Forum: Economic and Social Council (ECOSOC)

Issue: Ensuring sustainable support for those facing issues with mental health (SDG3)

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Introduction

Over 300 million people suffer from depression. One in every four people is likely to be affected by mental illness at some point in life. Up to three-fourths of the mentally ill do not receive proper treatment. These statements are shocking, but they are challenges that exist in reality. Global mental health must be improved, for it is an integral part of health and has a significant, but often neglected, impact on other global goals, whether it be social, economic, or even environmental. With mental health issues being under-addressed in the global dialogue until recent years, it has become a global burden of diseases and can hinder challenges to sustainability in ways such as decreasing productivity at work.

Sustainability is the key changer in this issue, for it puts the need for mental health care in context and provokes policymakers to come up with solutions with longevity. Challenges to ensuring support for those facing issues with mental health exist from a global scale to a local one. While the World Health Organization (WHO) has strived to compile evidence-based research and action plans for the Member States, countries themselves must also find ways to determine the needed government expenditure to spend on mental health care in order to make treatment accessible and affordable for all, to ensure the basic rights and dignity of the mentally ill, and to seek multisectoral cooperation if needed. The crucial step, as WHO has advocated, is to consider ways of disseminating mental health care into the community.

Definition of Key Terms

Mental health

Health, as defined in the World Health Organization (WHO) constitution, is a state of “complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1946).

Given this implication, mental health not only refers to the absence of mental disorders or disabilities but also encompasses other factors that constitute the state of well-being of an individual, including their realization of their own abilities, capability to cope with typical stress, productivity at work, and ability to contribute to their community.

Determinants of mental health include not only personal attributes such as management of emotions but also external factors such as social, cultural, economic, political and environmental components that heavily depend on the community that one lives in.

Mental disorder

Mental disorders, according to the WHO, are generally characterized by some combination of abnormal thoughts, emotions, behaviors, and relationships with others though comprise of a wide range of issues accompanied by distinct symptoms. Examples of mental disorders include depression, bipolar disorder, schizophrenia and psychosis, dementia, and developmental disorders.

Sustainable Development Goals (SDGs)

The Sustainable Development Goals (SDGs) were adopted by the United Nations (UN) in 2015, with 17 global goals to be accomplished by 2030. Under each goal, there are targets and indicators. Indicators are measurable subjects, whereas the goal itself and target are broader objectives. Indicators help track the progress of the SDGs and targets, which also account for the UN Member States to make their commitments to the SDGs.

Sustainability

Sustainability in mental health is the ability to provide high-value mental health services in the long term, taking into account environmental, economic, and social constraints. The ultimate goal is to improve the mental well-being of all while reducing environmental and economic costs.

Stigma and discrimination

Despite the differences between them, both stigma and discrimination constitute barriers to ensuring people's access to effective mental health treatment. Stigma refers to labeling people or viewing them negatively, whereas discrimination links to direct behaviors instead of simply attitude. To distinguish the two, stigma hinders mental health treatment as it discourages people to seek treatment while discrimination usually exists in the form of government policy, or a lack thereof, that fails to guarantee people with mentally illness equality.

Primary care

Primary care is a subset of primary health care, which is an overall approach that aims to provide basic healthcare for individuals and addressing broader determinants of health on a community-level and through multi sectoral policy. It refers to essential, first-contact care provided in a community setting.

Universal health coverage

Universal health coverage (UHC) encompasses the full range of essential health services ranging from prevention to treatment. It refers to ensuring that all people have access to the needed health services without financial barriers anytime and anywhere they are. The WHO stresses that UHC does not equal to granting free access to healthcare for all; instead, it puts emphasis on the importance of making healthcare a basic human right. At least half of the global population does not have access to the health services needed. Mental health is included in the WHO's agenda on UHC.

Background Information

History of mental illness

Three general theories of the etiology of mental illness—supernatural, somatogenic, and psychogenic—have existed throughout the history of mental illness. Dated back in 6500 BC, trephination, or the practice of drilling holes in the skull to cure mental illness, existed as one of the earliest supernatural explanations of mental illness. It was not until 400 BC when ancient Greek and Roman physicians such as Hippocrates attempted to systematize mental illness by separating superstition from medicine. Their theory, humorism, had a somatogenic approach that discussed the imbalance of one of the four bodily fluids. About 500 years later, Galen (130-201 AD) pioneered in the psychogenic explanation of mental illness, but his theory was ignored throughout the centuries since physical attributes were believed to be the main cause. Supernatural theories, however, dominated Europe again between the 11th and 15th centuries and did not decline until the 17th to 18th centuries.

A brief history of the treatment for mental illness

Prior to the 16th century, practices such as bloodletting and purging were the main treatment of mental illness. Although inhumane, the asylums established in the 1700s marked the beginning of modern treatment of mental illness. These institutions had the mission of separating and protecting society from the mentally ill. Therefore, most inmates were forcibly institutionalized by the government, placed in inhumane conditions, and restrained physically. During that time, psychiatric treatments were conducted on the inmates for experimental purposes.

Benjamin Rush, the father of American psychiatry, was the first to abandon supernatural theories in treatments but carried out treatments aligned with humorism, which included removing bodily fluids such as blood to treat mentally ill patients. As others followed and took a step further through the removal of body parts, the treatment turned out to be ineffective and carried a high mortality rate.

Metrazol therapy, or seizure therapy, was introduced in the 1900s but was withdrawn for use in 1982. It was the precursor to electroconvulsive therapy (ECT), which is still in use for severe depression, mania, and catatonia today. Lobotomy was popular in the 1940s and 50s and consisted of surgically removing connections between the prefrontal cortex and frontal lobes of the brain. While it has been proven effective to improve some symptoms, the side effects often override the benefits, causing the discontinuation of the procedure after the mid-1950s.

Mental health treatment in the present day

As more was known about the causes and pathology of mental disorders, more effective and humane treatments have replaced the aforementioned dangerous, outdated practices. Some examples of treatment for mental illness include psychotherapy, biomedical treatment, and support groups. Eclectic approaches that combine the treatments mentioned above also exist.

The need for sustainable support for mental health

According to the WHO, 76% to 85% of people facing issues with mental illness receive no treatment for their disorder in low- and middle-income countries (LMICs). Mental health issues are broad in the sense that it encompasses conditions ranging from autism to alcohol use disorders. Viewing this issue in global terms, United Nations (UN) takes the lead in defining the priority of health issues. With that said, mental health was not incorporated in the global goals until the adoption of the SDGs in 2015. Subsequently, mental health was agreed upon to not be the highest priority in the global agenda and has been a neglected issue. Aside from negligence, which has been improved to this date, there are other challenges to mental healthcare that will be explained in the key issues section.

Global goals and their interdependencies with mental health

Not only was mental health defined as an integral part of health by the WHO, but it has also been included in the adoption of SDGs in 2015, specifically referred to in targets 3.4, reducing premature mortality from non-communicable diseases (NCDs) by prevention and treatment of mental health, and 3.5, strengthening the prevention and treatment of substance abuse. The significance of this topic comes in with the interdependencies between the Sustainable Development Goals (SDGs) and mental health. Given that universality, multisector, and partnership are all core aspects of the SDGs, ensuring support

for those facing issues with mental health is then a prominent focus for inclusion and strengthening collaboration. Progress towards the 17 SDGs has an impact on mental health. Likewise, improving mental health can help advance the progress of SDGs.

Social perspective

Social issues and mental health interrelate with one another. For instance, poverty can lead to malnutrition, which can further lead to impairment in brain development that hinders mental health. Similarly, mental health issues burden society in ways of causing human suffering. Depression, for instance, has been estimated to affect approximately 350 million people. This can further increase the risks of these people for not seeking treatment and decrease the productivity of a society. In terms of education, these mental issues can negatively impact the ability to learn. Statistics also cited that mental health issues create a mortality gap, where men with mental health issues die 20 years earlier and women 15 years earlier compared to those without mental health issues in high-income countries.

Aside from the negative impacts, mental health and social development can also interrelate with each other in positive ways. Quality education, for instance, can promote mental health through the acquisition of life skills and knowledge and social networks. The promotion of mental health, to simply put, can create more peaceful and inclusive societies in many aspects, including education opportunities, access to healthcare, and safety, which are most directly related to Goals 1 (no poverty), 2 (no hunger), and 4 (quality education).

Economic prosperity

Mental health problems and substance abuse can impose a threat to economic prosperity. In the most direct way, mental disorders accounted for $2.5 trillion of the global cost in 2010, which was especially a burden for low- and middle- income countries (LMICs). This pinpoints one of the key challenges to mental health care: lack of governmental funds for LMICs.

In addition, mental health correlates with people's productivity, and as WHO has cited, productivity is also a criterion that measures one's mental health. Mental health has an influence on people's ability and will to adapt and learn, which is an essential attribute for innovations that help advance sustainable development, particularly in terms of clean energy, responsible consumption, and effective infrastructures, just to name a few. These developments are crucial for progress in Goals 8 (good jobs and economic growth), 9 (innovation and infrastructure), and 11 (sustainable cities and communities). Likewise, an inclusive workplace can contribute to

mental health by providing opportunities that promote the dignity of the workers and, in turn, inclusion and economic growth.

Environmental impact

Similar to other aspects, environmental protection, which is related to Goals 7 and 12 to 15, interlink with mental health. People's function and mental health in LMICs, as a recent study in Vietnam has shown, are largely impacted by natural disasters and poverty. Specifically, rates of post-traumatic stress disorder (PTSD), somatic problems, and functional impairment all elevated. A population's health condition, in the same way, can have direct consequences to its resilience in coping with changes, which plays a crucial role in improving disaster risk reduction and creating a more sustainable environment.

Key Issues

Denial of fundamental rights due to mental illness

According to a survey conducted on the laws and policies of the 193 UN Member States, the World Psychiatric Association (WPA) unveiled that at least one-third of the countries have discriminatory laws against the mentally ill population. As of 2016, people with mental health issues are denied the right to marriage in 37% of the countries, forbidden to vote in 36% of the countries, and not allowed to write their own will and testament in 42% of the countries. In 11% of the countries, mental health problems can be considered grounds for breaking a marriage. In addition, nearly one-fourth of the countries have no laws that safeguard people with mental health issues from discrimination in recruitment while over half of the countries have no explicit laws that protect people from the dismissal of employment due to health issues, including mental health.

Challenges to sustainable support for mental health

The major challenge for improving mental health support comes in the fact of it being under-addressed or even unaddressed. Global recognition of mental health issues is on the rise on international levels as reflected in several policy documents published by the UN. On national levels, however, mental health care is still not included in health coverage and constitutes to be a public health challenge. Mental health support is an essential component of universal health coverage. Therefore, the WHO calls for better integration of mental health care into primary care services as well as greater financial protection. There are, nonetheless, other issues on a micro-scale that must be addressed.

Service and financial access challenges

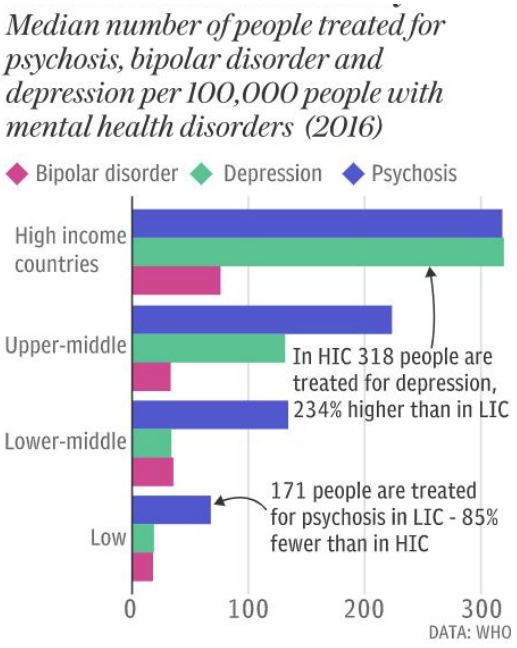
Stigmatization and discrimination can reduce the willingness of people facing issues with mental health to seek treatment. In other cases, these people may be unaware of their own mental conditions and hence the treatment they should have. Also, since mental disorders are typically chronic, they require long-term treatment. However, treatment for mental disorders is often excluded from the essential packages of health coverage. People with mental health issues then encounter a dilemma of either paying high-bills for treatment or seeking cheap but low-quality mental healthcare. With such a financial barrier, most would go without treatment. As a result, even in high-income countries, up to 50% of the mentally ill go untreated while the numbers can be as high as 90% in LMICs.

Mental disorder as a cause of the global burden of diseases

As WHO has estimated, across all age groups, mental, neurological, and substance use (MNS) disorders mark 13% of the global burden of diseases. Mental health should be addressed, not only because it is an issue that is not exclusive to LMICs, but also due to its high degree of multi-morbidity with other noncommunicable diseases. With mental health leaving to be untreated or even undetected, health conditions can be worsened. WHO carried out a study at 15 primary care sites around the globe and found out that physicians identified 23.4% of the patients as people facing issues with mental health. Despite the large proportion of cases, these people with mental health issues remain untreated due to factors such as low detection of mental disorders and low availability of psychosocial and pharmacological technologies combined.

The global gap in mental health treatment

The WHO, in its *Mental Health Atlas 2017*, has unveiled the shortage of mental health workers and the under-investment on mental healthcare. In some low-income countries, the ratio of mental health workers to people facing mental health issues can be as low as 2 to 100,000, whereas it is usually 70 to 100,000 in high-income countries. In terms of government expenditure on mental health, LMICs spend an average of less than one USD per capita while high-income countries spend as much as 80 USD. Inadequate funding for mental health treatment is also evident in the exclusion of mental health care in national health insurance or reimbursement schemes in more than two-thirds of the countries. These global gaps in the availability of mental health care resources result in gaps in the number of people with mental disorders treated.



Caption #1: Global gap in treatment for mental health

In terms of policy-making, less than 70 countries have established mental health policies and plans that align with human rights conventions, which put emphasis on community-based services. Even if plans have been made, some countries face the issue of being undersupplied with human and financial resources.

Investment in mental health can be a key role player in economies, as the WHO has analyzed. An increase in 1 USD in mental health investment can bring a return of 4 USD to the economy as health and productivity has been improved. On the other hand, as research in 36 LMICs over 15 years have shown, the lack of recognition and access to care for mental illnesses can result in one trillion USD worth of loss in the global economy.

Addressing mental health issues in different contexts

In crises

Mental health issues in the conflict zones are more widespread than previously thought and are not properly addressed. According to new estimates by the WHO, at least one in five people is living with some form of mental disorder, and almost 1 in 10 is living with a moderate or severe mental disorder. In these cases, access to mental health care has survival purposes. When addressing mental health in emergencies, whether it be man-made or natural, the primary focus is to clarify the needs of the people and to identify the resources available. The next task is then to provide support for those in need, which constitutes to be an issue due to the insufficient recognition of mental health in many countries. For instance, mental health care was scarce in

Syria before the conflict, but now support has grown in health facilities, communities, women's centers, and school-based programs. Viewing the 2004 Sri Lankan and Indonesian tsunami and the 2013 Filippino typhoon in hindsight, these crises also catalyzed the decentralization of mental health service. Mental health care systems were then incorporated on a community level where the people needed the most and still exist for use at post-crisis times.

In the workforce

While a healthy workplace can promote mental health, a negative one can lead to physical and mental problems and, in turn, decrease productivity. Common risks that may contribute to the deterioration of mental health in the workplace include poor managerial or organizational practices, harassment and bullying, and lack of or poor interaction between employees. In the workforce, people could also become prone to mental health issues when encountering task assignments unsuitable for their competencies or workload. Such an issue should be tackled by creating a healthier work environment, starting from building support and setting clear guidelines.

When addressing mental health in the workforce, it is also essential to focus on the first responders and humanitarian workers who mobilize resources for those in crisis. A huge amount of stress is at often times resulted in these people working on the front lines. The UN is currently working on supporting the mental health of these workers.

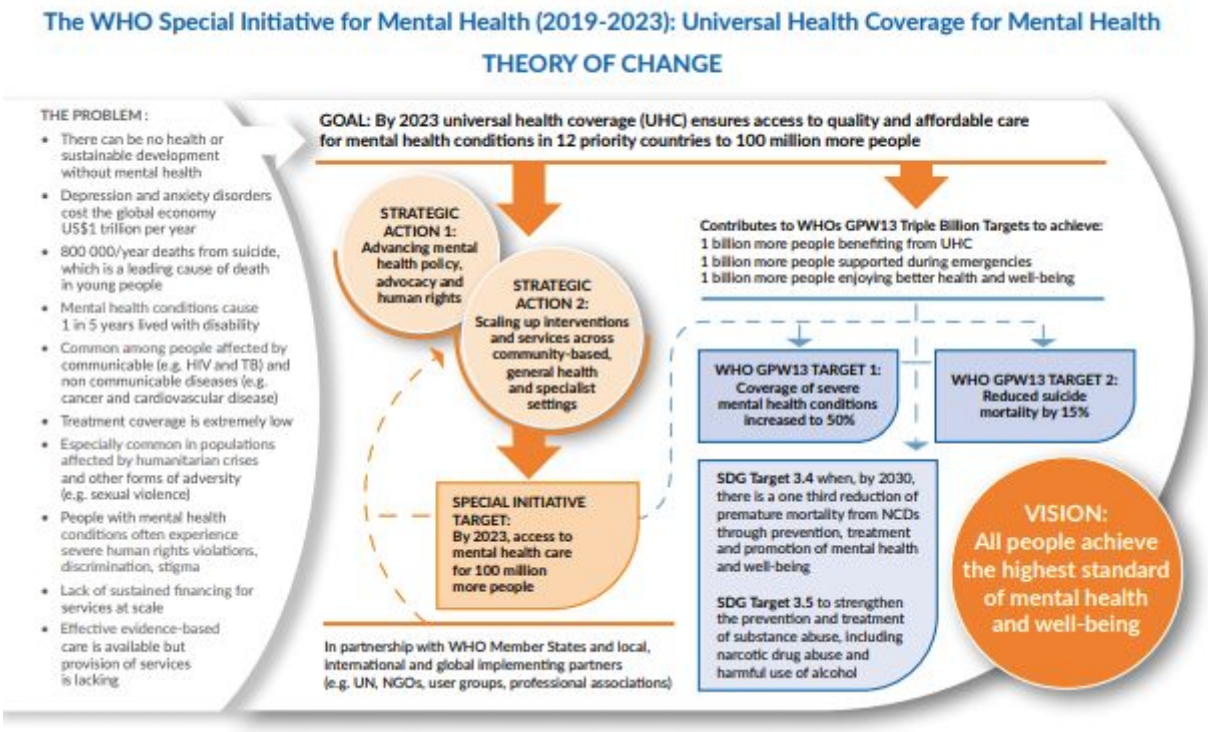
Major Parties Involved and Their Views

World Health Organization (WHO)

The World Health Organization (WHO), a specialized health agency of the United Nations (UN), has been taking the lead in improving mental health. Its work includes the promotion of well-being, prevention of disorders, protection of human rights, and advocacy of treatment for those facing issues with mental health. Its actions are deeply rooted in objectives such as evidence-base work, multisectoral cooperation, and human rights. As WHO has recognized mental health as a fundamental component of health, it has initiated several acts that push for global recognition of mental health issues. Not only does it conduct research and collect evidence on global mental health, but it also informs countries, identifies challenges, and establishes global policies. Most notability, the WHO launched the Mental Health Gap Action Programme (mhGAP) that endeavors at increasing the scale for mental health services, especially in LMICs. Under the program, the WHO also developed technical tools such as the mhGAP Intervention

Guide (mhGAP-IG) that provides protocols for clinical decision-making in mental disorders. The primary aim of the guide is to provide workers guidelines even in non-specialized health care settings.

Moreover, the WHO has held annual mhGAP forums to discuss the progress on the mental health action plan in each country. The most recent one, held in Geneva from October 14th to 15th, had the theme of enhancing country action on mental health. This theme reflects the WHO's Thirteenth General Programme of Work (GPW13), which mapped out the actions to be carried out for the following years of 2019 to 2023. Under GPW13, the WHO launched a special initiative in 2019 that aims to achieve universal health coverage of mental health. It has set out a clear target to improve access to mental health care in 12 priority countries to 100 million more people. With that goal in mind, the WHO has also been calling upon countries to integrate mental health treatment into their primary care systems. Most recently, the WHO launched updated guidelines for the QualityRights Programme, which has been introduced in 31 countries and covers topics relating to mental health and support.



Caption #2: Theory of Change for the WHO's plan of UHC for Mental Health

Luxembourg

When it comes to the healthcare system, Luxembourg ranks first with an average life expectancy of 82 years, according to Business Insider. This translates into the country's mental health treatment with a positive education model that educates students to discover their own abilities instead of conforming to

society. Such a model has been proven to destigmatize mental disorders in society and create a more productive population that is mentally healthy.

Indonesia

A report published by Human Rights Watch (HRW) in March 2016 documented the unsanitary and unfavorable conditions where the mentally ill Indonesians are placed in. The inhumane practice of "pasung," or the shackling of people with real or perceived psychological disorders, was banned in 1977, but inhumane practices of chaining and/or confining mentally ill Indonesians still persist. A lack of mental health care has pushed Indonesians to be treated in inhumane ways. Currently, Indonesian disability rights advocates are pushing for governmental legislation reforms.

Zimbabwe

Zimbabwe takes the approach of placing people with mental health problems in hospitals instead of offering them treatment in the community. With such an institutionalized approach, people with mental health issues are often not able to meet their needs due to stigmatization, excessive use of medication, and seclusion. Proper treatment is difficult to reach due to the persistence of supernatural beliefs circulating about the causes of mental health issues.

United Kingdom (UK)

Not only was the United Kingdom (UK) one of the first countries to cease psychiatric institutionalization, but it is one of the few countries where mental health care is included in their National Health Service (NHS) and hence free for everyone regardless of their income. Psychiatrists and psychologists both available in the system. The NHS, to simply describe, was formed in 1948 and funded by direct taxation from the public. The system grants all with quality free health care, where people have access to general practitioners (GPs), surgery, hospital stays, and other medical care. Patients can only be referred to a psychiatrist by a GP, but this does not constitute a barrier to treatment. Some exceptions that can obtain treatment without a referral include those who experience mental problems from drug or alcohol abuse.

However, this system is not flawless. Over the last decade, the UK government has cut its funding for mental health care. As a result, problems such as overcrowding and waiting times in mental health care treatment has arisen. Private mental health care outside of the NHS system is also available in the UK, in which patients can pay an extra fee if preferred. The main question remained for the UK government is the funding of NHS and how to increase access to mental health care in the most efficient way possible.

On a side note, stigmatization once discouraged people in the UK to seek treatment, but the issue has been mostly tackled with government policy initiatives, charity-run organizations, and even the Royal family's intervention, which was when Prince Harry openly talked about his experience of seeking therapy.

United States of America (USA)

The United States of America (USA) has deinstitutionalized mental health treatment; however, there are other issues that must be addressed to improve its mental health care system. While the USA has developed a sophisticated system with psychological interventions to treat mental illnesses, only a small population out of all the people in need actually get treated due to the unaffordable high cost paid to private sectors. This issue has been addressed in 2016 when Congress passed the 21st Cenutry Cures Act to close mental health disparity, but the budget distribution has been ineffective due to delays. Flat budgets have also led to another issue in terms of national mental health research conducted by the National Institutes of Mental Health (NIMH). Without funds, new testings on potentially more effective clinical treatments cannot be tested, which can further hinder the dissemination of mental health treatment into the community.

The stigma associated with mental illness in the USA relates more to its correlation with violence. For instance, in response to mass shootings, the majority attribute the cause to the issue of not effectively detecting and treating people with mental health issues instead of the lack of gun control laws. With the link between mental illness and violence, the mentally ill, particularly the underrepresented minorities, often fear to seek treatment due to stigma. This issue also exists in the context of incarceration, where punishment often overrides treatment for those who are jailed but also found to be mentally ill. Therefore, it is also crucial to address the necessity of psychiatric services in jails.

People's Republic of China (PRC)

Demand for mental health care in China has been on the rise, with over 100 million Chinese people living with mental illness, but the country has not yet implemented a system that is effective and accessible. The first legislation dealing with mental health care dated back in May 2013, when China passed a bill that consists of seven chapters and 85 articles outlining protections for the mentally ill. However, statistics from 2017 shows that less than six percent of the mentally ill people seek proper mental health care due to stigma. Other issues that persist in the country include unlicensed psychologists disguised as counselors and forced institutionalization of patients. This confinement method used by China constitutes a violation of medical ethics, as noted by Human Rights Watch.

Norway

Norway takes the lead in implementing comprehensive mental health care with abundant resources for both inpatient and outpatient and psychiatric casualty clinics that serve as emergency rooms for patients. In 2017, Norway announced an unprecedented initiative called “medication free treatment,” which provides psychiatric wards for the mentally ill, given that they do not want to be medicated or want to taper off the medication. Despite innovative actions like these, the Norwegian mental health care system is not perfect. For instance, a local newspaper once reported that electroconvulsive therapy (ECT) was used to treat at least 40 patients without their consent, showing how people with mental health issues can be vulnerable to rights violations even in the most progressive countries.

Timeline of Relevant Resolutions, Treaties and Events

Date	Description of event
	First global expansion of institutional mental health care
1567	A psychiatric hospital was established in Mexico, marking the first mental institution in the west as well as colonial psychiatry. The very origin of institutionalized mental health care is unknown, but the earliest account was 3rd century CE, where the mentally ill were confined in Syrian Catholic Churches. Institutional care existed throughout European medieval times.
	Deinstitutionalization of mental health care
1950s	The practice of institutional care for the mentally ill ended in most of the industrialized western countries due to reasons such as preference in community-based care, the discovery of the first effective antipsychotic medication, and attention to civil and human rights.
	WHO’s early engagement in mental health
1974-1975	In 1974, the WHO made a statement on integrating mental health in primary care done by non-specialized health workers. In 1975, it started developing cross-culture psychiatric surveys, training primary care workers, and establishing mental health programs in primary care.

May 2002	**WHO Mental Health Gap Action Programme (mhGAP)** During the 55th World Health Assembly, the WHO endorsed the Mental Health Gap Action Programme (mhGAP), which has initiated advocacy for mental health, offered normative guidance for the countries to assist them in integrating care for mental, neurological, and substance use disorders into their health systems, and incorporated mental health on the global public health agenda.
September 3rd, 2007	**The Lancet Series on Global Mental Health** The Lancet Series on Global Mental Health is the published work of leading experts in mental health around the world. Its primary goal is to draw attention to global gaps in mental health treatment and formulate a call-to-action (see appendix).
May 2013	**Comprehensive Mental Health Action Plan for 2013-2020** The WHO adopted the Comprehensive Mental Health Action Plan for 2013-2020 by the 66th World Health Assembly. It is a groundbreaking plan with core principles rooted in human rights and primary focuses on international attention on mental health issues.
January 10th, 2020	**The Final Draft for all Research Reports** Presidents/Head Chairs should submit all research reports, including their deputies' final reports to their respective executives. Presidents/Head Chairs may set further internal deadlines before January 10 in order to ensure the timely completion of the final draft of all research reports.
May 25th, 2018	**Approval of the Thirteenth General Programme of Work** The World Health Assembly approved the Thirteenth General Programme of Work (GPW13), which maps out the WHO's actions for years 2019 to 2023. The program's work is based on the SDGs and sets out three strategic priorities, including the achievement of UHC, response to health emergencies, and promotion of healthier populations. UHC for mental health is covered under GPW13.

Relevant UN Treaties and Events

- Convention on the Rights of Persons with Disabilities, 13 December 2006 **(A/RES/61/106)**

- The Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health, 22 April 2003 **(E/CN.4/RES/2003/28)**
- The right of everyone to the enjoyment of the highest attainable standard of physical and mental health, 23 July 2003 **(E/2003/SR.45)**
- Mental health and human rights, 26 September 2017 **(A/HRC/36/L.25)**

Evaluation of Previous Attempts to Resolve the Issue

Prior to 2015, the United Nations was criticized for its low prioritization of mental health issues. However, global recognition of mental health has been significantly improved since the **adoption of the Sustainable Development Goals (SDGs)** in 2015, officially placing the improvement of mental health on the global development agenda as listed in the targets and indicators under SDG 3.

Aside from the SDGs, the World Health Organization (WHO) has been incorporating the advancement of mental health treatment as one of its core objectives. It has launched several initiatives such as **mhGAP, Comprehensive Mental Health Action Plan for 2013-2020, and Universal Health Coverage for Mental Health** that aims to bring mental health care to community levels and making it accessible and affordable for all. In addition, the WHO has provided countries with a comprehensive plan to incorporate mental health care into their primary care systems, guidance to scale-up financing for mental health, and even direct assistance to mental health development. These evidence-based guidelines provided by the WHO, however, still require some work to fight against stigmatization and discrimination against mental illness, both on a governmental and societal level.

Another important aspect of the issue that is often neglected is providing support for support, or, in other words, ensuring the mental health of the UN workers who work on the front line. The United Nations Foundation introduced **Peace on Purpose**, a training program that ensures the well-being and mindfulness of UN workers through self-care tools. This strategy was much needed as a 2015 survey on UN staff showed that over half of the UN workforce experience symptoms that match with a mental health condition. After the program was implemented, more than 50% of the participants saw a 40% or more improvement in their overall well-being. This attempt has proven to have positive outputs that help alleviate the stress experienced by the UN staff who support those in crisis.

Possible Solutions

As the World Health Organization (WHO) has established guidelines to incorporate treatment for mental health in primary care, policymakers should have a general idea of what effective treatments are there. However, a major issue that must be addressed is the financing for mental health care. As early as in 2003, the WHO has published a guideline on mental health financing. Under-financing for mental health care is an issue that is not exclusive for LMICs; therefore, **scaling up resources** for mental health care is something that all Member States should work towards. The WHO has found that every 1 USD invested in improving mental disorder treatment can lead to a return of 4 USD worth of better health and productivity at work. The WHO has outlined four recommended steps for the Member States to improve their financing on mental health: creating a consensus in which mental health is a priority, outlining priorities for financing, integrating mental health financing into that of general health, and marking the most relevant steps in the module on mental health financing provided by the WHO (found in appendices).

Another challenge is the stigmatizing exclusion of mental health on the global health agenda and national health care systems. Global recognition of mental health has been improved with the adoption of the SDGs in 2015 with the mention of mental health in targets and indicators. However, to push a step further, **including more indicators under SDG 3** with the explicit mention of severe mental disorders can help the UN set a clearer goal and make countries more committed to improving mental health care. The WHO has created an initiative that aims to improve access to mental health care to 100 million more people and in 12 priority countries. Similarly, with clear numerical indicators set for mental health care, countries are likely to become more determined to commit to improving mental health care. In regards to stigmatization on national levels, despite the efforts made through global dialogues, some countries are still taking rather inhumane approaches such as institutionalization. To tackle such a problem, **more evidence-based research should reach governments and policymakers** to eradicate discrimination towards those with mental health issues. When governments take the lead in granting equality to those with mental illness, societal views on mental illness are more likely to improve, and, as a result, stigmatization would no longer discourage people to seek treatment, creating a cycle that will eventually lead to a healthier population.

Bibliography

Cohen, Alex. “Global Mental Health: A brief history.” *Global Mental Health supercourse,* London School of Hygiene & Tropical Medicine, n.d., www.pitt.edu/~super7/55011-56001/55241.ppt.

"Commission on Human Rights Resolution 2003/28: The Right of Everyone to the Enjoyment of the Highest Attainable Standard of Physical and Mental Health." *Refworld*, UN Commission on Human Rights, E/CN.4/RES/2003/28, 22 Apr. 2003, www.refworld.org/docid/43f3132e0.html.

"Comprehensive mental health action plan 2013–2020." *World Health Organization*, World Health Organization, n.d., www.who.int/mental_health/action_plan_2013/en/.

Dua, Tarun, et al. "Mental Health in Primary Care: Illusion or Inclusion?" *World Health Organization*, World Health Organization, WHO/HIS/SDS/2018.38, 2018, www.who.int/docs/default-source/primary-health-care-conference/mental-health.pdf?sfvrsn=8c4621d2_2.

Dybdahl, Ragnhild and Lars Lien. "Mental health is an integral part of the sustainable development goals." *Open Access Text,* Prev Med Commun Health, 2017, DOI: 10.15761/PMCH.1000104.

Fabian, Renee. "The History of Inhumane Mental Health Treatments." *The Talkspace Voice*, Talkspace, 31 Jul. 2017, www.talkspace.com/blog/history-inhumane-mental-health-treatments/.

Farreras, Ingrid G. "History of Mental Illness." *NOBA,* Diener Education Fund, 2020, nobaproject.com/modules/history-of-mental-illness.

Hussung, Tricia. "A History of Mental Illness Treatment: Obsolete Practices." *Concordia University-Saint Paul*, Concordia University St. Paul, 14 Oct. 2016, online.csp.edu/blog/psychology/history-of-mental-illness-treatment.

Lee, Jenni. "Peace on Purpose: Supporting the Mental Health of UN Workers." *United Nations Foundation,* United Nations Foundation, 9 Oct. 2019, unfoundation.org/blog/post/peace-on-purpose-supporting-mental-health-un-workers/.

"Mental disorders." *World Health Organization*, World Health Organization, 28 Nov. 2019, www.who.int/en/news-room/fact-sheets/detail/mental-disorders.

"Mental Health and Human Rights." *United Nations*, UN General Assembly, A/HRC/36/L.25, 26 Sep. 2017, undocs.org/A/HRC/36/L.25.

"Mental Health in the workplace." *World Health Organization*, World Health Organization, May 2019, www10.who.int/mental_health/in_the_workplace/en/.

"Mental Health Treatments." *Mental Health America,* Mental Health America, Inc., n.d., www.mhanational.org/mental-health-treatments.

"Mental health: massive scale-up of resources needed if global targets are to be met." *World Health Organization*, World Health Organization, 6 June 2018, www.who.int/mental_health/evidence/atlas/atlas_2017_web_note/en/.

"Mental health: strengthening our response." *World Health Organization*, World Health Organization, 30 Mar. 2018, www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response.

Newey, Sarah, and Anne Gulland. "An invisible crisis: developing countries remain ill-equipped to tackle mental health." *The Telegraph*, Telegraph Media Group Limited, 10 Oct. 2018, www.telegraph.co.uk/global-health/climate-and-people/invisible-crisis-developing-countries-remain-ill-equipped-tackle/.

Rodriguez-Cayro, Kyli. "What Does Mental Health Care Look Like Abroad? This Is How 9 Countries Treat Mental Illness." *Bustle,* Bustle Digital Group, 12 Oct. 2017, /www.bustle.com/p/what-does-mental-health-care-look-like-abroad-this-is-how-9-countries-treat-mental-illness-2885010.

"Statement on Sustainability in Mental Health." *CRC Research,* Royal Roads University, n.d., www.crcresearch.org/news/our-community/statement-sustainability-mental-health.

"Stigma, discrimination and mental illness." *BetterHealth Channel*, Department of Health & Human Services, State Government of Victoria, Australia, n.d., www.betterhealth.vic.gov.au/health/servicesandsupport/stigma-discrimination-and-mental-illness.

"Third of UN countries don't allow people with mental illness to vote or marry, survey finds." *Mental Health Today*, Pavilion Publishing and Media Ltd, 5 Sep. 2016, www.mentalhealthtoday.co.uk/third-of-un-countries-dont-allow-people-with-mental-illness-to-vote-or-marry-survey-finds.

"Thirteenth general programme of work 2019−2023." *World Health Organization*, World Health Organization, n.d., www.who.int/about/what-we-do/thirteenth-general-programme-of-work-2019---2023.

Thornicroft, Graham and Vikram Patel. "Why is mental health such a low priority for the UN?" *The Guardian,* Guardian News & Media Limited, 2 Sep. 2014, www.theguardian.com/healthcare-network/2014/sep/02/mental-health-low-priority-united-nations.

"Universal Health Coverage." *World Health Organization,* World Health Organization, n.d., www.who.int/health-topics/universal-health-coverage#tab=tab_1.

Van Ommeren, Mark. "Mental health conditions in conflict situations are much more widespread than we thought But there's a lot we can do to support people." *World Health Organization,* World Health Organization, 11 June 2019, www.who.int/news-room/commentaries/detail/mental-health-conditions-in-conflict-situations-are-much-more-widespread-than-we-thought.

Votruba, Nicole, et al. "The Importance of Global Mental Health for the Sustainable Development Goals." Journal of Mental Health, vol. 23, no. 6, 18 Nov. 2014, pp. 283–286., DOI: 10.3109/09638237.2014.976857.

"What is PHC?" *World Health Organization*, World Health Organization, n.d., www.who.int/activities/what-is-PHC.

Appendix or Appendices

I. *Mental Health Action Plan 2013-2020 (4-pages flyer):* www.who.int/mental_health/action_plan_2013/mhap_brochure.pdf?ua=1
II. *Mental Health Financing:* www.who.int/mental_health/resources/en/Financing.pdf
III. *The Lancet Series on Global Mental Health:* www.thelancet.com/series/global-mental-health.
IV. *WHO Mental Health in Development Country Profiles (WHO proMIND):* www.who.int/mental_health/policy/country/countrysummary/en/
V. *The WHO Special Initiative for Mental Health (2019-2023): Universal Health Coverage for Mental Health:* apps.who.int/iris/bitstream/handle/10665/310981/WHO-MSD-19.1-eng.pdf?ua=1