WORLD HEALTH ORGANIZATION

BACKGROUND

"Addressing the Global Mental Health Crisis"

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A letter from your committee chair:

Dear Delegates,

With great joy and excitement, we warmly welcome each and every one of you to the World Health Organization (WHO) Committee at the 11th Model United Nations of the Instituto Cultural Tampico. We are honored to guide and facilitate your discussions on matters of vital importance to global health.

The WHO's mission to ensure universal health coverage, promote health security, and advance global health cooperation provides us with a rich variety of topics to address and resolutions to formulate. Throughout this conference, we will explore crucial issues that reflect the real-world challenges faced by the World Health Organization in its quest for a healthier, more equitable world for all, with a specific focus on addressing the global mental health crisis.

As WHO delegates, you have a unique opportunity to step into the shoes of global health policymakers, collaborating with your peers to create innovative solutions that transcend borders and contribute to the well-being of societies worldwide. Your fellow delegates represent a multitude of perspectives, and through the exchange of these perspectives, we will forge comprehensive and impactful resolutions.

Let us work together to make this experience both educational and memorable.

Best regards,

WHO´s Committee Chair
   ★ **President:** Roxana Hernández Garza
   ★ **Moderator:** Alina Faride Vite Castillo
   ★ **Secretary:** María José Calafell de León

The World Health Organization's History:

Right after the end of World War II, when diplomats met to form the United Nations in 1945, they discussed the need for a global health organization. They took steps to create a new committee, which led to the establishing of the World Health Organization (WHO) in 1948.

The WHO is the leading authority for health within the United Nations system. Its responsibilities include providing leadership on global health matters, setting health research agendas, establishing norms and standards, formulating evidence-based policy options, offering technical support to countries, and monitoring health trends. The WHO's main goal is to improve public health conditions worldwide through international cooperation, aiming to achieve the highest level of health, including physical, mental, and social well-being.

In 2022, the WHO focused on several key priorities:
1. **Promoting Health and Well-being:** Encouraging countries to shift towards promoting health and preventing disease by addressing root causes. The pandemic showed the importance of prioritizing health protection and increasing investments in health systems.
2. **Reorienting Health Systems:** Supporting a fundamental shift towards primary health care as the basis for universal health coverage. This includes restoring and expanding access to essential health services and reducing out-of-pocket expenses.
3. **Preparedness for Epidemics and Pandemics:** Strengthening systems and tools for epidemic and pandemic preparedness and response at all levels, with strong governance and financing to support these efforts globally.
4. **Harnessing Technology and Innovation:** Utilizing science, research, data, and digital technologies to promote health, prevent diseases, enable early diagnosis, and respond quickly to health emergencies.
5. **Strengthening the WHO:** Enhancing WHO's role as the leading global health authority at the center of the global health system.

The WHO has many notable achievements, with the eradication of smallpox in 1979 being one of the most famous. This success required coordinated vaccination campaigns to reach as many people as possible. The WHO is also targeting the eradication of four

other tropical diseases: leprosy, river blindness, chagas disease, and filariasis. With additional investment, the WHO believes these diseases can be eliminated as public health threats within the next decade.

During a pandemic, cutting funding to the WHO can hinder the global response to health crisis like COVID-19 and make achieving Sustainable Development Goal 3 (SDG3) impossible. After all, which other agency would take its place if we did not have the WHO?

Let us always remember that the health of the world's population depends on the strength and coordination of global health efforts led by the WHO.

Introduction to the main topic:

Mental 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 has intrinsic and instrumental value and is integral to our well-being.

Many mental health conditions can be effectively treated at relatively low cost, yet health systems remain significantly under-resourced, and treatment gaps are wide all over the world. Mental health care is often poor in quality when delivered. People with mental health conditions often also experience stigma, discrimination and human rights violations.

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 can slow worldwide progress towards improved well-being. In this context, key threats today include: economic downturns and social polarization; public health emergencies; widespread humanitarian emergencies and forced displacement; and the growing climate crisis.

Among its many impacts, the COVID-19 pandemic has created a global crisis for mental health, fuelling short- and long-term stresses and undermining the mental health of millions. For example, estimates put the rise in both anxiety and depressive disorders at more than 25% during the first year of the pandemic. At the same time, mental health services have been severely disrupted and the treatment gap for mental health conditions has widened.

Global and national frameworks are critical to guide action on mental health and provide an enabling context for transformation. Legislation that complies with international human rights instruments is needed to protect and promote human rights. Given that the causes and needs of mental health cross sectors, it is essential that laws and policies aimed at improved mental health address all sectors

Historical context:

Throughout much of history, the treatment of mentally ill individuals has been marked by misunderstanding, fear, and often, cruelty. Ancient civilizations, lacking the medical knowledge we possess today, often attributed mental illness to supernatural forces. In many cultures, it was believed that mental disorders were the result of demonic possession, witchcraft, or the wrath of angry gods. These beliefs led to a wide range of inhumane practices intended to "cure" the afflicted by expelling these malevolent forces.

During the medieval period, mental illness was particularly stigmatized. Abnormal behaviors, such as hallucinations, severe depression, or erratic outbursts, were often seen as signs of possession by evil spirits. The Church, which held significant sway over societal beliefs, often endorsed this view. As a result, exorcism became one of the most common treatments. Priests and religious figures performed rituals that involved prayers, fasting, and even physical restraints to "drive out" the demons. Unfortunately, these practices often caused more harm than good, leading to the suffering of those who were already vulnerable.

From the late 1400s to the late 1600s, the fear of witchcraft reached its peak during the European witch hunts. During this period, thousands of people, predominantly women, were accused of being witches. These accusations were often based on little more than superstition, hysteria, or personal vendettas. Those accused were believed to have made pacts with the devil, committing heinous acts such as infanticide or cursing their neighbors. The trials that followed were brutal and unjust, often leading to executions by burning, hanging, or drowning. While many of the accused were simply innocent individuals caught up in mass hysteria, it is estimated that a significant number of them were mentally ill, their behaviors misunderstood and vilified by a society driven by fear.

By the 18th century, the approach to mental illness began to shift, albeit slowly. Instead of attributing these conditions to supernatural causes, people began to see mental illness as a form of madness—a condition that required containment rather than spiritual intervention. This led to the establishment of asylums, the first institutions specifically created for housing individuals with psychological disorders. However, these early asylums were far from the therapeutic environments we think of today.

Asylums were often dark, filthy, and overcrowded. The primary goal was not to treat the mentally ill but to isolate them from society. Patients were frequently confined to

windowless dungeons, chained to their beds, and subjected to physical abuse. The conditions were so deplorable that many patients lived in constant fear and despair, with little to no contact with the outside world or any form of meaningful care. The infamous Bedlam asylum in London, for instance, became synonymous with the mistreatment of the mentally ill, where patients were often put on public display for the amusement of paying visitors.

The late 18th century marked a turning point in the treatment of mental illness, largely due to the efforts of a few pioneering individuals. One of the most notable figures was Philippe Pinel, a French physician who is often credited with transforming the approach to mental health care. In 1795, Pinel was appointed the chief physician at La Salpêtrière and later at the Bicêtre Hospital in Paris. Horrified by the inhumane conditions he witnessed, Pinel advocated for a more compassionate approach to the treatment of the mentally ill.

Pinel famously unchained the patients at La Salpêtrière, a symbolic act that represented a radical departure from the prevailing practices of the time. He introduced what came to be known as "moral treatment," which emphasized the importance of treating patients with kindness, dignity, and respect. Instead of viewing them as lost causes or threats to society, Pinel believed that patients should be engaged in conversation, provided with a clean and safe environment, and encouraged to participate in activities that could aid their recovery. His methods proved to be remarkably effective, and many patients who had been confined for years showed significant improvement and were eventually able to leave the hospital.

The 19th century saw further advancements in the treatment of mental illness, particularly in the United States, thanks to the tireless efforts of social reformers like Dorothea Dix. Dix was deeply moved by the plight of the mentally ill, especially those who were poor and had no means of accessing care. She embarked on a decades-long campaign to improve the conditions in which these individuals were housed.

After conducting extensive investigations into the state of mental health care across the country, Dix discovered that many mentally ill individuals were being kept in jails, almshouses, or private homes where they were often neglected, abused, and left without any form of treatment. Outraged by these findings, Dix began lobbying state legislatures and the U.S. Congress for the establishment of public asylums. Her efforts led to the creation of over 30 state psychiatric hospitals and marked a significant step forward in the institutional care of the mentally ill.

However, despite these reforms, the reality of life in most asylums remained grim. While Dix's work succeeded in providing more beds and facilities, the quality of care in these

institutions often left much to be desired. Many asylums were underfunded and overcrowded, leading to poor living conditions and a lack of effective treatment. The focus remained on containment rather than cure, and the patients' physical and emotional well-being was frequently neglected.

The 20th century brought significant changes to the field of mental health care, driven by both scientific advancements and social movements. The early part of the century saw the introduction of new treatments for mental illness, some of which were controversial and often dangerous. For example, insulin shock therapy, lobotomies, and electroconvulsive therapy (ECT) became widespread. While these treatments were sometimes effective in alleviating symptoms, they also carried significant risks and often resulted in severe side effects, including memory loss, physical injuries, and in some cases, death.

One particularly notorious example is the Willard Psychiatric Center in upstate New York, where patients were subjected to harsh and often inhumane treatments. Cold water baths, prolonged isolation, and unregulated electroshock treatments were common. Despite these harsh methods, effective therapeutic interventions remained elusive, and many patients spent decades institutionalized without any real hope of recovery.

A major turning point came with the development of antipsychotic medications in the 1950s. The introduction of these drugs, particularly chlorpromazine (Thorazine), revolutionized the treatment of severe mental illnesses such as schizophrenia. For the first time, it became possible to control symptoms like hallucinations and delusions, enabling many patients to lead more stable and productive lives. This medical breakthrough, combined with growing public awareness of the poor conditions in asylums, led to the deinstitutionalization movement of the 1960s and 1970s. However, while deinstitutionalization aimed to improve the lives of those with mental illness, it also created new challenges. Many patients were discharged from institutions without adequate support systems in place, leading to increased rates of homelessness and incarceration among the mentally ill.

Despite the progress made in the treatment and understanding of mental illness, the journey is far from over. In recent decades, there has been a growing recognition of the importance of mental health as a key component of overall well-being. Advances in neuroscience, psychology, and psychiatry have led to the development of more effective treatments, including newer medications, psychotherapies, and integrated care models that address both mental and physical health.

The World Health Organization (WHO) has played a crucial role in promoting global mental health initiatives. In 2013, WHO Member States adopted the Comprehensive Mental Health Action Plan 2013–2030, which set ambitious targets for improving mental health care worldwide. This plan emphasizes the need for stronger leadership and governance in mental health, the development of community-based care systems, the promotion of mental health and the prevention of mental disorders, and the improvement of information systems and research to inform policy and practice.

Regardless of these advances, significant challenges remain. Mental illness continues to be a leading cause of disability globally, and access to mental health care is still limited in many parts of the world. Stigma and discrimination against those with mental health conditions persist, often preventing individuals from seeking the help they need. Additionally, the COVID-19 pandemic has exacerbated mental health issues worldwide, highlighting the urgent need for robust mental health systems that can respond to crises and provide support to those in need. However, as we look to the future, the ongoing evolution of mental health care will require a continued commitment to research, innovation, and advocacy to create a world where all individuals have access to the care and support they need to lead healthy, fulfilling lives.

General objective:

WHO's "World mental health report: transforming mental health for all" calls on all countries to accelerate the implementation of the action plan. It argues that all countries can achieve meaningful progress towards better mental health for their populations by focusing on three "paths to transformation":

- deepen the value given to mental health by individuals, communities and governments; and match 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; and
- strengthen 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.

Countries involved:

United States of America

The United States has been increasingly addressing mental health issues, especially in the wake of the COVID-19 pandemic, which exacerbated pre-existing mental health challenges. The country faces significant issues, including high rates of depression, anxiety, and suicide. Efforts have been made to expand access to mental health services, integrate mental health care with primary care, and reduce stigma. Federal initiatives and funding, such as the National Suicide Prevention Lifeline and the Mental Health Block Grant Program, aim to support mental health infrastructure and services across the nation

United Mexican States

Mexico faces substantial challenges in addressing mental health, primarily due to limited resources, stigma, and a fragmented healthcare system. Mental health services are often underfunded, and there is a shortage of mental health professionals. The Mexican government has recognized the importance of mental health and is working towards integrating mental health care into primary health services. Efforts are also being made to reduce stigma and improve public awareness about mental health issues. However, more investment and policy reforms are needed to effectively address the mental health crisis in the country.

Republic of South Africa

South Africa has a high burden of mental health issues, exacerbated by factors such as poverty, violence, and a high prevalence of HIV/AIDS. The country faces challenges in providing adequate mental health services due to limited resources and infrastructure. There are significant disparities in access to mental health care, with rural areas being particularly underserved. South Africa has adopted a National Mental Health Policy Framework and Strategic Plan to address these issues, focusing on integrating mental health services into primary health care and community-based interventions. However, implementation remains a challenge due to resource constraints and socio-economic factors.

Republic of South Korea

South Korea has made significant strides in addressing mental health issues, driven by increasing awareness and government initiatives. The country has high rates of suicide and stress-related disorders, partly due to societal pressures and a competitive environment. The South Korean government has implemented policies to improve mental health services, including the establishment of mental health centers and the

promotion of mental health education. Efforts are also being made to reduce stigma associated with mental health issues and to provide better support for those in need. Despite these efforts, there is still a need for more comprehensive and accessible mental health services.

People's Republic of China

China faces a significant mental health burden, with rising rates of mental health disorders amid rapid social and economic changes. The country has traditionally underfunded mental health services, but recent years have seen increased government focus on the issue. China has launched national mental health programs aimed at improving access to services and integrating mental health care into the general healthcare system. Efforts are being made to reduce stigma and provide more community-based mental health services. However, there are still significant gaps in service provision, particularly in rural areas.

Commonwealth of Australia

Australia has a well-developed mental health care system but continues to face challenges in meeting the needs of all its citizens. The country has high rates of mental health issues, including depression and anxiety, which have been exacerbated by the COVID-19 pandemic. The Australian government has invested in mental health initiatives, including expanding access to services, increasing funding for mental health programs, and promoting mental health awareness. Efforts are also focused on integrating mental health services into primary care and addressing the mental health needs of vulnerable populations, such as Indigenous Australians.

Russian Federation

Russia faces significant challenges in addressing mental health, with high rates of alcoholism, depression, and suicide. The country has a centralized mental health care system, which often relies on institutional care rather than community-based services. There is a shortage of mental health professionals and limited access to modern mental health treatments. The Russian government has recognized the need for reform and is working towards improving mental health services, including efforts to reduce stigma and integrate mental health care into primary health services. However, progress is slow, and more investment and policy changes are needed to effectively address the mental health crisis.

French Republic

According to the Santé publique France agency (national public health operator) "the COVID-19 health crisis acted as a catalyst for mental health problems in France". Indeed, the epidemic was accompanied by a rise in "anxiety about the infection and the implementation of restrictive measures on the social level". Data from the Agence Santé

Publique France showed, since the beginning of 2021, an increase in emergency room visits for suicidal gestures, suicidal ideas and mood disorders among children aged 11-17 (middle school and high school levels) and to a lesser extent among 18-24 year olds. Children aged 11-14 (middle school level) were the most affected.

Republic of Italy

Mental disorders present a significant hurdle for Italy's National Health Service (Servizio sanitario nazionale), with the average onset age generally falling between 15 and 35, an age range that is (unfortunately) getting younger. The incidence rates have nearly doubled in recent times, including a notable surge attributed to the impact of the COVID-19 pandemic. The latest Mental Health Report from the Ministry of Health shows a 6.9% increase in individuals seeking assistance for psychiatric issues in 2021 compared to 2020. More than half of these cases (53.6%) were women, and emergency room visits for psychiatric conditions accounted for 3.3% of total national visits.

Dominion of Canada

Since 2012, the number of Canadians with symptoms of depression climbed by more than 60 percent, and those with anxiety disorders more than doubled. Mental illness is a leading cause of disability in this country, preventing nearly 500,000 employed Canadians from attending work each week. To make matters worse, the cost of disability leave as a result of mental illness is about double the cost of leave due to physical illness. All in, the economic burden of mental illness in Canada is an estimated $51 billion per year including health care costs, lost productivity and reductions in health-related quality of life.

State of Japan

The youth in Japan has been experiencing mental health struggles due to academic pressure, social norms, bullying, and a lack of independence. Moreover, Japan also faces a concerning trend with increasing suicide rates among those under 20. Unfortunately, the stigma surrounding mental health in Japan and a cultural reluctance to seek help only exacerbate the problem. Japanese children were ranked first among 38 countries for physical health but placed 37th for mental well-being. Moreover, according to a UNESCO survey from 2020, 40% of Japanese were not happy with their lives.

Republic of Colombia

In Colombia, it was estimated that globally, among those between 10 and 19 years of age, one in seven had experienced a mental health disorder, accounting for 13% of the global burden of disease in this age group. It was widely acknowledged that the mental health needs of this population were often overlooked, especially in those exposed to poverty, abuse or violence. International crises, like the conflict affecting Syria, have

brought to light the consequences that violence and sudden disasters have on the mental health of young people: early exposure to adverse experiences precedes negative short-term and long-term effects on physical and mental health

Bolivarian Republic of Venezuela

Due to the ongoing humanitarian and economic crises in the nation, mental health in Venezuela has become a forefront issue for both people who remain in the country and those migrating to flee the trouble at home. Mental health troubles affect Venezuelans of all ages and the changes that COVID-19 has brought about have compounded the issue. While the situation of mental health in Venezuela remains dire, hope is on the horizon for those in need. UNICEF and the United Nations have taken notice of the struggles Venezuelans face, especially with COVID-19 exacerbating these issues.

Republic of India

Mental health in India is still a fairly new topic and the mental health myths and taboos attached to this subject are prevalent to this date. According to the National Health program by the Ministry of health and family welfare, 6% of Kerala's population has mental disorders. 1 in a 5 has some emotional and behavioural problems. Close to 60 to 70 million people in the country suffer from common and severe mental disorders. India is the world's suicide capital with over 2.6 lakh cases of suicide in a year. WHO statistics say the average suicide rate in India is 10.9 for every lakh people.

Kingdom of Saudi Arabia

In Saudi Arabia, mental health services have expanded over time. In 2007, Saudi Arabian Mental and Social Health Atlas (SAMHA) was designed to recognize and address the population's mental health needs (Al-Habeeb and Qureshi, 2010). Saudi Arabia has developed an extensive hospital-based mental health system over the past three decades, culminating in the passage of a mental health law in 2014. This legislation embodies many of the international standards promoted by the World Health Organization. However, the mechanisms for protecting the human rights of psychiatric patients are neither sufficiently independent nor adequately robust.

Republic Islamic of Pakistan

An estimated 50 million people (one in four) people in Pakistan will experience mental health issues. Stigma and poor awareness mean many people do not seek help, and 90% of those needing treatment cannot access support. This has worsened for many people since the COVID-19 pandemic and recent devastating floods. Furthermore, Pakistan has only approximately 500 psychologists and 400 psychiatrists, with only a handful of child psychiatrists. It is difficult to rely on these few professionals to change the landscape of mental health in Pakistan.

Federal Republic of Brazil

In Brazil, the burden of chronic noncommunicable diseases (NCDs) has increased substantially to the point that mental disorders account for one third of all NCD cases. Brazil ranks fourth among Latin American countries with the highest annual increase in suicides; in absolute numbers, it is in second place in this region of the Americas in absolute numbers. On the other hand, what was rising in Brazil already before the pandemic was the number of licensed psychiatrists. While in 2013 around 7.6 thousand psychiatrists were registered in the South American country, this figure amounted to over 10 thousand in 2018 and to nearly 12 thousand in 2020.

Kingdom of Thailand

An estimated 1.5 million Thai people live with depression, according to the World Health Organization (WHO). A UNICEF (2022) study further found that 1 in 7 adolescents in Thailand struggle with mental health issues. The country has its own cultural traditions when dealing with mental health, where some beliefs associate such conditions with evil spirits or bad omens. As a result, it is not uncommon for Thai people to see priests rather than medical professionals. This has led to societal stigma, especially in Thailand's rural areas.

United Kingdom

A 2023 survey of children and young people's mental health found that 20% of children aged 8 to 16 had a probable mental disorder in 2023, up from 12% in 2017. Among those aged 17 to 19, 10% had a probable mental disorder in 2017, rising to 23% in 2023. The National Health Service Talking Therapies for Anxiety and Depression programme (TTAD), formerly "Improving Access to Psychological Therapies" (IAPT), was launched in 2008 to improve the quality and accessibility of mental health services in England. In 2022/23, 1.76 million people in England were referred to TTAD, 1.22 million entered treatment, and 672,000 finished a course of treatment.

Principality of Monaco

Historically, mental health was not central to Monaco's policy landscape. Despite this, the majority of people pay nothing for mental health services in Monaco because of full insurance, this is the same with psychotropic medicines. The care and treatment of persons with mental health conditions including psychosis, bipolar disorder and depression is also included in the national health insurance or is reimbursed. In 2022, the government of Monaco implemented the "Psychological Stability and Wellbeing" mental health plan. The government's unveiling of the new plan differed from previous limited approaches, emphasizing a more holistic and forward-looking strategy.

Federal Republic of Germany

According to estimates from the Institute for Health Metrics and Evaluation (IHME), almost one in five people in Germany had a mental health issue in 2019, which is equivalent to about 15 million people; as for the most common mental disorders were anxiety disorders (estimated to affect 7 % of the population), depressive disorders (4 %), and alcohol and drug-use disorders (3 %). The pandemic highlighted the link between precarious financial circumstances and heightened risk of depression. According to Eurofound survey data (2021-2022), 64 % of people in Germany living in households that reported financial difficulties were considered to be at risk of depression during the pandemic.

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