

Forum:	Health Committee
Agenda:	On measures to promote the use of mental health facilities
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Introduction

Mental health has been a critical issue to the world. Its condition contributes to poor health outcomes, premature mortality, human rights violation, and domestic and international economic losses. It is believed that unless mental health and well-being are insured, no universal health or sustainable development can be achieved. Mental illness is a great expenditure. Just depression and anxiety disorder cause the global economy 1 trillion US dollars every year. Mental health, as the cause of 800,000 suicides and 20% of disabled patients globally, is also a significant threat to the people's well-being. Moreover, it is shown that mental illness will increase the probability of patients receiving other physical diseases, such as HIV, TB, non-communicable diseases. However, despite the severe impact of mental illness, more than 80% of people experiencing mental health conditions cannot receive any form of quality, affordable mental health care. On the other hand, though mental health has been proven to be significant for the sustainability and the welfare of the world, it is often neglected. Countries and individuals spend little amount of money on mental health services, resulting in low-quality facilities. The condition substantially worsens in terms of low and middle-income countries. The lack of facility and education in mental health or civil society organizations and the disturbing stigma, leading to the fact that few people actually seek treatment. Recognizing the important role of mental health, World Health Organization has been strongly urging nations to pay more attention and allocate more resources to mental health. Although progress has been made worldwide, most goals and targets were not achieved, and the mental health care systems and policies remain undeveloped in many countries. It is a signal that the world will need more effort from nations around the world.

Key Terms

Mental health - According to the United Nations definition, mental health may be defined as, “ a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and can make a contribution to his or her community.” Moreover, there is another specific definition for mental health in the case of children and adolescents: “the capacity to achieve and maintain optimal psychological functioning and well-being.”

Stigma - Using the well-respected definition of Erving Goffman, from his seminal work *Stigma: Notes on the Management of Spoiled Identity*, stigma is “an attribute that is deeply discrediting” that degrades someone from “from a whole and usual person to a tainted, discounted one”. In other words, stigma is simply a negative and unjust social attitude toward individuals or groups. It makes people ashamed or perceives themselves as a deficiency. Other impacts include obstructing familiar relationships and reducing the capability and opportunity to socialize and work. Stigma can appear in many forms, including prejudice, discrimination, and stereotypes.

Burden of disease - The burden of disease is a way to assess the health status of a population. It represents the sum of mortality and morbidity measured DALYs, considering what kills people as well as what makes people suffer.

The data allow comparison between the burden of different diseases over different nations, age groups, regions, and time.

Treatment gap - Treatment gap refers to the absolute difference between the actual amount of people who has the condition of mental illness and the actual amount of people who have not receive treatment.

Disability-adjusted life years (DALYs) - Disability-adjusted life years (DALYs) is a method to assess the Burden of Disease by combining years lost due to a disability (YLD) and years of life lost (YLLs). One DALY is defined as the equivalent loss of one year of full health.

Years of life lost (YLL) - Years of life lost (YLL) is an indicator calculated by multiplying the number of deaths by the global standard life expectancy of the age at which death occurs. YLL was developed because the accurate death number of specific causes cannot reflect public health priority. Such a method gives a death at age of 80 as the same weight of death at age of 20, while YLL takes account of both the death frequency and the age of death.

Years of healthy life lost due to disability (YLD) - Years lived with disability, or years of healthy life lost due to disability (YLD), is an indicator for measuring mortality and the burden of diseases. It is defined as the equivalent loss of one year of healthy life due to disability or illness.

General Overview

Existing issues with mental health facility

Mental health facilities in many member states of WHO are of poor quality and patients' human rights are often violated. Although there is a promotion of improvement, it is slow. In 2020, only 51% of member states have their mental health plan or policy following the International or regional human rights instruments. Only 52% of the countries have reached the WHO target on mental health promotion and prevention programs. Though the suicide rate is decreased by 10%, only 35 countries actually have an independent strategy for prevention. Moreover, globally nations spend less than 2% of their health budget on mental health, and only 34% and 39% of required human and financial resources, respectively, needed by domestic mental health campaigns are provided.

Covid-19 brought devastating impact to the world and profoundly affect the mental health facility. According to WHO, mental health services in 93% of countries globally were disrupted or halted. This is an issue because Covid-19 brought additional stressors, such as lockdowns, quarantines, infection fears, inadequate information, and job and financial losses, that worsen the mental health condition of many people in countries. For instance, in the United States, the average share of adults reporting symptoms of anxiety disorder and/or depression increased by more than 30% from June 2019 to January 2021. Basically, the demand for those facilities is rising when the nations can't provide them.

Low and middle income countries

Containing 85% of the global population, low and middle-income countries (LMICs) hold more than 80% of people with a mental disorder. Mental illness and substance abuse disorders are accountable for 8.8% and 16.6% of the total burden of disease in low-income and lower-middle-income countries, respectively, and in some extreme cases, up to 75%. Annual spending on mental health per person is less than 0.25 US dollars. However, in LMICs, between 76% and 85% of people with serious mental disorders receive no treatment. There is also a severe scarcity of mental health workers in LMICs that one psychiatrist will have to serve more than 200,000 people. In fact, the mental health legislation in LMICs only covers 36% of their residents. Furthermore, Civil Society Organizations (definition) are only present in 49% of the LMICs, and they are not well developed.

High income countries

The overall situation in high-income countries (HICs) is better than that of LMICs. Between 35% and 50% of people in high-income countries with severe mental disorders did not receive treatment. The annual spending on mental health per person as a whole is less than two US dollars, while most of the financial resources are given to the stand-alone mental hospitals, for many cases, with horrible quality, poor outcomes, and human rights violations. In addition, most HICs have legislation or policy on mental health, covering 92% of their residents. HICs also have more CSOs working for a mental disorder or psychosocial disabilities, around 83%.

Stigma and discrimination

Stigma is recognized as one of the main barriers to successful treatment. Mental illness is often surrounded by negative beliefs. For example, it is a common belief that mental illness patient has personal weakness or is related to witchcraft or spiritual phenomena, as well as engrained stereotypes, such as doubting their capability to make decisions or contribute positively to society. These beliefs are the main cause of severe stigma and discrimination around mental illness. Stigma and discrimination of mental illness are present in almost every aspect of life, including educational, social, work, and even medical-related fields. They have a profound negative impact on patients' mental well-being and self-esteem. Not only discourages people to seek medical treatment or receive diagnoses but also literally prevents patients from medical care. For example, many health insurances have terms discriminating against mental illness. In addition, stigma is often a threat to the implementation of policies and activities.

Adolescents affected by mental disorders

There are around 1.1 billion adolescents, people aged 10 to 19. They are in a unique and formative period, making them particularly vulnerable to mental health conditions. Factors that lead to mental health condition often includes emotional, social, and physical changes, such as domestic violence, bullying, and exposure to poverty. It is estimated that there are around 14% of adolescents are subjected to mental health conditions, and most of the merman unrecognized and untreated. They are also especially vulnerable to stigma, discrimination, social exclusion, and human rights violation, making adolescents less likely to seek help and support.

For adolescents, many factors can lead to mental health conditions. These include stress, media influence, gender norms, relationships with peers and family members, and violence. A possible solution to

the issue is to raise adolescents' capability to manage their emotions and resilience from difficult situations and promote a supportive environment.

Older adults affected by mental disorders

Older adults in this context are referring the adult aged 60 or above. The global elderly population is increasing rapidly that, from 2015 to 2020, the proportion of older adults in the world almost double (from 12% to 22%). The mental health challenge of adults aged 60 and over must be recognized. More than 20% of older adults in the world suffer from a mental or neurological disorder. Moreover, these disorders are responsible for 6.6% of disability (DALY) among older adults, as well as 17.4% of Years Lived with Disability (YLDs). Dementia and depression are the two most common disorders, affecting around 5% and 7% of the world's elderly population, respectively.

Risk factors for older adults not only include common stressors that include all people but also stressors specific to elders, such as profound, continuous loss in capability and functional ability. For instance, adults aged 60 or above may experience reduced mobility, chronic pain, frailty, or other long-term health issues. Furthermore, elders have a greater chance to experience events such as bereavement or a drop in social or economic status due to retirement. These factors all lead to isolation, loneliness, or psychological distress, which requires long-term care for older adults. Mental health disorders will bring negative effects to older adults' physical health as well. For example, elders without mental disorders such as depression will have a lower rate of heart diseases.

Timeline of Events

Date	Description of event
October 10, 1992	The first World Mental Health Day was first held and observed as an annual event of the World Federation for Mental Health (WFMH). Initially, it did not have a theme. The goal of the event is to advocate mental health and education the public on mental illness-related issues. As the popularity of the event grows, it started having themes in 1994.
1993	The World Bank published the first Global Burden of Disease (GBD) in its World Development Report 1993, evaluating the condition back in 1990.
2008	Recognizing the rising challenge of mental, neurological, and substance use disorders, WHO initiates the Mental Health Gap Action Programme (mhGAP).
May, 2013	In the 66th World Health Assembly, delegations of 194 members states adopted the WHO's Comprehensive Mental Health Action Plan 2013-2020. The action plan is constructed on the recognition of the essential role of mental health and the necessity of prevention, and intent to attain equity via the UHC.
2015	WHO updated the guideline for mhGAP.

- 2015 United Nation member states adopted the “Transforming our world: the 2030 Agenda for Sustainable Development”, or Agenda 30, at the UN Sustainable Development Summit in New York, with the 17 Sustainable Development Goals as its core. The development in mental health will be a crucial step to achieve the third goal, “good health and well-being”.
- 2019 WHO launches the WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health to secure access, quality, and affordable mental health condition in 120 priority countries.

UN Involvement, Relevant Resolutions, Treaties and Events

World Health Organization

Connecting nations, individuals, and organizations, World Health Organization (WHO) is the United Nation agency that aims to promote health, keep the world safe, and support the vulnerable. WHO cooperates with member states and partners to promote the development of individuals’ mental health, as well as the society and the world as a whole by improving mental well-being, preventing psychotic disorder, and setting up more accessible, quality, and legit mental health care.

WHO includes normative activities and country support activities. It has already helped 110 countries extend their mental health care. WHO mainly put its effort in the scale-up of general health care, disease-specific programs, human rights protection in health care, and exploration of innovative psychological interventions. In 2019, WHO launch their WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health to provide accessibly, quality, and affordable mental health conditions in 120 priority countries.

Mental Health Gap Action Programme (mhGAP)

Mental Health Gap Action Programme (mhGAP) is the action plan of WHO for combating disorders of mental neurological and substance use by expanding and developing its related services, especially in LMICs. mhGAP main addressing conditions are psychotic disorders, such as depression and schizophrenia, suicide, epilepsy, dementia, a disorder due to drug and alcohol, and children mental disorder. The specific plan is consists of intervention on prevention and management for each of the priority conditions.

WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health

The main target is to extent Universal Health Coverage such that additional one million people may have access to mental health care. The initiative includes two strategic actions, which are "advancing mental health policy, advocacy and human rights" and "Scaling up interventions and services across community-based, general health and specialist settings." Its vision is to ensure that all people may “achieve the highest standard of mental health and well-being.” The special initiatives contribute to the 13th General Program of Work (GPW13) that defines WHO’s strategy until 2023 by achieving additional 1 billion “people benefiting from UHC”, “supported during emergencies”, and “enjoying better health and well-being, respectively”.

Global Burden of Disease

The Global Burden of Disease is a method for measuring global disability and death from a multitude of causes. Dated back to the early 1900s, the World Bank included the first GBD in the 1993 World Development Report. Covering eight regions and five age groups, it was the most comprehensive investigation that systematically assessed the health of the world. It shows the estimation of 107 diseases and 483 sequelae (nonfatal health results caused by a disease) with more than 100 different causes. GBD 1990 has a significant influence on health policy and agenda-setting around the globe, bringing attention to previously ignored health obstacles, including mental illness. The concept of the number of disability-adjusted life years (DALYs) was also developed during the process. WHO took on from then, continuing producing GBD reports for years. The most current GBD is GBD2019, published in 2020.

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Possible Solutions

Education on mental health in schools

Education on mental health in schools is not only beneficial to adolescents' mental health by constructing a supportive environment, but it also helps remove misunderstanding and stigma. Teaching the next generation about mental health will allow them to identify disorders, so they can receive treatment sooner. Education can also disprove unreasonable beliefs on mental health and encourage young people to support each other, as well as have the wellness and courage to receive treatment.

Promotion of better mental health care and facilities

One of the reasons that few people, after being diagnosed with a mental disorder, choose not to receive treatment is the low trust in current mental health systems. Mental health care and facilities in many nations are of poor quality and often involves human right violations. These negative impressions discourage people from seeking help, not to mention that in many countries mental health facilities are hard to find. If the government can provide accessible, quality, and affordable mental health care, the treatment gap surely would decrease. For LMICs, the support from United Nations and WHO might be needed, such as setting specialists or providing funds.

Advertising Campaign

The government may use advertising campaigns to share mental health knowledge, disprove misbeliefs, encourage acceptance, and advocate treatment. Forms that can be considered include video, posters, radio, and etc. Delegates should consider the limitation of communication and low literacy in certain LMICs.

Bibliography

“The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health.” WHO. 2019. <https://apps.who.int/iris/bitstream/handle/10665/310981/WHO-MSD-19.1-eng.pdf?sequence=1&isAllowed=y>. Accessed on November 29, 2021.

Roser, Max, et al. "Burden of Disease." Our World In Data. 2016. <https://ourworldindata.org/burden-of-disease#citation>. Accessed on November 29, 2021.

"Years of life lost (YLL) (per 100 000 population)." WHO. [https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4427#:~:text=Years%20of%20life%20lost%20\(YLL\)%20is%20a%20measure%20of%20premature,Definition%3A&text=YLLs%20are%20calculated%20from%20the,age%20at%20which%20death%20occurs](https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4427#:~:text=Years%20of%20life%20lost%20(YLL)%20is%20a%20measure%20of%20premature,Definition%3A&text=YLLs%20are%20calculated%20from%20the,age%20at%20which%20death%20occurs). Accessed on November 29, 2021.

"Mental disorders." WHO. November 28, 2019. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>. Accessed on November 28, 2021.

"Mental health of older adults." WHO. December 12, 2017. <https://www.who.int/news-room/fact-sheets/detail/mental-health-of-older-adults>. Accessed on November 29, 2021.

"World Mental Health Day 2021: All about history, significance and theme for this year." Hindustan Times News. October 10, 2021. <https://www.hindustantimes.com/lifestyle/health/world-mental-health-day-2021-all-about-history-significance-and-theme-101633785903784.html>. Accessed on November 29, 2021.

Mathers, C.D. History of global burden of disease assessment at the World Health Organization. *Arch Public Health* 78, 77 (2020). <https://doi.org/10.1186/s13690-020-00458-3>

"2030 Agenda and the Sustainable Development Goals." UNIDO. <https://www.unido.org/2030-agenda-and-sustainable-development-goals>. Accessed on November 28, 2021.

"Stigma and discrimination." WHO. <https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/priority-areas/stigma-and-discrimination>. Accessed on November 27, 2021.

"About WHO." WHO. <https://www.who.int/about>. Accessed on November 27, 2021.

"Disability-adjusted life years (DALYs)." WHO. <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/158>. Accessed on November 26, 2021.

"Adolescent mental health." WHO. 17 November 2021. <https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>. Accessed on November 18, 2021.

Rathod, Shanaya et al. "Mental Health Service Provision in Low- and Middle-Income Countries." *Health services insights* vol. 10 1178632917694350. 28 Mar. 2017, doi:10.1177/1178632917694350

Kohn, Robert, et al. "The treatment gap in mental health care." 2004. <https://www.who.int/bulletin/volumes/82/11/en/858.pdf>. Accessed on November 19, 2021.

Panchal, Nirmita, et al. "The Implications of COVID-19 for Mental Health and Substance Use." kff.org. February 10, 2021. <https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/>. Accessed on November 19, 2021.

<https://www.who.int/news/item/08-10-2021-who-report-highlights-global-shortfall-in-investment-in-mental-health>

“Comprehensive mental health action plan 2013–2020.” WHO. May 27, 2013. https://apps.who.int/gb/ebwha/pdf_files/WHA66/A66_R8-en.pdf?ua=1. Accessed on November 26, 2021.

Ahmedani, Brian K. “Mental Health Stigma: Society, Individuals, and the Profession.” *Journal of social work values and ethics* vol. 8,2 (2011): 41-416.

Zoppi, Lois. “What is mental health stigma?.” *Medical News Today*. November 9, 2020. <https://www.medicalnewstoday.com/articles/mental-health-stigma>. Accessed on November 26, 2021.

"World Mental Health Day: An Opportunity to Kick-start a Massive Scale-up in Investment in Mental Health." WHO. August 27, 2020. www.who.int/news-room/detail/27-08-2020-world-mental-health#:~:text=The%20March%20will%20help%20increase,and%20bring%20about%20policy%20change. Accessed on November 27, 2021.

“mhGAP Mental Health Gap Action Programme.” WHO. January 1, 2008. <https://www.who.int/publications/i/item/9789241596206>. Accessed on November 27, 2021.

“Mental health.” WHO. https://www.who.int/health-topics/mental-health#tab=tab_1. Accessed on November 27, 2021.

“WHO mhGAP Guideline Update.” WHO. <https://www.who.int/publications/i/item/9789241549417>. Accessed on November 28, 2021.

“GBD History.” IHME. <http://www.healthdata.org/gbd/about/history>. Accessed on November 28, 2021.

Appendix:

World Bank Country and Lending Groups: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519-world-bank-country-and-lending-groups>

The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health: <https://apps.who.int/iris/bitstream/handle/10665/310981/WHO-MSD-19.1-eng.pdf?sequence=1&isAllowed=y>

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