THE MENTAL HEALTH EPIDEMIC
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INTRODUCTION

World mental health Day presentation in South Kivu, DRC

MONUSCO, 2021

According to the Lancet, one of the world's foremost scientific journals, "Before 2020, mental disorders were leading causes of the global health-related burden, with depressive and anxiety disorders being leading contributors to this burden" (Santomauro et. al, 2021). Exacerbated by a global pandemic that heightened pre-existing health concerns, increased social isolation, worsened wealth inequality, and increased vulnerable populations susceptibility to harm and violence, the mental health crisis has continued to intensify.

The World Health Organization (WHO) defines **mental health** as "a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community" (WHO, 2022). Despite mental health being a crucial, all-encompassing element of life, we have grown accustomed to neglecting it in societies across the world. As mental health continues to suffer, with increases in depression, substance abuse, suicide rates, self-harm, and associated neurological disorders, the world's leaders have grown more aware of the immense dangers this poses to overall well-being. But amidst societal stigmas, external crises, and financial burdens, many programs aimed at targeting this issue have fallen short. This briefing will outline the key needs regarding mental health across different societies globally, as well as common stances for or against targeting various needs specifically.

EXPLANATION OF THE ISSUE

Historical Development

Until recent times, mental health was not viewed a legitimate area of health. While physical ailments and infectious diseases have long-since been regarded as threats to overall health and wellbeing, mental health concerns have been consistently minimized, ignored, or attributed to mystical origins—often to the detriment of those suffering from these conditions.
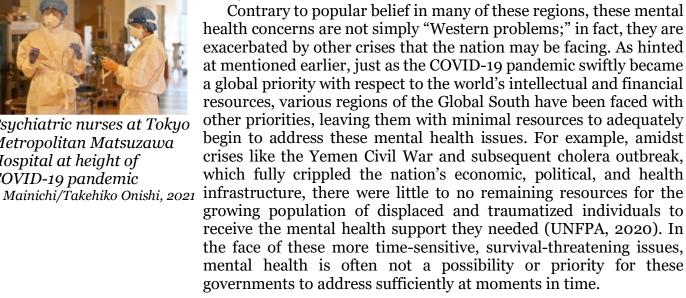
Inhumane Treatment

Mental health – a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

Going back to ancient times, treatments for mental disorders were often incredibly inhumane; practices were based around crude brain surgeries, social isolation, and forceful confinement for the most severe disorders. These "therapies" were prescribed for conditions such as schizophrenia, various levels of neurodiversity, and even female "hysteria" (Tasca et. al, 2012). Those dealing with conditions that were socially obtrusive in any way faced the harshest treatment. Since these conditions were often attributed to supernatural causes, as such they would entail pseudoscientific and cruel therapies.

As time went on and the study of both mental and physical health became more formalized, these practices died out in favor of more robust treatment protocols. However, in many communities, the social taboo and lack of societal awareness on how to approach these conditions remained. More broadly, the host of mental health related conditions that don't manifest in public ways have been habitually neglected and ignored, with patients told to silently endure. Although awareness steadily began to rise throughout the 19th and 20th century, with concepts like **traitement moral** (a French phrase, meaning "moral treatment" and more humane conditions for those deemed insane), unfortunately, conditions such as depression, anxiety, personality disorders, eating problems, stress, and suicidal thoughts remained largely out of the bounds of accepted health discourse (Farreras, 2023).

Scope of the Problem

The present-day mental health epidemic bears the consequences of these age-old taboos and inadequate treatments. Globally, suicide is the fourth leading cause of death among people between the ages of 15 and 29. Approximately a billion people currently live with a mental disorder. But despite this overwhelming prevalence, most

governments spend just 1 to 2 percent of their healthcare budgets of mental health (Kuehn, 2022). This gap between prevalence and care is even more present in lower income countries across the Global South.

Reckoning With Culture, Crisis, and Stigma

To this day, one of the largest barriers to combatting the mental health epidemic is social **stigma,** a negative or discriminatory attitude that a group holds against a behavior, characteristic, or belief. This is most evident in regions where strong cultural values have impacted the connotation of the term "mental health". Individuals seeking mental health resources may be looked down on by their communities and face social repercussions as a result.

For instance, in many East Asian traditions rooted in Confucianism, which greatly values individuals will and discipline, those who suffer from poor mental health have often been shamed and shunned for perceived weakness. In countries like Japan, this social prejudice not only discourages people from seeking help, but it also disincentivizes the government from providing adequate treatment and resources until their cases have spiraled out of control; as of 2018, Japan has the most people hospitalized in psychiatric wards per capita in the world (Japan Health Policy NOW, 2021).

Contrary to popular belief in many of these regions, these mental health concerns are not simply "Western problems;" in fact, they are exacerbated by other crises that the nation may be facing. As hinted at mentioned earlier, just as the COVID-19 pandemic swiftly became a global priority with respect to the world's intellectual and financial resources, various regions of the Global South have been faced with other priorities, leaving them with minimal resources to adequately begin to address these mental health issues. For example, amidst crises like the Yemen Civil War and subsequent cholera outbreak, which fully crippled the nation's economic, political, and health infrastructure, there were little to no remaining resources for the growing population of displaced and traumatized individuals to receive the mental health support they needed (UNFPA, 2020). In the face of these more time-sensitive, survival-threatening issues, mental health is often not a possibility or priority for these governments to address sufficiently at moments in time.

Psychiatric nurses at Tokyo Metropolitan Matsuzawa Hospital at height of COVID-19 pandemic
Mainichi/Takehiko Onishi, 2021

Increasing Overall Awareness

Although this is most apparent in the Global North, there has been a greater push towards de-stigmatization and increased mental health care awareness globally. Younger generations have been more vocal than ever before on their mental health, and healthcare

professionals and community leaders alike are engaging in more conversations on how mental health may broadly impact other traditional areas of well-being. As evidenced by the opioid epidemic in the United States, attitudes regarding the causes and effects of addiction have begun to shift as well. Extensive research has been done to show the link between opioid abuse and preexisting mental health conditions such as depression and suicidal thoughts (NIH, 2022). Rather than approaching this epidemic as a behavioral issue that must be dealt with punitively, as previous drug epidemics in the US have been treated, opioid use disorder is largely recognized as a mental health condition that may benefit from counseling or medication-assisted therapy (MAT) (CDC, 2020). However, many non-Western countries do not share this mindset; it is still very common for drug use to be criminalized, and "a wide range of drug-related offences are punishable by death in over 30 countries" (OHCHR, 2022).

However, it should be noted that there remains a massive disparity between the Global North and Global South with regards to awareness and research into mental health. In regions like Sub-Saharan Africa and South-East Asia, there is an immense lack of scientific publications or studies on mental health-related topics such as depression, anxiety, and trauma, especially when compared to countries like France and the United States (Sankoh, 2018). Coupled with the cultural stigma against mental health that already limits the number of productive conversations that communities can have, the massive dearth of research further contributes to ineffective treatments and inadequate support.

UN Policy Action

Stigma – a negative or discriminatory attitude that a group holds against a behavior, characteristic, or belief

Although funding has been lacking on the national as well as international scale, WHO and the larger UN system have shown strong support for mental health awareness and treatment. WHO has sounded the call for increased investment into mental healthcare access, understanding, treatments, and community engagement. In 2019, WHO created the WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health, primarily targeting 100 million people across 12 priority countries (WHO, 2019). WHO has also recently created the World Mental Health Report: Transforming Mental health for All, aiming to open discussion and create actionable plans forward in many of these societies where mental health has never been a priority (WHO, 2022). These programs' primary goals are establishing consistent baselines for mental health across all nations; since they tend to focus on major milestones such as decreasing suicide rates and

ensuring that these countries' mental health provisions are in line with human rights standards, there is vast opportunity for additional programming that addresses more specific needs.

As of the 2023 International Day Against Drug Abuse and Illicit Trafficking, the UN System has announced a decisive position regarding drug use, treating substance abuse as a health issue that responds to mental health treatment and rehabilitation programs rather than punitive measures like imprisonment (OHCHR, 2022). However, there is limited international policy that specifically addresses this issue.

AREAS OF DEBATE

De-stigmatize Mental Health on the Community-Level

As discussed in this briefing at length, one of the largest barriers to addressing the mental health epidemic is the presence of stigma against any acknowledgement of mental illness. This stigma ranges in severity around the world, causing anything from family judgement to the loss of social and economic opportunities on a public scale. Therefore, there are many supporters of de-stigmatization movements that can remove these consequences and encourage people to seek help. These movements typically employ educational or social media campaigns to effectively communicate with community members on the importance of mental health. By steadily working to break down stigma, they hope to open the door for conversations on mental health. Opponents to de-stigmatization are resistant to any changes to their culture, as departures from tradition can be difficult to accept.

Only 14 per 100,000 people in the African continent visit mental health facilities each year (versus 1051 per 100,000 globally).

Political Perspectives on this Solution

Interest groups supporting these resolutions are often younger generations, activist groups like the National Alliance on Mental Illness (NAMI), and more liberal-leaning governments. However, on an international stage, in groups like the UN, these proposals often receive widespread support -- although the implementation can be difficult. These types of initiatives are often slow and tedious to execute, since they require a multitude of actors of the local level to succeed.

Increase Funding for Effective Mental Health Interventions

Most nations dedicate a very small fraction of their healthcare budgets to mental health. Those in favor of increasing funding for

mental health interventions aim to fund current widely used interventions like counseling and psychotherapy services, substance abuse treatment, and rehabilitation services. Focuses on outpatient services rather than long stays as psychiatric hospitals have often proven to be effective, but these solutions requiring robust community care require large overhead costs as they are scaled up to the population-level (Kuehn, 2022). Opponents have worked for the several years to decrease existing mental health budgets, believing that these resources would better serve other health needs, or that these issues are not as superfluous or severe as the recent wave of activism would suggest.

Political Perspectives on this Solution

Relevant stakeholders are government funding sources, as well as their Ministries of Health, which may prioritize other health crises above mental health. Furthermore, in countries where there is no universal healthcare, insurance providers likely stand in opposition to these changes, since they could easily trigger further reform that holds insurers accountable to cover these newly prioritized areas of healthcare.

Employ Holistic, Community-Engaged Interventions

85% percent of people suffering from depression in LMICs don't receive mental health treatment.

Particularly in the Global North where things like substance abuse are recognized as mental health disorders, there have been movements to use interventions that address the social, spiritual, and societal ramifications of these disorders. In addition to psychotherapy, these strategies use things like support groups, writing therapy, yoga, art therapy, aromatherapy, and mindfulness to treat the "whole person" and give them productive coping strategies. However, these interventions can also be quite expensive and require insignificant community buy-in in order to take place.

Political Perspectives on this Solution

More conservative governments (which often have the strongest stigmas against mental health and substance abuse) have the clearest opposition to these programs. Countries across South America, the Middle East, and Southeast Asia are widely regarded as having some of the strictest drug laws (Amnesty International, 2015). These solutions may also be harder to implement in nations like the United States that do not have universal healthcare and lack the infrastructure for scalable community-based programs (Kuehn, 2022). However, there are many international organizations such as Amnesty International and StrongMinds that are tasked with promoting human rights and encouraging rehabilitative, community-based treatments (WHO, 2022).

Support Mental Health Research in the Global South

There is a profound lack of data on the full disease burden of mental health across many regions of the Global South. As a result, 85% of people with depression in LMICs (low- and middle-income countries) receive no mental health treatment at all, and they are often left to either cope alone or rely entirely on spiritual traditions that may or may not have any proven effectiveness (WHO, 2022). By supporting mental health research, researchers aim to provide a greater scientific basis for funders and policymakers to draw upon as they make decisions on the proper treatments to invest in. This information also crucially aids community members in understanding the scope of the issue in their societies.

Political Perspectives on this Solution

International organizations such as the UN system have traditionally shown strong support for research and education. However, relatively little support has traditionally been shown in the form of funding and implementable plans on the community level for the majority of the Global South.

Address Mental Health Needs Amidst Major External Crises

The aftermath of the COVID-19 pandemic showed spikes on a plethora of mental illnesses all around the world; the need for mental health services during and after his crisis was extremely clear. But even more broadly than this, external crises that impact specific regions and even specific countries often neglect mental health in their response strategies.

Events such as the unemployment crisis in South Korea–in which the unemployment rate for young people between 15 and 20 years old is over twice the national average unemployment rate–have worsened the already-stressed mental health states among young people (Park, 2021). This is partially to blame for the high South Korean suicide rate, which is the highest in the Global North. Supporters of mental health intervention during external crises believe that across environmental, economic, and health crises, it is important that mental health is considered a priority. This can be done through an integration of mental health policy within national and international disaster response strategies. Through funding, more comprehensive health care policies, and reliable and resilient mental health systems that remain active even during crises, supporters believe that they can decrease the burden of mental health disorders during exceptionally difficult times.

Political Perspectives on this Solution

International organizations such as the UN and the World Bank have already shown support for solutions such as these during the COVID-19 pandemic. Opponents to these changes may oppose universal healthcare or other programs that similarly reflect a more integrative healthcare system. They may view these financial and governmental resources better suited to the crisis at hand or the ramifications of these crises more as personal burdens than as matters of national and international concern.

BUDGETARY CONSIDERATIONS

The projected budget for WHO in the next year is $6.86 billion. However, delegates should consider that this budget is meant to cover all WHO initiatives—existing and new. The budget is typically divided into four segments: the base budget, the largest segment, which covers administrative costs across all offices as well as the work done for WHO's main strategic priorities; the special programs budget, which covers unique projects and those done in collaboration with other organizations; the Global Polio Eradication Initiative (GPEI), solely tasked with working towards eradicating polio worldwide; and an emergency operations and appeals budget for disasters and unexpected public health crises.

However, it should also be noted that according to the World Economic Forum, mental health conditions worldwide costed approximately $2.5 trillion in 2010 and is projected to rise to $6 trillion by 2030 (Bloom et. al, 2011). Delegates should consider the resources available to them as well as the economic burden that the mental health epidemic may cause in the future.

CONCLUSION

Globally, suicide is the fourth leading cause of death among people between 15 and 29.

The mental health epidemic is one of the most serious health crises of our generation. The delegates' primary concerns should be drafting resolutions that successfully work with the community to provide effective treatment for all that need it. The primary obstacles to this goal depend significantly on the specific community being considered—their potential stigmas and taboos, financial resources, and existing governmental and healthcare infrastructure that might prohibit or encourage these changes. For instance, a resolution aimed at targeting stigma in the Global South would require vastly different considerations than a resolution for self-harm and

substance abuse in the Global North. It is important that delegates consider their specific goals while keeping in mind the resources available to them.

Remember that complacency is often the enemy of progress; those working to combat these longstanding issues are often working against generations of taboo and stigma, and although many can recognize that there is, in fact, a problem, they often lack the impetus to confront the issue and the resources to change things. As you collaborate with fellow delegates, remember that these major challenges are conquered by driven individuals just like you—one resolution at a time.

GUIDE TO FURTHER RESEARCH

A diverse array of resources, from scientific publications to news articles, may be helpful while researching this topic. Sites like Google Scholar can be especially helpful when filtering through scientific literature to find documents relevant to specific areas of mental health. In addition, milestone reports or funding documents from governmental agencies and NGOs may be helpful when determining their priorities and how they have used resources in the past. On topics relating to mental health and societal opinions, it may also be helpful to review opinion-based articles or even social media for a picture into a community's genuine perspectives at that moment.

Consider resources that can shed light on a nation's unique mental health priorities and needs. With such a far-reaching topic, all of these details may be useful when drafting targeted resolutions. Focusing additional research on current mental health initiatives, bills, or resolutions being passed in your nation will also provide useful context to the unique positions that you are aiming to represent.

GLOSSARY

Mental health – A state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community.

Traitement moral – A French concept, meaning "moral treatment," that rose in popularity in the 18th and 19th centuries to promote a more humane care approach for patients with mental health disorders.

Stigma – A negative or discriminatory attitude that a group holds against a behavior, characteristic, or belief.

Mental health interventions – Various treatments, therapies, or strategies employed in order to improve mental health.

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