

# CERRITOS CONFERENCE 2021

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# WHO

**TOPIC:**  
BARRIERS IN ACCESS TO  
MENTAL HEALTH CARE

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**DIRECTOR: SANCHI KOHLI**

October 9th, 2021

To Delegates of CHSMUN Novice 2021

Dear Delegates,  
Welcome to CHSMUN Novice 2021!

It is our highest honor and pleasure to welcome you all to our 2021 novice conference here at Cerritos High School. On behalf of the Cerritos High School Model United Nations program, we are proud to host this 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 the 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.

Although there will be a few changes to our conference due to Covid-19, our advisors and staff have put in countless hours to ensure delegates have an amazing experience. Our greatest hope is that from attending CHSMUN 2021, students are encouraged to continue on in Model United Nations and nevertheless, inspired to spark change in their surrounding communities. With this strong circuit consisting of over 500 delegates, CHSMUN Novice 2021 will provide a quality experience for beginner delegates to enhance their speaking and delegating skills.

If you have any questions, comments, or concerns, please contact us! We look forward to seeing you at CHSMUN Novice 2021!

Sincerely,

Anushka Panjwani & Naima Dellawar

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Secretary-Generals

## **A Note From The Director:**

Delegates,

Hey Everyone! My name is Sanchi Kohli and I'm so excited and honored to be your Chair for the World Health Organization (WHO) committee. This is going to be my 5th year in the MUN program and I've learned and grown so much from each conference I've attended and Committee I've been in. Given how difficult this past year has been with the pandemic I hope the topics I have selected resonate with some of the experiences we have had in the past year. As you start to research and develop solutions I urge you all to find connections with the issues I have selected, in order for debate to be as fruitful as possible for us all.

Aside from MUN I'm involved in MAZA the South Asian Club at CHS, Cerritos Wellness our Mental Health club, and a few other clubs. I also volunteer at a nonprofit that supports immigrants and the elderly in which I get to display my passion for Mental Health as well. In my free time I love to dance. I've been Bollywood dancing for around 12 years and recently have gotten back into Bhangra (a style of indian dance). Other things I like to do are listen to Olivia Rodrigo, scroll through tiktok, and binge watch Netflix shows. I also love to read when I get the chance and a recent favorite of mine was "We Were Liars". So, that's just a little bit about me but I look forward to engaging with you all soon in committee! Feel free to reach out if you want to just talk or if you have any questions or concerns :)

Sincerely,

Sanchi Kohli

Director, WHO

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## **Committee Introduction:**

The World Health Organization (WHO) was first established on April 7th, 1948, the day now marked as World Health Day and celebrated yearly. The WHO truly has a global reach with 7,000 people working in 150 country offices, six regional offices, and the WHO headquarters in Geneva, Switzerland. This strength in numbers allows the WHO to carry out their mission and goal of directing and coordinating international health within the United Nations system. WHO's main areas of work consist of health systems, health through the life course, non communicable and communicable diseases, preparedness, surveillance and response, and corporate services. WHO works within countries with governments, bi and multilaterals, foundations, and organizations in order to support their health systems and help them obtain health objectives. The WHO is governed by the World Health Assembly which is its decision making body. The World Health Assembly has the role of determining the organization's policies, appointing the director general, supervising financial policies, and reviewing and approving the proposed program budget. Further, the WHO is held accountable by the Independent Expert Oversight Advisory

committee (IEOAC). The IEOAC advises the programme, Budget and Administration Committee, and the Executive board in all their purposes. WHO has led efforts in prevention and eradication for diseases] from Smallpox to Tuberculosis. WHO's commitment to sanitation, prevention, treatment, and more has benefited various countries globally.

# Topic: Barriers in Access to Mental Health Care

## Background:

Since 1948 when the first International Congress of Mental Health took place in London, there was no globally recognized or defined definition for mental health. Since then, mental health has been clearly defined by the World Health Organization (WHO) 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 is able to make a contribution to his or her own community. Although mental health has started to be defined and accepted by many nations, there still tend to be many barriers and disparities when it comes to receiving proper care. This commonly occurs due to stigma in certain communities, but alongside this stigma comes barriers for certain ethnic, religious, and other minority communities. In a study by the American Psychiatric Association, it was found that those from racial or ethnic minority groups were less likely to receive mental health care. Specifically, in 2015 it was found that amongst adults with any mental illness, 48% of whites received mental health services, compared with 31% of Blacks and Hispanics, and 22% of Asians. Many of these groups are less likely to receive or request care due to factors ranging from lack of insurance, mental health stigma, lack of culturally competent providers, language barriers, inadequate support for mental health service in safety net settings, and distrust in health care systems. Another group highly affected is the LGBTQ+ community as LGBTQ+ individuals are twice as likely as heterosexual counterparts to have a mental illness in their lifetime. These rates are further exacerbated for those in the community due to harmful stigmas in countries which hold beliefs such that being a part of the LGBTQ+ community is a mental illness. This harmful belief has been countered by all major professionals and mental health organizations affirming that being LGBTQ+ is not a mental illness. Despite this, many in the community are deterred and refused when trying to receive care due to their sexuality. Additionally, another hugely affected population is refugees as about one in three asylum seekers and refugees experience high rates of depression, anxiety, and post-traumatic stress disorder. Therefore many of these refugees from a young age need and require mental healthcare, but due to structural and systemic barriers, oftentimes there becomes a lack of education about the mental health system and resources making it seem out of reach for many refugees. Additional barriers include health insurance issues, transportation, and language proficiency. Oftentimes health systems also have issues with referring people for services as only about 3% of refugees

are referred to mental health services following screening. Another minority group is women when it comes to mental health care as women show higher rates of mental illness compared to men and show multiple risk factors leading to worsening conditions. Women have barriers that range from lack of insurance, lack of awareness about mental health services and treatment, stigma associated with mental health, and lack of appropriate intervention strategies.

Mental health care therefore needs more light and has a variety of underlying issues and barriers including access to mental health care services, stigma and misinformation, lack of policy, and the cost of mental health care. These barriers can be displayed globally, as in low and middle income countries over 75% of people with mental health conditions receive no treatment. These numbers become further exacerbated for minority groups as displayed before and in communities with highly stigmatized and negative views of mental illnesses and mental health care.

## United Nations Involvement:

The World Health Organization (WHO) has been striving to support governments in strengthening and supporting mental health. In 2013 WHO approved a Comprehensive Mental Health Action Plan as a commitment by all of WHO's member states to a set of actions working towards the improvement of mental health globally. The overall goal of this action plan is to promote mental wellbeing, prevent mental disorders, provide care, enhance recovery, promote human rights, and reduce the mortality, morbidity, and disability for persons with mental disorders. In addition, the United Nations Human Rights Council (UNHRC) elaborates on the critical role of social determinants on mental health in 2019 report, A/HRC/41/34. Further, in 2017 Human Rights Council Resolution A/HRC/RES/32/18, the importance of integrating mental health services into primary and general care was recognized along with the steps needed to accomplish it. Additionally, WHO launched the Mental Health Action Programme also known as mhGAP which has an aim to scale up mental health services amongst others for those in low and middle-income countries. This program provides resources from which tens of millions with mental illnesses can be treated. Lastly in 2016 the UN resolution 32/18 on mental health and human rights was adopted by the human rights council. It calls upon and identifies major challenges faced by those in need and using mental health services as well as those with mental illnesses. They provide a focus on stigma and discrimination for which they recommend a number of policy shifts to improve the quality of mental health service delivery, along with putting an end to involuntary treatment and institutionalization.

## Case Study: Urban and Metropolitan Regions in Asia

The COVID-19 Pandemic has affected people globally and a huge effect of this pandemic has been on people's mental health. This especially holds true for those in Urban and Metropolitan areas as due to the pandemic, there are higher rates of people feeling depressed, isolated, and facing a plethora of mental illnesses. This just goes to show how many nations are unequipped to deal with the spike in mental health conditions being faced by people all around the world. Countries such as India are still unable to understand the need for preventive action towards Mental Health. This starts with dismantling stigmas which lead to large amounts of misinformation about mental health in regions such as Asia and countries like India. The pandemic makes it apparent more than ever that there is a need for resources and support as 30 million people are suffering from mental health conditions in India but only a fraction are seeking help. Although those in urban areas are more likely to seek help than those in rural areas, even for those who do seek help, there are only .05 psychiatrists for every 100,000 in central India. This just goes to exemplify the disparity in resources available in countries like India. Based on a study done in China, those living in urban areas during the pandemic are said to have a significantly higher prevalence of mental health problems. Measures said to exemplify mental health conditions during the pandemic include being female, of a younger age group, having a chronic or psychiatric illness, unemployment, student status, frequent exposure to social media, or news concerning COVID-19. These factors along with others are said to increase one's chance of having a mental illness due to the pandemic. Therefore, regions need to increase mental health care and make it a priority.

## Bloc Positions:

**Western Bloc:** A majority of the Western Bloc includes Mental Health Care as a part of their overall health care this is with the exception of the U.S. and a few other countries. While many of these countries do include Mental Health Care as a part of their universal health care programs it is most times underfunded and under prioritized within these programs. For example, in Canada 85% of Canadians say mental health services are amongst the most underfunded services in their health care system. Further, in many Western countries such as the U.S., mental health care and resources are seen and treated as a luxury. This makes the many needed resources out of reach for the economically disadvantaged, making them further at risk of mental illnesses simply due to this unequal access of care.

**Latin America and the Caribbean Bloc:** In Latin America and the Caribbean mental health care is severely under prioritized and fragmented according to the Pan American Health Organization (PAHO). It was reported in 2019, the total health budget for Psychiatric hospitals in the regions was only 0.9%. Due to this, there are critical treatment gaps in these regions that have been seen as a challenge to reduce. Further, WHO and PAHO evaluations have shown that the responsiveness of health services to these concerns is still limited.

**African Bloc:** The shape of mental health care in African countries is very poor and highly under prioritized with many countries allocating less than 1% of the health care budget to mental health. With this under prioritization comes a huge care gap, such as in Kenya where there are only about 80 psychiatrists and 30 clinical psychiatrists. However, it was estimated that a fourth

of Kenya's 44 million population suffers from mental illness. This gap can be seen all throughout the region with the number of those in need being much higher than those available to provide care.

**Asian-Pacific Bloc:** The Asian-Pacific region has extremely low rates of mental health professionals leaving many in the region without care. The rates of those with mental illnesses are increasing in these regions, especially in larger countries such as China. In a country where 54 million people suffer from depression and 41 million from anxiety disorders, there are just two psychiatrists and six registered psychiatric nurses for every 100,000 people in the country. This gap can be seen all throughout the region in countries such as India and the Philippines as well.

## Basic Solutions:

When tackling the barriers in access to mental health care, there are multiple factors for delegates to take into consideration. It is important to focus on how mental health is viewed amongst the most vulnerable populations. Delegates must understand if the poor and rich can both access the same resources, and if not, what can be done to enable such access for the poor. Additionally, ensuring that certain systemic issues and barriers are being addressed and tackled is vital. It is important to ensure that a group of a certain race such as African Americans or a group of certain sexual orientations such as those in the LGBTQ+ community are receiving proper care. Further, it is crucial to ensure that care is available in culturally appropriate and linguistically specific manners to ensure these barriers are being properly addressed. Additionally, it is important for delegates to curate solutions in which policies are being developed to enhance and grow mental health care in their regions. Such policies can include allocating more funds or equal funds to mental health care. Countries must also focus on what factors may be leading to the underprioritization of mental health care. This can include but is not be limited to: mental health stigma in the region, cultural and religious preferences in regards to mental health, and misconceptions of mental illnesses. These subtopics should be addressed by delegates but should not be the main focus of their research. Delegates are encouraged to focus on tackling more of the systemic issues, policy based barriers, and solutions that aid in increasing professionals and care in their region. Further, delegates should develop solutions in which the spectrum of mental health care is expanded, and issues like brain drain are being tackled. Delegates should put forth solutions in which care is being expanded for all groups of people regardless of gender, religion, sexual orientation, economic status, and other related issues.

## Questions to Consider:

1. What groups are most vulnerable to mental illnesses in your region?
2. How much of my country's health care budget is being allocated to mental health care?

3. Is mental health care seen as a luxury in my country, if so what can be done to change this and make care more accessible?
4. Is mental health care seen as a valid and necessary practice in my country?
5. Have legislations or declarations been implemented or passed in your country to prioritize and focus on mental health care, if so what changes have been implemented since?
6. What cultural barriers specific to your region inhibit those in need from receiving mental health care?
7. What systemic barriers arise in your region for minority groups that may impact their access to care, and how is your region working towards combating this?
8. How has the COVID-19 pandemic affected mental health care in your country, by either improving or exacerbating issues in care?

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