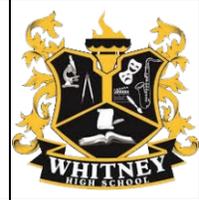


Whitney High School Model United Nations
 16800 Shoemaker Avenue / Cerritos / CA / 90703 / 562-926-5566



WHSMUN XX CONFERENCE

January 29, 2022

Novice World Health Organization [WHO]

Mental Health of Youth in Developed Countries

Chair Introductions

Head Chair

Hello delegates! My name is Rohil Kadekar, and I'm excited to be your Head Chair for the Novice WHO committee! I'm currently a senior, and have been doing Model United Nations since middle school, an experience that has helped me grow as a person and become a better public speaker and debater. Outside of MUN, I enjoy playing soccer and learning more about the fascinating worlds of business and technology. I hope that you are excited to debate our topic in our conference and continue to participate in MUN through the rest of high school. See you all at WHSMUN 2022!

Vice Chair

Hello delegates! My name is Vanessa Van, and I'm currently a junior. I began my MUN experience in middle school, and am also currently one of the Head of Middle School MUN on Whitney's Secretariat. Joining MUN was actually a last-minute decision that I made on a whim, but it's a decision that I'm super glad I made. Being in MUN has taught me so much as a delegate, and I'm incredibly thankful for all of the amazing memories that I've made, including meeting such truly inspiring people. Beyond MUN, I love to dance on pointe and volunteer within our community whenever I can. I am absolutely thrilled to be serving as your Vice Chair of this committee and wish the best of luck to all of you in this upcoming conference. I can't wait to see you all at WHSMUN 2022!

Legal

Hello delegates! My name is Heer Patel, and I look forward to being your chair for this conference! I am a senior who has been participating in MUN since ninth grade. MUN has helped me grow as a person and become more confident in my speech and conversation skills. Outside of MUN I like reading, swimming, dancing, and listening to music. I can't wait to meet your acquaintance in committee and listen to all your creative solutions. See you all at WHSMUN 2022!



BACKGROUND

The childhood years, including adolescence, of an individual's life is a crucial period in which physical, emotional, and social changes are experienced. Half of all mental illnesses begin by the age of fourteen with approximately three-quarters beginning by the mid-20s. Thus, it is a vital duty to promote psychological well-being by addressing risk factors, access to support services, and better treating mental health disorders.

A whole host of risk factors can contribute to the potential for any given child to experience negative impacts on their mental health. One of the main factors is the stress induced by the changes associated with adolescence. Often, teens desire greater autonomy as they transition into adulthood but may not be able to fulfill this desire for a plethora of reasons. This time can also be a major time for individuals to explore their sexual identity, a process that can be emotionally taxing and mentally depleting, particularly if support systems are lacking. Pressures to conform to societal expectations, particularly those set by friends and classmates, can place overwhelming burdens on many children, especially when those expectations conflict with the beliefs and interests of the child. This issue is exacerbated by increased access to technology and social media as the individual's lived reality will often deviate greatly from the alternate reality portrayed online.

Building healthy sleep patterns, regularly exercising, developing coping skills, and learning to manage emotions can be great first steps in maintaining strong mental health into adulthood but fail to account for factors out of the individual's control such as family dynamics and school and community environments. Those who are exposed to violence, including harsh parenting, bullying, and sexual violence, are very clearly more predisposed to poor mental health with the additional stress contributed. Socioeconomic status can also have a very strong effect on mental health outcomes with those of lower status fielding more struggles and often lacking access to support and counseling services. Those with chronic illnesses, autism, intellectual disabilities, or other neurological conditions already suffer struggles with medical issues, placing them at greater risk for more mental health conditions. Pregnant and parent adolescents, those in early or forced marriages, orphans, and individuals from minority or marginalized ethnic and sexual groups tend to be more affected as well due to additional stressors.

However, the issue is often downplayed despite the fact that an approximated ten to twenty percent of adolescents worldwide, amounting to an estimated 166 million, experience mental health conditions; it is not uncommon for these cases to be underdiagnosed and/or undertreated. Depression is the fourth leading cause of illness among those aged 15-19 and nineteenth among those aged 10-14. Anxiety comes close behind, ranking as the ninth leading cause of unwellness for those aged 15-19 and sixth for those aged 10-14. Behavioral disorders such as attention deficit hyperactivity disorder can make it more difficult for many to function and in some cases, can lead to adulthood criminal activity. Eating disorders such as anorexia nervosa, bulimia nervosa, and binge eating disorder, although affecting females more than males, are highly prominent in teens and often coexist with other mental health issues. Depression and anxiety disorders alone make up over forty percent of mental health concerns, with conduct disorders and ADHD coming in at about twenty percent apiece.

These conditions have significantly detrimental effects on youth in their day-to-day activities and in severe cases, can lead to suicide, the third highest assessed cause of death in adolescents. An estimated 62,000 lives were lost in 2016 to self-harm with many of these individuals engaging in risk-taking behaviors such as alcohol, tobacco, and cannabis use.



UN INVOLVEMENT

Despite acknowledging the importance of focusing on mental health, the first United Nations (UN) event to be solely devoted to mental health did not take place until September 26, 2018. Referred to as, “Time to Act on Global Mental Health”, the event discussed the United Nations’ plans of incorporating mental health into the sustainable development agenda through campaigns, adoption of policies and legislations, and empowerment.

The World Health Organization (WHO) has also created the WHO Quality Rights Toolkit, which is intended to be a guide for developing and wealthy countries, regarding how to protect human rights in mental health facilities. Within the guide states the importance of respecting human rights, as well as holding evaluations of work environments to check for any inappropriate working conditions.

In 2016, an organization of the United Nations, known as “Healthy Workforce”, was created, focusing on prioritizing the psychological health of workers with the Secretary General’s UN System Workplace Mental Health & Well-Being Strategy. The plans and goals of this strategy were derived from the results of the UN Mental Health and Wellbeing Survey conducted in 2015 regarding mental health issues that were caused by certain working conditions, including anxiety and depression. From the results of more people becoming affected by mental health, the United Nations has already predicted the world-wide issue to become the highest ranked “global burden of disease” by 2030. Thus, the Secretary-General António Guterres has stated, “Let us all be part of a healthier workforce as we work for a better world for all.”

The strategy made by the UN Health Workforce has also been highly active on World Mental Health Day, which takes place on October 10, 2021. Rather than advocating for mental health awareness on just this day however, the UN advocates for mental health throughout the entirety of the month. As an example, during the COVID-19 pandemic in 2020, mental health became a serious topic for various parts of the world, with cases of anxiety and depression peaking for the youth, in particular. In response, the World Health Organization conducted a virtual, “24-Hour March for Mental Health”, on October 9th, 2020, a global online advocacy event on October 10, 2021, and began the 2020 World Mental Health Day Campaign Educational Material with “Mental Health for All: Greater Investment - Greater Access”. In 2021, the UN set the theme of “Mental Health in an Unequal World” to encourage awareness and protection of the psychological wellbeing of citizens and create awareness of the unequal access that people have to mental healthcare.



BLOC POSITIONS

Western Bloc:

A large percentage of the youth from this bloc suffer from mental illnesses of some sort. The United States reported being third in the world to have the most adolescents suffering from mental and behavioral disorders and second worldwide for alcohol and drug use. Many of these nations adopted a capitalistic economy. Youth in these nations carry the burden of achieving success in these societies. Meeting the economic expectations set by these countries has become the cause of depression and anxiety in many young adults. Alcohol consumption is also the highest in Western Europe and the Americas, where it is more accessible for minors to possess alcohol and certain drugs. Substance and alcohol abuse is also a cause for the decline of mental health in youth. Countries in this bloc are searching for solutions that can help improve mental health care for their citizens.

Latin American and Caribbean Bloc:

Many of the economies in this bloc are underdeveloped; thus, they provide limited mental health resources for their citizens. Depressive disorders and alcohol abuse have the highest predominance in this bloc. One of the causes for these disorders is the prevalence of a "machismo" culture. This culture emphasizes the importance of a sole provider for the family, usually a male. Failure to meet these standards results in negative backlash from family as well as society. There have been many attempts to increase mental health awareness in these nations; however, there is still work to accomplish.

African Bloc:

The African Bloc faces the most challenges regarding mental health awareness. The nations in this bloc suffer from poverty, war/conflict, and lack of resources/awareness. Studies show that one in 7 children and adolescents in Africa have significant mental difficulties, with 1 in 10 (9.5%) having a specific psychiatric disorder. These nations require cooperation and assistance from other countries to help develop mental health care in their states.

Eastern European Bloc:

Eastern Europe carries the highest burden of mental and behavioral disorders in the world. A study by the World Health Organization shows that the suicide rate and alcohol consumption in this bloc is considerably high and constantly growing. Mental health policies are available in these countries but not highly promoted or sustained by their citizens or governments. These nations also have the smallest percent of expenditure allocated towards mental health care than other countries. Severe change and awareness are necessary for these nations.

Asia-Pacific Bloc:

The Asia-Pacific bloc has the most abundant variety of cultures and governments. It is also the home to many of the most populous countries and cities worldwide. However, when it comes to mental health, we see a decline in interest and activity. Over 450 million people in Asia reported suffering from mental and neurological disorders. A lack of regulation, as well as other cultural aspects, prevents people from seeking assistance. The desire for success and achievements is one such example of said cultural aspects. Another obstacle that these nations struggle with is the use of religious and traditional practices in the place of proper medical and psychological treatment.



QUESTIONS TO CONSIDER

1. What has your nation done to address the state of mental health care in the country?
2. What institutions are your government collaborating with to promote mental health awareness?
3. Which mental health conditions are the most prominent in your nation, and what has your government done to address those conditions?
4. What challenges does your country face that obstruct them from improving mental health care?
5. How will your country address the cultural or societal pressures citizens in your nation are facing?
6. How are social media and digital technologies affecting the mental health landscape within your country and how can harmful aspects of those technologies be mitigated?

7. What are the most ethical methods of treating those who are affected by mental health disorders?



WORKS CITED

1. *The 10 Most Depressed Countries | Best Countries | US News*.
<https://www.usnews.com/news/best-countries/articles/2016-09-14/the-10-most-depressed-countries>
2. “Adolescent Mental Health Statistics.” *UNICEF DATA*, 5 Oct. 2021,
<https://data.unicef.org/topic/child-health/mental-health/>.
3. “Adolescent Mental Health.” *World Health Organization*, World Health Organization,
<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>
4. Chrol, Jenna. “5 Challenges to Mental Health in Africa.” *The Borgen Project*, Jenna Chrol
<https://borgenproject.org/mental-health-in-africa/>
5. Duarte C;Hoven C;Berganza C;Bordin I;Bird H;Miranda CT; “Child Mental Health in Latin America: Present and Future Epidemiologic Research.” *International Journal of Psychiatry in Medicine*, U.S. National Library of Medicine, <https://pubmed.ncbi.nlm.nih.gov/15089004/>.
6. “Early Childhood Mental Health.” *Center on the Developing Child at Harvard University*, 14 Feb. 2017, <https://developingchild.harvard.edu/science/deep-dives/mental-health/>.
7. “Healthy Workforce.” *United Nations*, United Nations, <https://www.un.org/en/healthy-workforce-home>
8. Krupchanka, Dzmitry, and Petr Winkler. “State of Mental Healthcare Systems in Eastern Europe: Do We Really Understand What Is Going on?” *BJPsych International*, The Royal College of Psychiatrists, 1 Nov. 2016,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5619493/>
9. Melissa A. Cortina, DPhil. “Prevalence of Child Mental Health Problems in Sub-Saharan Africa.” *Archives of Pediatrics & Adolescent Medicine*, JAMA Network, 1 Mar. 2012,
<https://jamanetwork.com/journals/jamapediatrics/fullarticle/1107721>
10. “Mental Health and Development Enable.” *United Nations*, United Nations,
<https://www.un.org/development/desa/disabilities/issues/mental-health-and-development.html>.
11. “Mental Health in Latin America.” *AMSA*, 9 Aug. 2021, <https://www.amsa.org/mental-health-in-latin-america/>.
12. Meshvara, Deva. “Mental Health and Mental Health Care in Asia.” *World Psychiatry : Official Journal of the World Psychiatric Association (WPA)*, Masson Italy, June 2002,
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489866/>.

13. "Niaaa Publications." *National Institute on Alcohol Abuse and Alcoholism*, U.S. Department of Health and Human Services, <https://www.niaaa.nih.gov/>
14. Rodriguez-Cayro, Kyli. "What Does Mental Health Care Look like Abroad? This Is How 9 Countries Treat Mental Illness." *Bustle*, Bustle, 11 Oct. 2017, <https://www.bustle.com/p/what-does-mental-health-care-look-like-abroad-this-is-how-9-countries-treat-mental-illness-2885010>.
15. "Time to Act on Global Mental Health." *Mental Health Innovation Network*, 2 Oct. 2018, <https://www.mhinnovation.net/time-act-global-mental-health>
16. "Understanding the Pressures Children and Teenagers Face." *CABA*, 1 Oct. 2021, <https://www.caba.org.uk/help-and-guides/information/understanding-pressures-children-and-teenagers-face>
17. "World Mental Health Day: An Opportunity to Kick-Start a Massive Scale-up in Investment in Mental Health." *World Health Organization*, World Health Organization, <https://www.who.int/news/item/27-08-2020-world-mental-health-day-an-opportunity-to-kick-start-a-massive-scale-up-in-investment-in-mental-health>