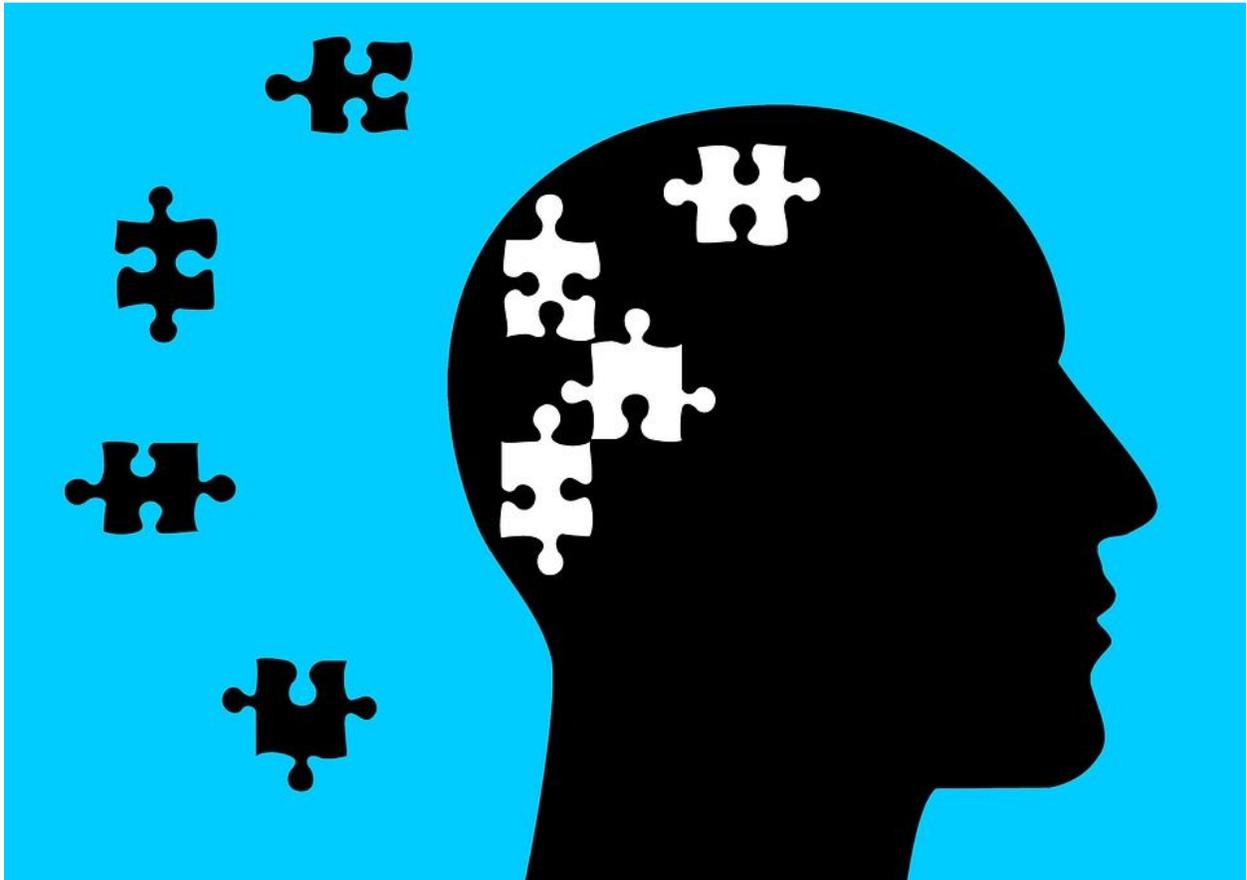


Cerritos Fall Conference 2019

# World Health Organization

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Topic: Mental Health

Director: Chiamaka Utom

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October 12, 2019

To Delegates of Cerritos Novice 2019 Conference

Dear Delegates,  
Welcome to Cerritos Novice 2019!

It is our highest honor and pleasure to welcome you all to our annual novice conference here at Cerritos High School. On behalf of the Cerritos High School Model United Nations program, we are proud to host another year of this long-standing conference, where you will become more knowledgeable on international issues, participate in intellectually stimulating discussions, and create new and everlasting friendships.

The CHSMUN program continues to compete around the world as a nationally ranked MUN program. Our delegates utilize diplomacy in order to create complex solutions towards multilateral issues in the global community. Our head chairs are selected from only the best seniors of our program, undergoing a rigorous training process to ensure the highest quality of moderating and grading of debate. Furthermore, all the topic synopses have been reviewed and edited numerous times. We strongly believe that by providing each and every delegate with the necessary tools and understanding, he or she will have everything they need to thrive in all aspects of committee. We thoroughly encourage each delegate to engage in all of the facets of their topic, in order to grow in their skills as a delegate and develop a greater knowledge of the world around them.

Our advisors and staff have put in countless hours to ensure delegates have an amazing experience at the conference. Our greatest hope is that from attending CHSMUN 2019, students are encouraged to continue on in Model United Nations and nevertheless, inspired to spark change in their surrounding communities. With 31 high school committees and 2 middle school committees, CHSMUN 2019 will provide a quality experience for beginners to learn, develop, and grow as delegates.

If you have any questions, comments, or concerns, please contact us! We look forward to seeing you at CHSMUN Novice 2019!

Sincerely,

Brianna Roldan and Tess U-Vongcharoen

Secretary-Generals

# WHO

## Mental Health

### **A Note From the Director**

Delegates,

Hi! My name is Chiamaka Utom and I'm super excited to be your director for this year's 2019 World Health Organization committee! After being in MUN for four years at CHS, I've met hundreds of people from all across the country (and even some outside of the United States as well!) in committees addressing human rights, environmental refugees, nuclear waste, and renewable energy. Through this program, I've gained a lot of knowledge on various pressing issues around the globe that affect everyone from developing to developed countries. My favorite committees happen to be UNDP, UNEP, UNHCR, and WHO. Apart from MUN, I love to write and read books (preferably the romance genre) and find new shows on Netflix to binge-watch for days on end. On campus, I'm apart of clubs such as the American Cancer Society, the National Alliance on Mental Illness, and Young at Heart, all of which are geared towards striving for a better life for the people in our community *and* around the world. I wish you all the best of luck through your research and preparation for the Cerritos Novice conference of 2019! Feel free to contact me if you have any questions at all and I'll be happy to answer them! Have fun!

Sincerely,

Chiamaka Utom

Director, WHO

### **Committee Information:**

The World Health Organization (WHO) was created on April 7, 1948. The committee was created as an agency of the United Nations (UN) under the Economic and Social Council (ECOSOC). Operating in 150 countries around the globe, WHO acts as an overseer for public health in order to change the health systems currently set in place. The main objectives of WHO are to ensure that people have access to health coverage and that non-communicable and communicable diseases can be cured and prevented<sup>13</sup>. Most recently, WHO has been recognized during the fight against the Ebola virus in countries like the Democratic Republic of the Congo and Cameroon<sup>4</sup>. Along with this, WHO most notably contributed to the elimination of smallpox in 1977 and the almost complete eradication of polio and leprosy. The WHO has contributed to the construction of projects that involve the creation of research agenda centers around the world, the construction of emergency centers in developed nations, and the compilation of research and studies on mental health illnesses. WHO passes resolutions through the World

Health Assembly, which adopted the Global Strategy for the Prevention and Control of Noncommunicable Diseases in March of 2000, a document that would later form the foundation of the WHO Action Plan of 2008-2013 and 2013-2020.

## Background:

Mental illnesses are disorders of the brain that can impair cognitive functioning and social interactions. These disorders consist of many different conditions varying from anxiety, mood, dissociative, somatoform, psychotic, and personality disorders. These illnesses, on average, affect one out of four people in the entire world<sup>7</sup>. Treatment for these disorders should be considered standard health care, however, there is a mental health stigma that prevents these people from getting the proper care they need in order to cure or cope with their disorders. The mental illness stigma can be described as a “devaluing, disgracing, and disfavoring by the general public of individuals with mental illnesses”<sup>12</sup>.

It dates back to the early 1900s, with the origins of psychology. Psychologists believed that a patient who was considered to have a mental disorder had some sort of “disturbance” within their brain. Many people believed that death was strongly correlated with mental disorders. With psychology being a new form of science, there were hardly any ethical principles set in place. Psychologists resorted to forms of psychosurgery, with the most common use being lobotomy – a surgical procedure that involves the removal of a portion of the frontal lobe of the brain<sup>5</sup>. Phrenology, the drilling of a hole into the brain of a mentally ill patient, was also used as a means of “casting out demons”. It wasn’t until, 1971, when psychiatrist R. D. Laing had coined the term “medical model” to describe a new way of training doctors to treat patients with the use of proper medication, tailoring to the specific illnesses that were diagnosed<sup>6</sup>. It marked the beginning of modern psychology, but the popular belief amongst the public that having a mental disorder was a “curse” still remained.

Though Psychology in today’s society is steadily gaining credibility in the field of science, people with mental disorders are still viewed as incapable of carrying out normal everyday tasks and, in extreme cases, a threat to those around them. This stigma can lead to both subtle or harsh forms of discrimination, preventing the affected from attaining housing, finding employment, and even seeking the care that they need. In most cases, the countries that are affected the most with citizens suffering from mental health illnesses are the countries that have the least amount of experienced doctors in the field of psychology. In Cambodia, four decades after the genocide in 1975 that killed on average 1.7 to 2.5 million people and left more than half a million people injured, there still remains minimal research done on the mental health care of those affected by the incident<sup>2</sup>. Post-Traumatic Stress Disorder (PTSD) is the most common type of mental disorder developed after experiencing life threatening events, the death of a family member(s), and/or any traumatic event that has the ability to leave a lasting imprint on the brain physically or mentally. Only 0.02% of Cambodia’s GDP goes into mental health, meaning that those suffering from PTSD were not and still have not been able to get the proper treatment for their anxiety, and continue to suffer from flashbacks of their traumatic experiences during the genocide.

## United Nations Involvement:

With mental health concerns becoming increasingly important, the UN has been taking measures on ensuring the mental safety of those suffering from these illnesses all over the world. Around the time when safe practices of modern psychology were just beginning, the UN issued the Declaration on the Rights of Mentally Retarded Persons in 1971 under the General Assembly (GA) resolution 2856. The Declaration stated that those with mental disorders had the right to live without exploitation, abuse, and poor treatment, and they deserved the right to exercise their equal opportunity for education and employment<sup>3</sup>. In December of 1991, the GA hosted the UN Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care session (A/Res/46/119) in order to reopen the topic of mental health for countries to be able to partake in a more up-to-date discussion on the issue. In September of 2000, the UN created the Millennium Development Goals (MDGs) with 191 member state contributors. The MDGs consisted of eight goals focused on combating hunger, environmental degradation, poverty, maternity health issues, illiteracy, discrimination, child mortality, and improving global cooperation<sup>15</sup>. Within these goals, the UN failed to mention mental health as a component under wellness and health. As a result of this, in 2015, the UN GA adopted a clause under the Sustainable Development Goals Agenda within development goal number three, *Good Health and Well-Being*, to include “prevention and treatment of noncommunicable diseases, including behavioural, developmental and neurological disorders, which constitute a major challenge for sustainable development”<sup>8</sup>. This contributed to helping countries in the eastern hemisphere begin to understand how important mental health is in the UN, as well as the need for stricter mental health care regulations in their own countries.

Many UN bodies such as WHO have been working towards suicide prevention while broadening the perspective of mental health under subcategories, such as child psychiatry and mental health for women bearing children. WHO’s Mental Health Action Plan from 2013-2020 focuses on breaking the stigma and discrimination of people with mental disorders through four main objectives: creating leadership and governance, establishing comprehensive social care services in the community amongst the general public, implementing solutions that tailor to the promotion of mental health, and strengthening the research and evidence sector<sup>1</sup>. Most member state representatives attended the 66th World Health Assembly meeting that drafted the Action Plan in May 2013 and paved the way into more research and analysis programs from WHO. Due to this, in 2018 WHO hosted a conference in Geneva under the Mental Health Gap Action Programme (mhGAP) – a program created with the intent of researching mental, neurological, and substance use disorders – that consisted of 201 participants from 18 member states in order to discuss the implementation effects of the 2013-2020 Action Plan<sup>14</sup>.

## Bloc Positions:

**Western Bloc:** In the western part of the world, mental health is becoming more mainstream in the 21st century than it was in the past. The United States has been at the forefront of mental health care science, research, and medicine for years, with their creation of the advocacy group the National Alliance on Mental Illness in 1979. However, suicide rates are at its highest in this bloc than in any other, which goes to show that historical factors such as giving little weight to the severity of one's mental health still persist. Countries in this bloc should focus on working towards shifting the general public's negative views on mental illnesses in order to promote peace and foster the safety of their affected inhabitants.

**Asian-Pacific:** Due to scepticism of mental illnesses amongst many Asian-Pacific Islander cultures, the tendency of people in this part of the world is to report even somatic system issues, that is, physical problems such as headache, upset stomach, drowsiness, etc, is very rare. The debate over whether mental health is "real" or only "imagined by the reported" continues to be argued over. As a result, the introduction of Psychology has come late to the countries of this bloc. At the National University of Singapore, it only takes three weeks of practice in psychiatry for one to be considered a licensed psychiatrist and able to diagnose. In Mongolia, only four weeks of practice is needed <sup>10</sup>. Medical schools in this bloc do not formally introduce the proper education needed in order to treat and work with a person with a mental disorder. Countries within this bloc should focus on how to properly train their doctors so that the affected patients are able to get the proper treatment they need.

**African Bloc:** Similar to the Asian-Pacific bloc, inhabitants of African countries find it difficult to believe that mental illnesses are real disorders with symptoms that affect more than just the brain. Kenya, one of Africa's leading countries, spends on average about 0.05% of their countries GDP on mental health care services <sup>9</sup>. More than 75% of South African inhabitants have no access to a mental health care facility, and therefore no access to treatment for their illnesses. In Nigeria, less than 10 percent of the mentally ill get some form of assistance with their disorder, since there are only about 130 licensed psychiatrists in a country with over 200 million people. Most African languages don't have a word for the common mental disorders, such as clinical depression, Obsessive Compulsive Disorder, or panic attacks, and most of them don't even have a word for "mental disorders/illnesses". Countries in this bloc should focus on how they can expand their horizon under the field of psychology. Government involvement is one of the first steps to breaking the stigmatization of mental health, and these countries should consider addressing the constraints in the medical field.

**Latin America and Caribbean Bloc:** The most common mental disorder, clinical depression, affects about five percent of the Latin American population. In Brazil, compared to 30 years ago, has broadened their research, shifted their focus on mental illnesses — such as the psychotic disorder, schizophrenia — plagued those in psychiatric hospitals and reformed general mental health care policies to include those suffering from phobias, panic disorders, etc <sup>11</sup>. In 1990, Latin American and Caribbean countries began to take mental health more seriously, by drafting and signing the Declaration of Caracas, which launched a number of differing mental health reforms lead by countries such as Brazil, Panama, and Chile. The Declaration focuses on three main objectives, ranging from developing community mental health care services to, eventually,

incorporating mental health as a form of primary care rather than a separate force in itself <sup>16</sup>. Countries within this bloc should look towards working with other countries from the same and different bloc(s), especially those countries who are open to mental health practice reform, but either don't have the knowledge and/or the materials to do so.

## Basic Solutions:

When thinking about solutions, it's important to incorporate all parts of the problem in order to alleviate the issue. Improving mental health facilities is one of the best ways to help increase mental health and fight the stigma. Training doctors and nurses on the proper procedures for diagnosing the patients in parts of the world where the DSM-IV-TR, a handbook guideline for identifying and diagnosing all psychological disorders, is not widely used will prevent the possibility of false diagnoses. It may help to educate the general public on what mental disorders are, and how people with these disorders are able to live a normal life when provided with the proper treatment. It's important for people to understand that existing stigmas can lead to a decrease in the willingness of patients with mental disorders to seek treatment for fear of exposure and ridicule. Solutions should consist of innovative plans that your country should be able to implement in a way that is feasible to time and resources. Keep in mind that the solutions mentioned here are surface level and subjective – not every country policy will be in line with these, therefore delegates should put the most emphasis on their own country-specific solutions and suggests ideas that expand far beyond what is mentioned.

## Questions to Consider:

1. Does your country address mental health in a positive or negative light? In what way(s) do they do this?
2. What has your country done in order to improve and/or establish mental health care facilities?
3. What governmental organizations has your country implemented, inclined towards the benefit of those suffering from mental health illnesses?
4. Is your country a member state of the WHO's Mental Health Action Plan? If not, what factors are preventing them from doing so?
5. How has your country taken measures to decrease the stigmatization that occurs amongst the general public toward those with mental disorders?
6. What can your country do to work with other countries in and around your bloc and foster peaceful international cooperation on the elimination of the global stigma of mental health?

## Sources:

1. “Comprehensive Mental Health Action Plan 2013–2020.” *World Health Organization*, World Health Organization, 25 Sept. 2015, [www.who.int/mental\\_health/action\\_plan\\_2013/en/](http://www.who.int/mental_health/action_plan_2013/en/).
2. Corrigan, Patrick W, and Amy C Watson. “Understanding the Impact of Stigma on People with Mental Illness.” *World Psychiatry : Official Journal of the World Psychiatric Association (WPA)*, Masson Italy, Feb. 2002, [www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489832/).
3. “Declaration on the Rights of Mentally Retarded Persons.” OHCHR, [www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfMentallyRetardedPersons.aspx](http://www.ohchr.org/EN/ProfessionalInterest/Pages/RightsOfMentallyRetardedPersons.aspx).
4. “Ebola | Ebola Virus Disease.” World Health Organization, World Health Organization, 7 June 2019, [www.who.int/ebola/en/](http://www.who.int/ebola/en/).
5. Fritscher, Lisa. “How the Medical Model for Mental Disorders Works in Psychology.” *Verywell Mind*, Verywell Mind, 27 Mar. 2019, [www.verywellmind.com/medical-model-2671617](http://www.verywellmind.com/medical-model-2671617).
6. “History of Psychology.” *Noba*, <https://nobaproject.com/modules/history-of-psychology>.
7. “Mental Disorders Affect One in Four People.” World Health Organization, World Health Organization, 29 July 2013, [www.who.int/whr/2001/media\\_centre/press\\_release/en/](http://www.who.int/whr/2001/media_centre/press_release/en/).
8. “Mental Health Included in the UN Sustainable Development Goals.” World Health Organization, World Health Organization, 14 Jan. 2016, [www.who.int/mental\\_health/SDGs/en/](http://www.who.int/mental_health/SDGs/en/).
9. “Mental Illness: Invisible but Devastating | Africa Renewal.” *United Nations*, United Nations, [www.un.org/africarenewal/magazine/december-2016-march-2017/mental-illness-invisible-devastating](http://www.un.org/africarenewal/magazine/december-2016-march-2017/mental-illness-invisible-devastating).
10. Meshvara, Deva. “Mental Health and Mental Health Care in Asia.” *World Psychiatry : Official Journal of the World Psychiatric Association (WPA)*, Masson Italy, June 2002, [www.ncbi.nlm.nih.gov/pmc/articles/PMC1489866/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489866/).
11. “Poor Mental Health, an Obstacle to Development in Latin America.” *World Bank*, [www.worldbank.org/en/news/feature/2015/07/13/bad-mental-health-obstacle-development-latin-america](http://www.worldbank.org/en/news/feature/2015/07/13/bad-mental-health-obstacle-development-latin-america).
12. “Unite For Sight.” *Cultural Perspectives on Mental Health*, [www.uniteforsight.org/mental-health/module7](http://www.uniteforsight.org/mental-health/module7).
13. “What We Do.” World Health Organization, World Health Organization, [www.who.int/about/what-we-do](http://www.who.int/about/what-we-do).
14. “WHO Mental Health Gap Action Programme (MhGAP).” World Health Organization, 30 Apr. 2019, [www.who.int/mental\\_health/mhgap/en/](http://www.who.int/mental_health/mhgap/en/).
15. WHO. “Millennium Development Goals (MDGs).” *World Health Organization*, World Health Organization, 25 June 2015, [www.who.int/topics/millennium\\_development\\_goals/about/en/](http://www.who.int/topics/millennium_development_goals/about/en/).
16. WHO. “Pan-American Caracas Declaration.” *Database*, [www.globalhealthrights.org/instrument/caracas-declaration/](http://www.globalhealthrights.org/instrument/caracas-declaration/).