



World Health Organization

Addressing Global Mental Health: Bridging Gaps in Access and Reducing Stigma

GLOBAL CLASSROOMS DC
GCDC-WINTER TRAINING CONFERENCE 2025

Proprietary Rights to UNA – NCA Global Classrooms® DC

CONTENT TABLE

INTRODUCTION TO THE COMMITTEE: THE WORLD HEALTH ORGANIZATION:.....	2
STATEMENT OF THE PROBLEM:.....	3
CASE STUDIES:.....	4
BLOC POSITIONS:.....	9
PREVIOUS UN ACTION:.....	10
QUESTIONS TO CONSIDER:.....	11
KEY TERMS:.....	11
POSITION PAPERS (OPTIONAL):.....	12

Global
Classrooms®



Washington, DC

Learn. Live. Lead.

INTRODUCTION TO THE COMMITTEE: THE WORLD HEALTH ORGANIZATION



The **World Health Organization (WHO)** is a specialized health agency of the United Nations (UN). In 1945, representatives from Brazil and China first proposed the idea for its formation at the San Francisco conference. The Constitution of WHO was adopted on April 7th, 1948.¹ WHO has a broad mandate to guide and coordinate global health policy. Its primary mission is to *promote health, keep the world safe, and serve the vulnerable*. The WHO has 194 member states (all the 193 UN member states and Taiwan). As of January 2025, U.S. President Trump has issued an executive order to withdraw the U.S. from agency; the withdrawal will become official after a one-year period.²

The governance of WHO is primarily carried out by the **World Health Assembly** and the Executive Board. The World Health Assembly is the central decision-making body of the WHO and is composed of delegations from all WHO member states. The Assembly is in charge of various items, including setting WHO policies, appointing the Director-General, and coordinating financial matters, including the review and approval of the program budget.³ On the other hand, the Executive Board, consisting of 34 elected technical experts, decides on the agenda and resolutions to be considered by the World Health Assembly.⁴

The organization's work encompasses pivotal areas, including universal health coverage, health emergencies programme, access to medicines and health products, antimicrobial resistance, data analytics, and scientific research. Its **General Programme of Work (GPW)** is a high-level strategic document that sets out global health priorities and identifies key areas of action for a set period of time. The 14th GPW was developed through a consultative process among member states, experts, and other stakeholders; it lays out the roadmap for the five year period from 2025 to 2028.⁵ The overarching goal of the 14th GPW is to *promote, provide, and protect health and well-being for all people, everywhere*. The objectives and outcomes focus on addressing the root causes of ill-health, strengthening essential healthcare systems, improving health service coverage, enhancing financial protection, developing effective responses to health emergencies, mitigating health risks from all hazards, and responding to the impacts of climate change on health.⁶ In addition to these objectives, the WHO prioritizes addressing social determinants of health, fostering intersectoral approaches, and advocating for healthy settings.⁷ Through these efforts, the WHO aims to “build a healthier, more equitable future” for people across the globe.⁸

¹ “History.” WHO, n.d. <https://www.who.int/about/history>.

² Gabrielle Emmanuel. “Trump declares U.S. will withdraw from the World Health Organization.” NPR, January 20, 2025. <https://www.npr.org/sections/goats-and-soda/2025/01/20/g-s1-42918/trump-world-health-organization-withdrawal>.

³ “World Health Assembly.” WHO, n.d. <https://www.who.int/about/governance/world-health-assembly>.

⁴ “Composition of the Board.” WHO, https://apps.who.int/gb/gov/en/composition-of-the-board_en.html.

Note: The Executive Board is composed of 34 persons who are technically qualified in the field of health, each designated by a Member State that has been elected to serve by the World Health Assembly. Member States are elected for three-year terms.

⁵ “WHO’s General Programme of Work.” WHO, n.d. <https://www.who.int/about/general-programme-of-work>.

⁶ “Draft fourteenth general programme of work, 2025-2028.” WHO, May 3, 2024. https://apps.who.int/gb/ebw/ha/pdf_files/WHA77/A77_16-en.pdf.

⁷ WHO. 2024. Social Determinants of Health. https://www.who.int/health-topics/social-determinants-of-health#tab=tab_1 Accessed July 20, 2024

⁸ WHO. 2022. The Role of UN and Their Partners in Health.

<https://www.who.int/tools/your-life-your-health/a-healthy-world/people-s-roles/the-role-of-united-nations-and-their-partners-in-health> Accessed July 20, 2024

STATEMENT OF THE PROBLEM

9



The upcoming World Health Assembly session will focus on the issue of Global Mental Health. The World Health Organization (WHO) recognized mental health as a priority in the late 20th century, but progress has been slow due to the pervasive stigma associated with mental illnesses.¹⁰ In 2022, the UN Deputy Secretary General, Amina J. Mohammed stated that “we are living through a *Global Mental Health Crisis*.”¹¹

Mental Health is defined as a person’s condition with regard to their psychological and emotional well-being. Today, mental health disorders are among the leading causes of ill health and disability worldwide. According to WHO, around **1 billion** people live with a mental disorder, and one person dies every 40 seconds due to mental health-related issues. Yet, relatively few people globally have access to quality mental health services.¹² Specifically, in low- and middle-income countries, more than 75% of people with mental health disorders receive no treatment for their condition.¹³

There are numerous factors contributing to and exacerbating current global mental health challenges. The causes of mental health disorders typically involve a **combination of biological, psychological, and social factors**. When these causal factors are compounded by a lack of accessibility, mental health issues often worsen, leading to undiagnosed conditions.

Some factors to consider when examining the **causes and barriers to care** include: (i) stigma and discrimination, (ii) the lasting impact of COVID-19 in recent years, (iii) insufficient funding for mental health services, which leads to a lack of accessibility, (iv) inadequate insurance coverage and the high cost of care, and (v) contributing causal factors often rooted in the region’s social and economic circumstances.

Stigma and discrimination prevent individuals from seeking help, while inadequate funding undermines the overall availability and quality of mental health services. Also in recent times, the COVID-19 pandemic has further exacerbated mental health issues globally, increasing the demand for services that are already stretched thin. These challenges are also particularly acute for marginalized communities and minorities, who tend to face additional barriers, such as limited financial resources and heightened discrimination.¹⁴ Moreover, the high cost of care leads

⁹ Photograph, in “Mental Health Trends Among Young Adults: How to Reverse the Decline,” *The New York Times*, August 13, 2024, <https://www.nytimes.com/2024/08/13/well/mind/mental-health-young-adults-trends.html>.

¹⁰ “WHO highlights urgent need to transform mental health and mental health care.” WHO, <https://www.who.int/news/item/17-06-2022-who-highlights-urgent-need-to-transform-mental-health-and-mental-health-care#:~:text=But%20change%20is%20not%20happening,can%20make%20a%20big%20difference.%E2%80%9D>.

¹¹ Amina J. Mohammed, “Secretary-General’s video message to launch the World Mental Health Report 2022: Transforming Mental Health For All.” UN, 2022, https://www.un.org/sg/en/content/sg/statement/2022-06-17/secretary-generals-video-message-launch-the-world-mental-health-report-2022-tansforming-mental-health-for-all?utm_source=chatgpt.com.

¹² WHO. 2020. Global Challenge for Movement on Mental Health. <https://www.who.int/news/item/07-10-2020-global-challenge-for-movement-on-mental-health-kicks-off-as-lack-of-investment-in-mental-health-leaves-millions-without-access-to-services> Accessed July, 20, 2024

¹³ Ibid.

¹⁴ WHO. 2022. Mental health Transformation. <https://www.who.int/news/item/17-06-2022-who-highlights-urgent-need-to-transform-mental-health-and-mental-health-care>

to delays in diagnosis and treatment of mental health disorders.¹⁵ It is essential for WHO member states to address these issues and propose effective solutions to improve services as part of their mandate to advance public health.

CASE STUDIES:

The following case studies demonstrate the state of mental health in three different countries with varying income levels and access to care. Each country faces its own set of challenges, shaped by factors such as economic conditions, cultural attitudes, and healthcare infrastructure.

NIGERIA

According to the World Health Organization (WHO), Nigeria has Africa's highest prevalence of depression cases and ranks 15th globally in suicide rates.¹⁶ Despite a population of over 200 million, there are fewer than 150 psychiatrists in the country, highlighting a **severe shortage** of mental health professionals.¹⁷

A study conducted by Nigeria from 2022 to 2023 using the hotline for mental health emergencies found that 56% of the callers were men, the age range of the callers that needed mental health services was from 18 to 27 years old, and most callers did not have a job.¹⁸ **Economic pressure** significantly impacts the youth, making them more susceptible to mental health issues. Various factors that contribute to the challenges in Nigeria include the gap between expectations and reality, unemployment, lack of access to education, and social media pressures. These issues are not uncommon in middle and lower income countries but present an increased risk of self-harm among Nigerian youth.¹⁹ Furthermore, financial difficulties make it difficult to access psychiatric care; therapy can cost between "5,000 (\$14) to 50,000 (\$132) naira," and the minimum wage is 30,000 naira (\$80).²⁰ **Stigma** is also a compounding factor that limits accessibility. Research indicates a rise in psychological distress during **COVID-19**, partly due to the spread of misinformation and isolation-focused measures. However, many individuals with access to telecommunication platforms likely avoided using them for mental health care due to stigma.²¹

¹⁵"Why We Need Mental Health Care Integration," *National Alliance on Mental Illness*, n.d.,

<https://www.nami.org/medical/why-we-need-mental-health-care-integration/>

¹⁶ Soroye MO, Oleribe OO, Taylor-Robinson SD. Community Psychiatry Care: An Urgent Need in Nigeria. *J Multidiscip Healthc*. 2021 May 20;14:1145-1148. doi: 10.2147/JMDH.S309517. PMID: 34045861; PMCID: PMC8148654

¹⁷ Ibid.

¹⁸ Nnenna Mba-Oduwusi et al. Exploring the characteristics of callers of mental health emergency hotlines in Nigeria: a descriptive study. *PAMJ Clinical Medicine*. 2024; 14:27. [doi: [10.11604/pamj-cm.2024.14.27.42375](https://doi.org/10.11604/pamj-cm.2024.14.27.42375)]

¹⁹NAS (National Association of Seadogs). 2023. Mind Matters: Addressing Mental health crisis in Nigeria.

<https://www.nas-int.org/mind-matters-addressing-the-mental-health-crisis-in-nigeria/>

²⁰ Adetayo, Ope. "Healing from depression, "demons" and deliverances: The cost of mental healthcare in Nigeria is prohibitively high," *Sahelien*, March 11, 2021,

<https://sahelien.com/en/healing-from-depression-demons-and-deliverances-the-cost-of-mental-healthcare-in-nigeria-is-prohibitively-high>.

²¹ Frances Adiukwu, Margaret Ojeahere, Olufisayo Adesokun, and Gbonjubola Babalola, "COVID-19 and Mental Health: About 90.5% of Respondents Reported Psychological Distress," PubMed Central, accessed January 23, 2025,

[https://pmc.ncbi.nlm.nih.gov/articles/PMC8832007/#:~:text=COVID%2D19%20and%20mental%20health&text=About%2090.5%25%20of%20respondents%20reported,reported%20\(see%20Figure%2021](https://pmc.ncbi.nlm.nih.gov/articles/PMC8832007/#:~:text=COVID%2D19%20and%20mental%20health&text=About%2090.5%25%20of%20respondents%20reported,reported%20(see%20Figure%2021)

Furthermore, the mental health challenges in Nigeria are significantly intensified due to ongoing armed conflict. The Borno State in Northeastern Nigeria has been under **insurgency** since 2009; the conflict between the Boko Haram militant group and the Nigerian armed forces has led to widespread violence and displacement.²² Evidently, individuals in the region have experienced a preponderance of severe mental health disorders, including neuropsychiatric illnesses, such as **PTSD** (Post-traumatic stress disorder), **suicidal ideation**, **chronic anxiety disorders**, and traumas.²³ Additionally, **vulnerable groups** such as children, women and girls, the elderly, and



people with physical disabilities often face heightened mental health challenges in both stable and war-torn regions. For example, a recent study in *Medicine, Conflict, and Survival* highlights the severe challenges faced by children under the Boko Haram insurgency, such as parental loss, recruitment into armed groups, and reliance on alms-begging or hard labor to survive.²⁴

In 2022, WHO supported the Nigerian government in Borno State by training over 150 health workers for emergency response, integrating psychosocial support and well-being services with gender-based violence response efforts, ultimately reaching 16,500 patients.²⁵ **Community-based organizations** like the Neem Foundation, Mentally Aware Nigeria Initiative (MANI), and She Writes Woman provide mental health services, including hotlines, and conduct awareness campaigns across Nigeria.²⁶

JAPAN

Japan is among the high-income countries with some of the highest rates of depression and suicide. COVID-19 massively exacerbated the state of mental health in Japan. Depression has seen a significant rise, particularly during the **pandemic**, with the prevalence doubling from 7.9% in 2013 to 17.3% in 2020²⁷. The pandemic also led to a rise in suicides among women in Japan, likely driven by increased domestic violence, exacerbated by stay-at-home orders and limited access to support services. Women often bear the majority of caregiving responsibilities while juggling their jobs, leading to severe fatigue, which was particularly intensified during the pandemic.²⁸ Even several years after the most severe phase of the pandemic in 2020 and 2021, its **lasting impacts** on mental health remain. A recent 2024 study published in the National Library of Medicine outlines that psychological distress remains significantly higher than pre-pandemic levels. The study identifies lingering effects of early pandemic anxiety and deteriorating

²² Claire Klobucista. "Nigeria's Battle with Boko Haram," August 8, 2018, <https://www.cfr.org/background/nigerias-battle-boko-haram>.

²³ Photograph, in "Revitalizing U.S. Strategy in Nigeria to Address Boko Haram," *The Strategy Bridge*, June 6, 2018, <https://thestrategybridge.org/the-bridge/2018/6/6/revitalizing-us-strategy-in-nigeria-to-address-boko-haram>.

²⁴ Katherine Smith, "Global Trends in Educational Access: A Study of Policy and Impact," *International Journal of Education Policy and Leadership* 36, no. 1 (2024): 45–63, <https://doi.org/10.1080/13623699.2024.2361382>.

²⁵ WHO. 2022. How Mental Health Support is restoring hope in war-torn Nigeria.

<https://www.afro.who.int/countries/nigeria/news/how-mental-health-support-restoring-hope-war-torn-nigeria>

²⁶ The Borgen Project. 2019. 4 Organization Improving Mental Health in Nigeria. <https://borgenproject.org/mental-health-in-nigeria/>

²⁷ <https://www.weforum.org/agenda/2022/10/japans-challenges-in-making-mental-health-more-accessible/>

²⁸ Statista. 2023. Impact of COVID-19 to Female Suicides. <https://www.statista.com/statistics/622065/japan-suicide-number/>.

Note: While the burden of care falls on women, men face the pressure to provide financially for their families and to conform to traditional gender roles, such as being tough and strong.

household finances, which have increased anxieties around COVID-19, as some of the contributing factors.²⁹

Culturally in Japan, the value of living in harmony with the social environment is deeply ingrained, likely leading individuals to suppress their mental health struggles in order to avoid burdening others. The cultural concept of *Gaman*, which symbolizes endurance and self-restraint in the face of adversity, while preserving social harmony, can exacerbate mental health struggles.³⁰



Additionally, the work culture in Japan has been widely criticized for putting excessive pressure on workers and not offering a proper **work-life balance**. **Karoshi** or death by overwork is a prevailing topic of concern in Japan; chronic fatigue and stress perpetuated by work stress can lead to the Karoshi syndrome.³¹ A recent government study found that 1 in 10 Japanese workers were committing to more than 80 hours of work per week. A significant proportion of them were “at risk of Karoshi - weather through stroke, heart attack or stress-induced suicide.”³²

Access to mental health services is available through Universal Health Coverage (UHC) in Japan, meaning it is part of the country's national insurance. Additionally, the Japanese government introduced the "**Act on Promotion of Preventive Measures against Karoshi and Other Overwork-Related Health Disorders**" in 2014 to address the issue of karoshi and promote preventive measures. Since the act's implementation, there has been a 26% reduction in overwork-related stress and heart disorders.³³

However, mental health challenges continue to persist. Relative to other high-income countries including North America and Europe, where 52% have used mental health counseling, only 6% of Japan's population has done so. This low utilization is due to a shortage of mental health professionals, a challenge projected to become more severe in the future.³⁴ Policymakers should consider increasing the number of psychiatrists or expanding certification programs for other

²⁹ Masaki Machida et al., "Changes in Fear of COVID-19 and Psychological Distress in the General Population: A Longitudinal Study," *Journal of Public Health*, accessed January 23, 2025, <https://pmc.ncbi.nlm.nih.gov/articles/PMC11667330/#s4>.

³⁰ Humanium. 2023. Hidden Struggles of Mental Health among Japanese Youth. <https://www.humanium.org/en/hidden-struggles-the-surprising-mental-health-crisis-among-japans-youth/>

³¹ Santillanes, M. 2023. Karoshi. Pulitzer Center. <https://pulitzercenter.org/stories/karoshi-deep-look-japans-unforgiving-working-culture>

³² Grace Chand. "How Japan is healing from its overwork crisis through innovation," *World Economic Forum*, Oct 28, 2024, <https://www.weforum.org/stories/2024/10/japan-karoshi-overwork-crisis-innovation/#:~:text=A%20recent%20government%20survey%20found,d.steps%20to%20change%20this%20culture>.

Another common issue is *hikikomori* (acute social withdrawal) where someone stop socializing for at least six months, they do not want to go to school, or work or any social events that might meet other people when it happen in one individual with more acute mental health issues such as bipolar disorder, autism spectrum disorder, psychotic disorder and personality disorder it become the secondary hikikomori that needs to be treated.[#] It also increases the tendency for severe hoarding, which are deeply intertwined with the country's cultural and social dynamics

³³ Ro-Ting Lin, Ying-Wen Liang, Masaya Takashi et al. "Effect of implementing an overwork-prevention act on working hours and overwork-related disease: A mediation analysis," *Journal of Occupational Health*, July 27, 2020, <https://onlinelibrary.wiley.com/doi/full/10.1002/1348-9585.12148#:~:text=the%20entire%20population,-5%20CONCLUSION,the%20enforcement%20of%20new%20policies>.

³⁴ World Economic Forum. 2022. Making Mental Health More Accessible in Japan. <https://www.weforum.org/agenda/2022/10/japans-challenges-in-making-mental-health-more-accessible/>

mental health professionals to better address patient needs.³⁵ Moreover, addressing broader economic and structural barriers could further improve mental health outcomes.

UNITED STATES OF AMERICA



A 2024 study revealed that 23% of adults in the United States, which accounts for 60 million Americans, have experienced mental illness in the past year. In the United States, the prevalence of mental health disorders has become more severe across all age groups over the years.

Additionally in terms of gender, the Anxiety & Depression Association of America (ADAA) recently outlined that more than 6

million men in the United States experience depression annually. However, male depression frequently goes undiagnosed.³⁶ While women are more likely to experience mental health issues than men, approximately 51.7% of women in the U.S. receive mental health services, compared to just 40% of men. Men also face a higher risk of successfully attempting suicide, largely due to greater access to firearms. In 2023, roughly 55% of gun-related deaths were suicide-related.³⁷

Furthermore, the country's diverse demographics mean that **racial and ethnic minorities** are more likely to face significant mental health challenges due to the ongoing **direct (i.e. direct harassment) and structural (i.e. policies and laws) violence** directed towards them. However, they are also more likely to remain undiagnosed and not receive adequate and timely care. This is often due to a lack of financial resources, pervasive cultural stigma, and insufficient representation of diverse communities within the psychiatric field, which limits the ability to address the needs of different populations.³⁸

Contributing factors to the mental health crisis in the United States include **economic stressors** such as financial instability and unemployment. The shortage of mental health professionals, the **high cost of insurance**, and the rising cost of living in the U.S. create significant barriers to care. Many individuals without stable jobs lack insurance coverage for mental health services. Additionally, the fragmentation within insurance coverage creates gaps, as some people can only afford basic plans that do not cover mental health services or provide access to comprehensive care.³⁹

³⁵ Sugawara, N., Yasui-Furukori, N. & Shimoda, K. Projections of psychiatrists' distribution for patients in Japan: a utilization-based approach. *Hum Resour Health* 19, 49 (2021). <https://doi.org/10.1186/s12960-021-00594-z>

³⁶ ADAA. 2022. Men's Mental Health. <https://adaa.org/find-help/by-demographics/mens-mental-health>

³⁷ Gramlich, J. 2023. What Data Says About Gun Death in the US.

<https://www.pewresearch.org/short-reads/2023/04/26/what-the-data-says-about-gun-deaths-in-the-u-s/>

³⁸ Nadia Lathan. "Untreated Illnesses leads to worse outcomes for minorities," *UC Berkeley Public Health*, Dec 12, 2022,

<https://publichealth.berkeley.edu/news-media/research-highlights/untreated-mental-illness-leads-to-worse-outcomes-for-minorities#:~:text=The%20findings%20concluded%20that%20African,multiplied%20by%20fears%20of%20displacement.>

³⁹ Leonhardt, M. "Cost and Accessibility of Mental Health Care in America," *CNBC*, May 10, 2021, <https://www.cnbc.com/2021/05/10/cost-and-accessibility-of-mental-health-care-in-america.html>.

Steps such as the Affordable Care Act (ACA) and the Mental Health Parity Act (MHPAEA) have expanded access to mental health services. Additionally in more recent years, the expansion of telehealth has also made mental healthcare more accessible.⁴⁰ However challenges persist; advancing universal healthcare coverage to include comprehensive mental health treatment will play a crucial role in fostering greater health equality in the United States. Additionally, offering tailored support to marginalized communities helps foster equity, ensuring that all individuals can access the care they need.⁴¹

BLOC POSITIONS:

High Income Countries (HICs)

Wealthier nations often allocate more resources to mental health services. According to WHO's *World Mental Health Report*, 87% of high-income countries have policies or plans addressing mental health.⁴² However, only 25% of these countries report compliance with these policies or strategies. Despite their financial capacity, many high-income countries still face challenges in effectively implementing mental health services.⁴³ The United States exemplifies this issue due to its lack of universal health coverage and the additional exclusion of mental health services in many insurance plans. Additionally, the causes of mental health disorders in high-income countries vary, often stemming from work-related stress and the pressures of fast-paced communities.

Low and Middle Income Countries (LMICs)

Developing countries face significant challenges due to a lack of resources and infrastructure, resulting in limited access to mental health services. Based on the data provided by the WHO World Mental Health Report, around 83% of lower-middle-income countries have formulated mental health focused-policies and plans. However, compliance with the implementation of these policies and plans is only at 3%.⁴⁴ These nations often advocate for international support and funding to build robust mental health care systems and emphasize the importance of community-based approaches. Such approaches provide integrated and responsive mental health services within community settings. The burden of mental health issues in low and middle-income countries stems from poverty, stigma, and limited access to education and infrastructure. The lack of adequate information may lead to the adoption of harmful practices under the pretext of alleviating mental health challenges.⁴⁵

Note that the aforementioned operationalization of the state of mental health (causes and accessibility) in high-income and middle- and low-income countries is a well-informed approximation rather than an absolute generalization. There is significant overlap between the experiences of individuals in both regions. For example, the experiences of individuals from

⁴⁰ Leonhardt. M. 2021. Cost and Accessibility of Mental Health Care in America.

<https://www.cnbc.com/2021/05/10/cost-and-accessibility-of-mental-health-care-in-america.html>

⁴¹Picture: Fund Mental Health. <https://www.texastribune.org/2014/01/02/mental-health-care-new-year-brings-cautious-hope/>

⁴²"World Mental Health Report," WHO, 2022, <https://iris.who.int/bitstream/handle/10665/356119/9789240049338-eng.pdf?sequence=1>.

⁴³ "Highlights of Urgent Need for Mental Health," WHO, June 17, 2022,

<https://www.who.int/news/item/17-06-2022-who-highlights-urgent-need-to-transform-mental-health-and-mental-health-care>.

⁴⁴ "World Mental Health Report," WHO, 2022, <https://iris.who.int/bitstream/handle/10665/356119/9789240049338-eng.pdf?sequence=1>.

⁴⁵ Human Right Watch. 2016. Indonesia: Treating Mental Health with Shackles.

<https://www.hrw.org/news/2016/03/20/indonesia-treating-mental-health-shackles>

For instance, in Indonesia, the Pasung method is still used in some rural areas, where individuals with mental health disorders are restrained with shackles, ropes, and wooden stocks or confined in cages and isolated from the community.

high-income backgrounds in low-income countries may align with those of individuals of similar economic status in high-income countries, particularly regarding financial affordability and access to care. This complexity highlights the importance of recognizing context-specific factors while considering broader global trends in mental health and care accessibility.

PREVIOUS UN ACTION:

The United Nations (UN) and the World Health Organization (WHO) have launched several key initiatives to tackle the global mental health challenge. **The Comprehensive Mental Health Action Plan 2013-2030** aims to improve mental health through leadership, community-based care, prevention strategies, and increased awareness of mental health conditions.

Community-based (i.e. person centered approaches and rights based approaches) care provides integrated and responsive mental health services within community settings, including outpatient care, family support, and services in primary care facilities and community mental health centers.⁴⁶

WHO assists member states with technical support, policy development, and integrating mental health into primary care. It also runs global awareness campaigns, supports research and data collection, and offers mental health and psychosocial support during emergencies. These efforts collectively aim to enhance the accessibility, quality, and awareness of mental health care worldwide. Additionally, the **WHO Special Initiative for Mental Health (2019-2023)** sought to expand access to quality and affordable mental health care in 12 priority countries, focusing on policy advancement, advocacy, and scaling up interventions.⁴⁷

Previous World Health Assembly (WHA) resolutions have urged member states to develop comprehensive mental health services and psychosocial support as part of universal health coverage, emphasizing the importance of understanding and accepting mental health conditions, particularly among vulnerable populations.⁴⁸ These efforts have successfully raised global awareness. For example World Mental Health Day is observed annually on 7th of April to increase awareness about mental health. However, significant challenges remain, including, persistent stigma, discrimination, and under-resourced mental health services among others. Continuous commitment and innovative approaches are crucial to making substantial progress in addressing global mental health challenges.

QUESTIONS TO CONSIDER:

1. How can we ensure equitable access to mental health services, especially in low- and middle-income countries?
2. What strategies can be implemented to reduce stigma and discrimination against individuals with mental health conditions?
3. How can mental health services be effectively integrated into primary healthcare systems?

⁴⁶ "Comprehensive Mental Health Action Plan," WHO, n.d., <https://iris.who.int/bitstream/handle/10665/345301/9789240031029-eng.pdf?sequence=1>.

⁴⁷ Dr. Tedros Adhanom Ghebreyesus. "WHO Special for Mental Health (2019-2023)," <https://www.who.int/publications/i/item/WHO-MSD-19.1>.

⁴⁸ "World Health Assembly Recommends Reinforcement of Measures to Protect Mental Health during Emergencies," WHO, May 31, 2021, <https://www.who.int/news/item/31-05-2021-world-health-assembly-recommends-reinforcement-of-measures-to-protect-mental-health-during-public-health-emergencies>.

4. What are the best approaches to secure sustainable funding and resources for mental health initiatives?
5. How has the COVID-19 pandemic affected mental health globally, and what measures can be taken to address these lasting impacts?

KEY TERMS

Community Based Mental Health Service	Community-based mental health refers to a model of mental health care that provides services within the community rather than in institutional settings. Implementing this approach emphasizes person-centered approach, and rights-based approach, as well as bridging the gaps for people who cannot afford mental health services. ⁴⁹
Depression	A mood disorder marked by persistent sadness, loss of interest, and physical symptoms like fatigue and sleep disturbances.
Anxiety	Excessive worry or fear with physical symptoms like increased heart rate and sweating, affecting daily life.
OCD (Obsessive-compulsive disorder)	Recurrent, unwanted thoughts (obsessions) and repetitive behaviors (compulsions) aimed at reducing anxiety.
PTSD (Post-traumatic stress disorder)	Post-traumatic stress disorder (PTSD) is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.
Chronic anxiety disorders and traumas	Long-lasting anxiety and distress from traumatic experiences affecting daily life.

⁴⁹ "Community-based mental health services using a rights-based approach," WHO, June 10, 2021, <https://www.who.int/news-room/feature-stories/detail/community-based-mental-health-services-using-a-rights-based-approach>.

POSITION PAPERS (OPTIONAL):

Position papers for the Winter Training Conference are optional. Delegates who submit them are eligible for a research award.

What is a Position Paper?

A position paper is a short document that outlines a country's opinion on an issue. The paper includes a short summary of what the issue or problem is, explains why the country is interested in the issue, and communicates the country's stance on what should be done to address the issue. A position paper is written as if you were the actual representative of the country stating its position. Your personal opinions on the issue should not be included. A position paper is not a summary of your country's GDP, government, economy, languages, etc. unless directly relevant to the issue. Only one position paper is written per country, per grade school committee; **if there are 2 or 3 delegates representing the same country on a committee, they should write the paper together.**

Why write a Position Paper?

Writing a position paper will help you organize why an issue matters to your country and what your country wants done on the issue. The first thing you will likely do in committee is present an opening speech about your country's position. You should be able to pull portions of a well written position paper into an introductory speech on your country's perspective..

How to Write a Position Paper

- (1) Research the Issue. The questions you want to answer are:
 - How does this issue affect your country?
 - How does this issue affect your country's neighbors or allies?
 - Is this a global problem that impacts everyone?
 - What would your country like to see done on this issue?
 - Are there countries or groups of people who will be particularly sensitive to addressing this issue?
 - Are there any conventions or resolutions on the topics that your country has signed or ratified?
 - What are UN actions on the issue? Has your country supported or opposed these actions?
 - Keep in Mind: What a country says, and what it actually believes should be done may be different. Also, some countries may believe that no action should be taken on an issue. They may disagree with how others feel or may not want international involvement. It is okay if your position is that the international community should do nothing, but you will need to explain why.
- (2) Brainstorm Specific Actions. Come up with 3-4 specific things that can be done to reach the outcome your country desires. For example: "The United States believes we should send a peacekeeping mission to monitor human rights abuses in Syria and encourage talks between both sides." You will present these ideas in committee as possible solutions to the problem and attempt to pass a resolution which includes these actions.
- (3) Outline Your Paper. Make an outline of what points you want to cover in your paper

and the order in which you would like to address them. Remember a good paper should briefly explain the problem, explain why your country cares about the issue, and inform others what your country should like to see done. If you know other countries favor a solution that you will disagree with, make sure to include why your country disagrees.

- (4) Write your Paper. Position papers should be written from the perspective of the country you are representing. Rather than being a report on the topic, a position paper should explain what your country wants to see done to address the issue. Start by giving a brief summary of the issue and how it impacts your country. Then explain the specific actions you would like to see taken. Close by summarizing your country's overall position. Proper grammar and spelling are a must.

Award Criteria and Eligibility

- Delegates who submit position papers will be eligible for a **research award**.
- The ideal position paper will have a clearly defined and summarized topic with your country's position clearly outlined. Points are also awarded for organization, style and correct grammar.
- GCDC Staff will be fact checking position papers, so be sure to include the most up to date information and a bibliography (if using in text citations, a Works Cited page **MUST** be included)
 - Proper source citation: if an idea or quote came from another source, you must provide a footnote / citation.
- Papers will be disqualified if the conference staff has discovered that students did not write their own papers or that content has been plagiarized.
- Make sure your position paper must have the required header below! Do not create any additional title pages - points will be deducted for improper format.
- Formatting Requirements: 500 words minimum, 1,500 words maximum. Times New Roman font, 12- point size
- **POSITION PAPERS MUST BE SENT IN AS A PDF ATTACHMENT TO gcgc@unanca.org by February 14th, 2024 (extensions may be granted on a case by case basis and must be requested before the due date) AT 11:59 PM EST.**

REQUIRED POSITION PAPER HEADER

Committee:

Country:

Topic:

School:

Delegate Name(s):