidity and mortality. Yet adolescents are one of the groups that existing health services serve least well. Promoting healthy practices through enabling environments are a key opportunity to prepare these young people in their transition to adulthood and long-term well-being. Areas this report explores in detail include *mental health, the right to sexual and reproductive health, and substance use and drug control*.

### Adolescents as actors for social change

A human rights framework for adolescent health must be guided by the recognition of their strengths, capacities and contributions and their right to play a role in the determination of their own health care. Respecting and engaging with adolescents and treating them as a resource contributes to building foundations for emotional security, health, education and the skills needed for the full and effective realization of the right to health. Forging partnerships is the key to shaping an environment that enables their right to health.

### Adolescence worldwide: some figures

**1.2** billion - population of adolescents worldwide

**18** percent of the world's population are adolescents

**88** percent adolescents live in developing countries

**1.3** million adolescents died in 2012 from preventable or treatable causes

**50** percent of mental health issues begin during adolescence - most overlooked until much later in the life course

**2** More than 2 million adolescents are living with HIV

**49** per 1,000: Global adolescent birth rate

**180** adolescents die around the world each day because of interpersonal violence

### Source of obligations to protect, respect and fulfil the right to health in adolescence

**UDHR** (article 25): right to a standard of living adequate for the health and well-being.

**International Covenant on Economic, Social, and Cultural Rights** (article 12): right to the highest attainable standard of health without discrimination, including based on age and the right to sexual and reproductive health

**Convention on the Rights of the Child** (article 3 & article 12): the importance of the best interests of the child, which must be a primary consideration and the views of the child, which must always be heard.

**Convention on the Rights of the Child** (arts. 24 (1) & article (2) (b) & article 6): duty of States to promote adolescents' mental health and emotional well-being, provide appropriate mental health treatment and care and ensure that mental health laws fully recognize the rights of those with mental illness.

**Convention on the Rights of the Child** (art. 33): protection of children from illicit use of narcotics drugs and psychotropic substances and prevention of the use of children in illicit production and trafficking of such substances.

**Convention on Elimination of all forms of Discrimination Against Women** (article 12): right to the provision of family planning education and services, including to adolescents, without discrimination on any grounds.

**Convention on the Rights of Persons with Disabilities** (art. 24): right of persons with disabilities to the enjoyment of the highest attainable standard of health without discrimination on the basis of disability.

# The right to health framework for adolescence

**Health systems** States must ensure an integrated and responsive health system, which includes health-care and other relevant services, such as social, child protection and education services, to ensure the right to health of adolescents. Systems must be tailored to address the full spectrum of adolescent health and development, including health promotion, sexual and reproductive health, mental health, palliative care, unintentional and intentional injuries, violence, and health-compromising behaviours that may begin during adolescence. Equally, barriers to accessing health services must be eliminated, including user fees. Developing a core package of services for adolescent health, including sexual, reproductive, and mental health care free of charge is essential to securing adolescents' right to health.

**Underlying determinants of health** The evidence overwhelmingly shows that the strongest determinants of adolescent health worldwide are structural factors such as national wealth, income inequality, gender systems and access to education. Additional determinants include social norms, laws and policies and the physical environment, as well as the online social media environment, which plays an increasingly influential role in adolescents' lives. To ensure the right to health, legal policy and other actions are required to address these underlying determinants. This report focuses on two particular and under-discussed determinants to adolescent health: violence and family life.

**Equality & non-discrimination** Adolescence itself can be a basis for discrimination in both the community and healthcare settings. Many adolescents are treated as dangerous or hostile, incompetent to make decisions, incarcerated, exploited or exposed to violence as a direct consequence of their age. Healthcare providers perpetuate discrimination against adolescents when they deny services, information, or treat them poorly—turning them away from seeking treatment they may need. Adolescents from marginalised groups experience compounded effects of discrimination. Special measures are needed in order to address the structural inequities and historic injustices faced by adolescents living across and at the intersection of demographic groups.

**Participation** This report expands in detail on the requirement to promote and secure the free, active and meaningful participation of adolescents in decisions that affect their life, including those related to their health and well-being. This analysis in particular focuses on the adolescent's right to be heard and the right to respect the evolving capacities of adolescents.

**Accountability** is an essential component of the right to health that includes monitoring, review, and redress, which must provide for the protection of the right to health of adolescents in national policies, programmes and plans, and in the delivery of services that enable individuals to seek redress. The meaningful inclusion of adolescents in these process is essential to move beyond an aspirational understanding of accountability.

**Key messages and recommendations** The foundations laid down during adolescence have profound implications for the social, economic and political development of society as a whole. States must strike a balance between adolescents' emerging autonomy and their right to protection, in particular, when it comes to mental health, the right to sexual and reproductive health, and substance use and drug control, given the specific challenges these issues pose. There should be a legal presumption of competence that an adolescent seeking preventive or time-sensitive health goods and services has the requisite capacity to access such goods and services. More specifically, the Special Rapporteur urges States to:

## Mental health in adolescence

- formulate and implement a national adolescent mental health policy in consultation with adolescents
- provide psychosocial interventions at the community level that are evidence-based, ethical and consistent with adolescents' rights, with a view to avoid institutionalization and the excessive use of psychotropic medications.
- ensure independent monitoring of mental health facilities for adolescents with psychosocial and intellectual disabilities, so that standards set by the Committee on the Rights of Persons with Disabilities are progressively implemented.

## Sexual and reproductive health rights

- adopt or integrate a comprehensive adolescent sexual and reproductive health policy into national strategies and programmes to ensure universal access to sexual and reproductive health-care services free of charge
- decriminalize abortion
- provide age-appropriate, comprehensive and inclusive sexuality education, based on scientific evidence and human rights, and integrate into school curriculum

## Drug use and decriminalisation

- seek alternatives to punitive drug control policies, including decriminalization and legal regulation and control, and foster the international debate on these issues with the right to health at its core
- close all drug detention centres for adolescents without delay, and provide prevention, harm reduction and dependence treatment services, without discrimination
- use the right to health framework to pursue strategies to prevent drug use among adolescents through evidence-based and objective interventions, educational programmes, and information campaigns

## Family settings for adolescents

- protect adolescents from violence and neglect, including in family settings, by upholding their right to confidential services and counselling without parental consent
- support families to increase the abilities of parents to raise children and adolescents in a competent and confident manner, and reinforce skills to manage situations in a non-violent way
- avoid policies and measures designed to protect families and family values that undermine the human rights of individual family members, including women, adolescents and younger children

The UN human rights experts are part of what is known as the Special Procedures of the Human Rights Council. Special Procedures, the largest body of independent experts in the UN Human Rights, is the general name of the independent fact-finding and monitoring mechanisms of the Human Rights Council that address either specific country situations or thematic issues in all parts of the world. Special Procedures' experts work on a voluntary basis; they are not UN staff and do not receive a salary for their work. They are independent from any government or organization and serve in their individual capacity. For more information, log on to: <http://www.ohchr.org/EN/HRBodies/SP/Pages/Welcomepage.aspx>

Mr. Dainius Pūras, (Lithuania) was appointed by the Human Rights Council as the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health. He is a medical doctor with notable expertise on mental health, child health, and public health policies. He is a Professor and the Head of the Centre for Child Psychiatry Social Paediatrics at Vilnius University, and teaches at the Faculty of Medicine, Institute of International Relations and Political science and Faculty of Philosophy of Vilnius University, Lithuania. Learn more, visit: <http://www.ohchr.org/EN/Issues/Health/Pages/SRRightHealthIndex.aspx>