

WHO MEDMUN

AGENDA - addressing the increasement of mental health problems in society on a global scale

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 - I. LETTER FROM SECRETARY GENERAL**

Dear Participants,

As the Secretary-General of MedTrain'26, I am deeply honored and delighted to invite you to the first edition of this conference.

MedTrain'26 is a conference driven by the motivation of diplomacy, politics, and academic development. Throughout our preparation process, our primary motivation has been to bring innovation to your past experiences within the MUN community, to allow you to fully experience an academic MUN conference in every aspect, and I am honored to present to you the academic rigor of a MUN conference in its entirety.

By combining the expertise of our academic team with the tireless energy of our organizing team, we are committed to delivering an unforgettable experience. Whether you are a first-time delegate or an experienced one, MedTrain'26 has been designed to offer you the opportunity to learn the dynamics of MUN through its committees, engage in constructive debates, and witness the finest examples of the art of diplomacy.

Thank you for joining us on this unique journey. I look forward to the unforgettable memories we will create together.

With warm regards,

Mustafa Aslan
Secretary General of MedTrain'26

II. LETTER FROM UNDER SECRETARY GENERAL

Distinguished Delegates of the World Health Organization,
As the Under Secretary General of WHO it is a pleasure to welcome you all to our World Health Organization committee.

I'm Cihan Mert Sürücü. I graduated from Antalya Yusuf Ziya Öner Science High School at 2024 now I'm a second grade student at Akdeniz University Faculty of Medicine.

First and foremost, I would like to express my deepest gratitude to our Secretary General Mustafa Aslan for his visionary leadership and for making this brilliant conference a reality. I would also like to thank my Academic Assistant Beren Bilgin for their dedicated support and hard work in preparing the academic foundation of this committee.

We have selected an agenda item that stands at the forefront of global health challenges. In an era where mental health issues are escalating daily, it is imperative to recognize the gravity of this topic. I kindly ask all delegates to study on the study guide and come to the conference prepared to debate. I cannot wait to see you dear delegates at the committee. Until then take care.

Cihan Mert Sürücü
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III. LETTER FROM ACADEMIC ASSISTANT

Precious Delegates of the World Health Organization committee,

As the Academic Assistant of the WHO committee of MEDMUN'26 it is a huge pleasure to welcome you all.

Firstly I would like to thank the Secretary General Mustafa Aslan for making this brilliant conference and committee possible for us. After that I want to thank my Under Secretary General Mert Sürücü for making me a part of this committee and being always there for me the whole time.

We have chosen an agenda item which is relevant to today's global issues and is of great importance to the world. In these times when mental health problems are increasing day by day, I want you to understand how important this topic is. Our request from you is to read this study guide to understand the committee's purpose, ensure the committee's progress and contribute effectively to the debate. Also we encourage you to research about your allocated countries procedures.

I hope to see you all prepared and excited for the sessions.

If you do have any questions regarding the procedure, agenda or anything about our committee, do not hesitate to contact me through my personal number or email address below:

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Best Regards,

Beren Bilgin

IV. PREPARING FOR THE CONFERENCE

This section is primarily aimed at delegates with little to no Model United Nations experience, but it also includes helpful advice for delegates with experience.

1. Assess your Allocation

Once you receive your allocation, research your country's policies and its position on the committee's agenda. The study guide includes some of the key countries relevant to the agenda. Even if your country is not included as a key one, each delegate is expected to read the study guide.

2. Read the Study Guide

In addition to researching your allocation, it's important to read all of the study guide. The guide not only includes essential information on your committee and agenda but also provides different viewpoints into the history of the issue, current events and key concerns helping you to understand what you'll be debating about at the committee. Even if you have knowledge about the topic, skipping the study guide will leave you unaware of what the chairboard expects. This can lead you to make a misunderstood speech or prevent you from participating effectively, potentially disturbing the committee's flow.

3. Choose your research sources carefully

While the study guide provides you with the needed information, it's perfectly normal for you to do more research on your country or the agenda item. While doing your research, make sure to use official sources to maintain accuracy and avoid making any incorrect statements during the committee. Be picky with your research sources to prevent misinformation. Try to use official sources such as government websites, United Nations documents, and established international organizations. This will help you avoid misinformation and strengthen your position in the committee and also support productive discussions.

4. Read the Rules of Procedure (ROP)

Standard rules are essential for maintaining a professional environment during the meeting. To ensure that all actions align with proper Model United Nations protocol, the secretariat of each conference presents a document outlining the *Rules of Procedure*. This document allows the chairboard to effectively guide the committee and ensure orderly conduct throughout the session. Before the first official sessions start, the chairboard will inform you about the procedure.

V. INTRODUCTION TO WHO

The World Health Organization (WHO) is responsible for directing and coordinating international health within the UN system. Founded in 1948, WHO's ultimate goal is to improve health, keep the world secure and serve the most vulnerable populations across the globe. WHO defines itself as "the directing and coordinating authority on international health within the United Nations system" and is responsible for driving the scientific research agenda, setting norms and standards, articulating evidence-based policy options, monitoring health trends, identifying health research priorities and establishing partnerships across multiple organizational contexts.

In the Model United Nations (MUN) context, the WHO committee provides an interactive space for delegates to discuss pressing global health issues. These issues might include response protocols to infectious disease outbreaks, procedures to mitigate non-communicable diseases, access to mental health support, and questions of health equity in the context of international development. One thing delegates can expect is to look at these issues through a public health policy perspective, as well as engage in ethical considerations and international collaboration.

VI. INTRODUCTION TO AGENDA ITEM

Mental health has emerged as a critical global issue with a significant increase in the prevalence of conditions such as depression, anxiety disorders and stress related illnesses in recent years. These challenges affect individuals across all age groups, socioeconomic backgrounds and regions, making mental health a universal concern rather than a localized problem. Factors such as rapid urbanization, economic instability, academic and professional pressures and the widespread use of digital technologies have all contributed to the growing burden of mental health disorders worldwide.

In addition to these structural and societal factors, global crises have further intensified mental health challenges. Events such as pandemics, armed conflicts, forced displacement and climate-related disasters have exposed large populations to prolonged stress and trauma. At the same time, many healthcare systems remain insufficiently equipped to address the rising demand for mental health services. Limited funding, shortages of trained professionals and persistent stigma surrounding mental illness continue to prevent individuals from seeking or receiving appropriate care.

Addressing the increase in mental health problems on a global scale requires inclusive and coordinated action. This includes strengthening healthcare systems, improving access to affordable and quality mental health services and promoting early intervention and prevention strategies. Furthermore, raising awareness and reducing stigma are essential steps toward creating more supportive and inclusive societies. International cooperation, policy development and the integration of mental health into primary healthcare systems will play a crucial role in effectively tackling this growing global challenge.

VII. Global Overview of Mental Health Trends

A. Rising Prevalence of Mental Health Disorders

More than 1 billion people are living with mental health disorders, according to new data released by the World Health Organization (WHO), with conditions such as anxiety and depression inflicting immense human and economic tolls. While many countries have bolstered their mental health policies and programmes, greater investment and action are needed globally to scale up services to protect and promote people's mental health. Mental health conditions such as anxiety and depression are highly prevalent in all countries and communities, affecting people of all ages and income levels. They represent the second

biggest reason for long-term disability, contributing to loss of healthy life. They drive up health-care costs for affected people and families while inflicting substantial economic losses on a global scale.

The new findings published in two reports – World mental health today and Mental Health Atlas 2024 – highlight some areas of progress while exposing significant gaps in addressing mental health conditions worldwide. The reports serve as critical tools to inform national strategies and shape global dialogue ahead of the 2025 United Nations High-Level Meeting on noncommunicable diseases and promotion of mental health and well-being, taking place in New York on 25 September 2025.

Key data from World Mental Health Today

The report shows that while prevalence of mental health disorders can vary by sex, women are disproportionately impacted overall. Anxiety and depressive disorders are the most common types of mental health disorders among both men and women. Suicide remains a devastating outcome, claiming an estimated 727 000 lives in 2021 alone. It is a leading cause of death among young people across all countries and socioeconomic contexts. Despite global efforts, progress in reducing suicide mortality is too low to meet the United Nations Sustainable Development Goal (SDG) of a one-third reduction in suicide rates by 2030. On the current trajectory, only a 12% reduction will be achieved by that deadline.

The data presented here are from the 2022 National Survey on Drug Use and Health (NSDUH) by the Substance Abuse and Mental Health Services Administration (SAMHSA). For inclusion in NSDUH prevalence estimates, mental illnesses include those that are diagnosable currently or within the past year; of sufficient duration to meet diagnostic criteria specified within the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV); and, exclude developmental and substance use disorders.

Any mental illness (AMI) is defined as a mental, behavioral, or emotional disorder. AMI can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment (e.g., individuals with serious mental illness as defined below).

Serious mental illness (SMI) is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to SMI

Figure 1 shows the past year prevalence of AMI among U.S. adults.

In 2022, there were an estimated 59.3 million adults aged 18 or older in the United States with AMI. This number represented 23.1% of all U.S. adults.

The observed prevalence of AMI was higher among females (26.4%) than males (19.7%).

Young adults aged 18-25 years had the highest prevalence of AMI (36.2%) compared to adults aged 26-49 years (29.4%) and aged 50 and older (13.9%).

The prevalence of AMI was highest among the adults reporting two or more races (35.2%), followed by White adults (24.6%). The prevalence of AMI was lowest among Asian adults (16.8%).

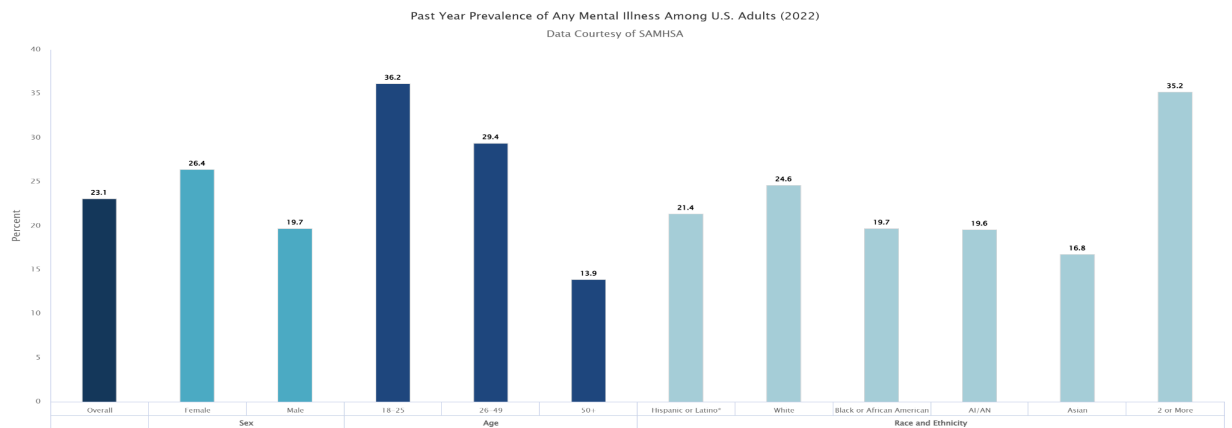


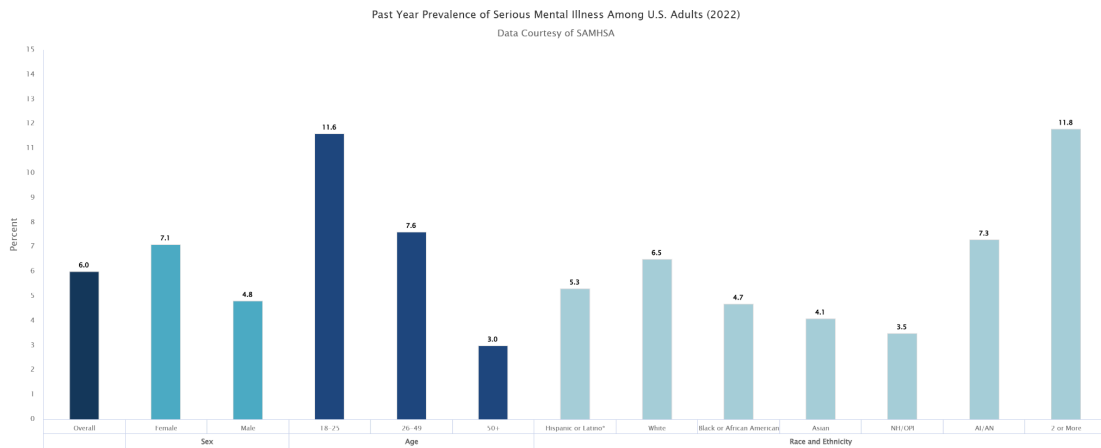
Figure 2 shows the past year prevalence of SMI among U.S. adults.

In 2022, there were an estimated 15.4 million adults aged 18 or older in the United States with SMI. This number represented 6.0% of all U.S. adults.

The observed prevalence of SMI was higher among females (7.1%) than males (4.8%).

Young adults aged 18-25 years had the highest prevalence of SMI (11.6%) compared to adults aged 26-49 years (7.6%) and aged 50 and older (3.0%).

The prevalence of SMI was highest among adults reporting two or more races (11.8%), followed by American Indian / Alaskan Native (AI/AN) adults (7.3%). The prevalence of SMI was lowest among Native Hawaiian / Other Pacific Islander (NH/OPI) adults (3.5%).



B. Most Common Disorders

There are many different types of mental disorders. Mental disorders may also be referred to as mental health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) mental states associated with significant distress, impairment in functioning, or risk of self-harm.

a. Anxiety disorders

In 2021, 359 million people were living with an anxiety disorder including 72 million children and adolescents. Anxiety disorders are characterised by excessive fear and worry and related behavioural disturbances. Symptoms are severe enough to result in significant distress or significant impairment in functioning. There are several different kinds of anxiety disorders, such as: generalized anxiety disorder (characterised by excessive worry), panic disorder (characterised by panic attacks), social anxiety disorder (characterised by excessive fear and worry in social situations), separation anxiety disorder (characterised by excessive fear or anxiety about separation from those individuals to whom the person has a deep emotional bond), and others. Effective psychological treatment exists, and depending on the age and severity, medication may also be considered.

b. Depression

In 2019, 280 million people were living with depression, including 23 million children and adolescents. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. During a depressive episode, the person experiences depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for most of the day, nearly every day, for at least two weeks. Several other symptoms are also present, which may include poor concentration, feelings of excessive guilt or low self-worth,

hopelessness about the future, thoughts about dying or suicide, disrupted sleep, changes in appetite or weight, and feeling especially tired or low in energy. People with depression are at an increased risk of suicide. Yet, effective psychological treatment exists, and depending on the age and severity, medication may also be considered.

c. Bipolar disorder

In 2021, 37 million people experienced bipolar disorder, including 3.8 million adolescents aged 10–19 years. People with bipolar disorder experience alternating depressive episodes with periods of manic symptoms. During a depressive episode, the person experiences depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for most of the day, nearly every day. Manic symptoms may include euphoria or irritability, increased activity or energy, and other symptoms such as increased talkativeness, racing thoughts, increased self-esteem, decreased need for sleep, distractibility, and impulsive reckless behaviour. People with bipolar disorder are at an increased risk of suicide. Yet effective treatment options exist including psychoeducation, reduction of stress and strengthening of social functioning, and medication.

d. Post-Traumatic Stress Disorder (PTSD)

PTSD may develop following exposure to an extremely threatening or horrific event or series of events. It is characterised by all of the following: 1) re-experiencing the traumatic event or events in the present (intrusive memories, flashbacks, or nightmares); 2) avoidance of thoughts and memories of the event(s), or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat. These symptoms persist for at least several weeks and cause significant impairment in functioning. Effective psychological treatment exists.

e. Schizophrenia

Schizophrenia affects approximately 23 million people or 1 in 345 people worldwide. People with schizophrenia have a life expectancy nine years below that of the general population. Schizophrenia is characterised by significant impairments in perception and changes in behaviour. Symptoms may include persistent delusions, hallucinations, disorganised thinking, highly disorganised behaviour, or extreme agitation. People with schizophrenia may experience persistent difficulties with their cognitive functioning. Yet, a range of effective

treatment options exist, including medication, psychoeducation, family interventions, and psychosocial rehabilitation.

f. Eating disorders

In 2021, 16 million people experienced eating disorders including almost 3.4 million children and adolescents. Eating disorders, such as anorexia nervosa and bulimia nervosa, involve abnormal eating and preoccupation with food as well as prominent body weight and shape concerns. The symptoms or behaviours result in significant risk or damage to health, significant distress, or significant impairment of functioning. Anorexia nervosa often has its onset during adolescence or early adulthood and is associated with premature death due to medical complications or suicide. Individuals with bulimia nervosa are at a significantly increased risk for substance use, suicidality, and health complications. Effective treatment options exist, including family-based treatment and cognitive-based therapy.

IX. Causes of the Increase in Mental Health Problems

A. Socioeconomic Factors

Socioeconomic status includes income levels, educational background, types of occupation, as well as social class, which all together determine general living standards and resource availability. These components also influence different aspects of psychological well-being, thus guiding the development of effective intervention strategies and policies aimed at reducing disparities in mental health among various population groups.

Individuals from lower social classes often experience chronic anxiety due to persistent financial instability, unsafe living conditions, or job insecurity. For example, a parent working multiple low-wage jobs may constantly worry about meeting basic needs like rent or food, leading to long-term stress. Over time, this heightened anxiety increases vulnerability to mental health conditions such as depression. Additionally, children growing up in deprived households often face multiple adverse childhood experiences, including neglect, exposure to domestic violence, or chaotic home environments. These experiences disrupt emotional development and are strongly associated with poor mental health outcomes in adolescence and adulthood.

People with low socioeconomic status are likely to live in underprivileged areas where crime rates are high, there is pollution everywhere around them, and no access to parks or gardens. Living in unsafe or unstable environments causes chronic stress, which can lead to hopelessness and insecurity, increasing the risk of mental illness. For instance, constant exposure to violence or housing instability can trigger anxiety and depression. Besides this, intersectionality makes things even more complex when it comes to understanding how poverty impacts mental health. Intersectional approach takes into account various factors like race, gender, and age, among others, that combined with income level, create different vulnerabilities for different people. For instance, racial minorities face systemic discrimination coupled with limited opportunities for economic growth, so their problems become worse than those of other groups living within similar conditions of lower income levels. Similarly, women may face unique challenges such as gender-based violence, caregiving burdens, or income inequality, which not only worsen mental health early in life but also compound effects in older age.

B. Technological and Social Media Impact

Usage of social media may increase feelings of anxiety and depression, specifically in teens and young adults. The addictive nature of social media activates the brain's reward center by releasing dopamine. This is a "feel-good chemical" linked to pleasurable activities. When a person posts something, people around them can "like" it, giving them a boost of dopamine. However, when they don't get that boost or approval, it can impact their sense of self and adequacy.

FOMO (Fear of Missing Out): The usage of social media increases feelings of FOMO for many people. Social media is often called displaying the best parts of a user's life. However, having access to see other lives can increase a human's own feelings of dissatisfaction. This can impact self-esteem, trigger anxiety, and make people want to use social media more. FOMO can also compel users to constantly check social media so that they don't miss out on what's happening.

Cyberbullying: Cyberbullying is when a human repeatedly and intentionally harasses, mistreats another person by way of an electronic device. It can severely impact self-esteem

and mental health. Social media platforms can be hotspots for cyberbullying and spreading hurtful rumors, lies, and abuse that can leave lasting emotional scars.

C. Urbanization and Lifestyle Changes

Urbanization, defined as the increase in the number of cities and urban population, is not only a demographic movement but also includes social, economic and psychological changes that constitute the demographic movement. It is a process that leads to the growth of cities due to industrialization and economic development. The rapid increase in urban population worldwide is one among the important global health issues of the 21st century.

Urbanization affects mental health through the influence of increased stressors and factors such as overcrowded and polluted environment, high levels of violence, and reduced social support.

Movement of population to urban areas has led to a large number of older men and women left to look after themselves in the rural areas, while the young generation lives in the cities for livelihood. This also leads to less availability of caregivers for old people. It is worth mentioning here that by 1990, the majority (58%) of the world's population aged 60 years and over was already found to be living in developing countries. By 2020, this proportion would have risen to 67%. Over this period of 30 years, this oldest sector of the population would have increased in number by 200% in developing countries as compared to 68% in the developed world.

Impact of urbanization is associated with an increase in mental disorders. The reason is that movement of people to urban area needs more facilities to be made available and infrastructure to grow. This does not happen in alignment with the increase of population. Hence, lack of adequate infrastructure increases the risk of poverty and exposure to environmental adversities. Further this also decreases social support as the nuclear families increase in number. Poor people experience environmental and psychological adversity that increases their vulnerability to mental disorders.

A report by World Health Organization (WHO) has enumerated that mental disorders account for nearly 12% of the global burden of disease. By 2020, these will account for nearly 15% of disability-adjusted life-years lost to illness. Incidentally, the burden of mental disorders is

maximal in young adults, which is considered to be the most productive age of the population. Developing countries are likely to see a disproportionately large increase in the burden attributable to mental disorders in the coming decades.

D. Global Crisis

During the early 2020s, multiple global crises overlapped, profoundly affecting daily life. Global crises are large-scale complex challenges that can transcend national borders, disrupt social and economic systems, and pose severe threats to human well-being. Research has shown that even a single global crisis, such as a natural disaster or terrorism, can adversely affect mental health. Extensive media coverage of these crises, featuring vivid images and reports of trauma, can evoke anxiety, sadness, and stress, leading to persistent distress. Furthermore, global crises create ambiguity and anxiety about the future, causing individuals to worry about the stability of their lives and communities.

The COVID-19 Pandemic

SARS-CoV-2 spread rapidly in early 2020, causing a significant number of deaths. Beyond its immediate health consequences, the pandemic has inflicted considerable psychological stress. Individuals face challenges such as adapting to remote work and online learning, managing economic instability, and fear of contracting the virus. During the pandemic, the prevalence of stress, anxiety, and depression in the general population increased by 29.6%, 31.9%, and 33.7%, respectively. Emotional reactions vary within a population and are influenced by individual coping strategies, pre-existing psychological conditions, and contextual factors. Regional differences in emotional distress levels suggest disparities in healthcare infrastructure and public health policies.

Climate Change

Climate change can have a significant impact on mental health, leading to distress, anxiety, depression, and increased levels of posttraumatic stress disorder. Research has focused primarily on the mental health consequences of exposure to extreme weather events such as high temperatures, tornadoes, and wildfires. Media reports can generate feelings of

uncertainty and stress, contributing to depression and helplessness. A study across 25 countries provided conclusive evidence of a relationship between negative emotions related to climate change and poor mental health, including insomnia symptoms and a lower self-rated mental state.

X. Barriers to Mental Health Care

A. Stigma and Cultural Perceptions

Stigma, as it relates to mental illness, can be conceptualized as including the following five domains: self-stigma, help-seeking stigma, associative stigma, public stigma, and anticipated stigma. Self-stigma, or the notion that the person stigmatizes themselves because of internalized negative attitudes from others, results in lowered self-esteem and self-worth. Help-seeking stigma refers to the stigma one experiences from seeking help for a mental illness, resulting in many not seeking mental health treatment. Associative stigma describes stigma that is felt by family or close friends of the person with the mental health concern. Public or cultural stigma is the reaction that the general public has about mental illness, and anticipated stigma is the belief that disclosing a mental illness will result in stigma, resulting in secrecy and nondisclosure to others. Some have even asserted that self-stigma can be further disassembled into self-stigma one feels about having a mental illness and the self-stigma one feels about help-seeking.

The understanding of mental health and the interpretation vary from culture to culture. People's perception of illness explains their help-seeking behavior or lack thereof. It has been found that people stopped contacting with services and arranged for their own discharge, once they were diagnosed. Different regional studies revealed different views. Pacific Islanders, for example, considered mental illness as a result of family conflicts. According to a study on Jewish population, mental illness is seen as an opportunity to receive divine messages, a means of forgiveness, and to improve their souls. However, there are some cultures, mostly Southeast Asians, who perceive that supernatural forces/phenomena are responsible for mental health issues and consider them the result of wrath or denial of spirit or deities. A South Asian study revealed that people there perceive mental illness as a natural part of the suffering that is predestined for them.

B. Lack of Access to Services

Access to healthcare services has a considerable impact on overall health at all stages of life. When healthcare services are sufficiently utilized, this allows for earlier detection and diagnosis of health problems so they may be addressed more proactively. This, in turn, results in positive effects on chronic illness and life expectancy. Most healthcare systems around the world emphasize minimizing barriers to healthcare access for its citizens, but a multitude of barriers systematically complicate such an objective. A few notable barriers involve services being inadequately approachable, physically available or affordable.

There are barriers to accessing mental health treatments for a variety of reasons, but in some cases, services and medication are not available at all. Low-income countries have an average of 0.1 psychiatrists and 0.3 psychiatric nurses per 100,000 people, according to World Health Organization (WHO) data from 2014-2016. In countries with mental health care professionals available, many people still struggle to access treatment due to its cost. Even in countries with universal health care like Canada, most people need to pay for mental health services through insurance or out of pocket.

C. Shortage of Mental Health Professionals

Mental health workforce shortages are evident worldwide. In the United States, over 169 million people live in federally designated Mental Health Professional Shortage Areas (MHPAs), with Black, Indigenous, and people of color (BIPOC) communities facing the most significant gaps in care. The lack of workforce diversity in mental health services also exacerbates these challenges. Studies show that 86% of psychologists and 88% of mental health counselors in the US are white, limiting the cultural competence of care and hindering access for underrepresented populations. These shortages and structural inequities demand urgent systemic reforms to address workforce retention, equity, and diversity in mental health care.

In Australia, rural and Indigenous populations face critical shortages, relying heavily on emergency services and telehealth. In sub-Saharan Africa, there are fewer than 1 psychiatrist per 500,000 people, while in India the psychiatrist to population ratio is just 0.75 per 100,000. Latin American nations struggle with low wages and high job stress, pushing many mental health workers out of public service or into migration. These global examples highlight the need for urgent policy action and sustainable workforce strategies.

D. Financial Constraints

Mental health problems have considerable negative consequences for quality of life, and in many countries, particularly low- and middle-income countries, they also contribute to continued economic burden and sub-optimal productivity at the individual and national levels, through their reinforcing relationships with poverty.

Tackling this public health burden is a global challenge, for mental health systems in many countries remain seriously under-resourced and under-developed. It has been calculated that almost 90% of global health expenditure occurs in high-income countries which have only 16% of the world population. This disparity in expenditure is likely to be worse in the area of mental health because one-third of countries do not have a specific mental health budget, while 36% of those countries that do, allocate less than 1% of their public health budget to mental health.

XI. Current Global Efforts and Policies

A. Role of International Organizations

World Health Organization (WHO)

All WHO Member States have committed to the Comprehensive mental health action plan 2013–2030, which aims to improve mental health through four key strategies focused on leadership, community-based care, promotion and prevention, and data. WHO's latest analysis of country performance against the action plan, *Mental health atlas 2024*, showed that progress towards the agreed targets remains insufficient.

To accelerate action, WHO's *World mental health report: transforming mental health for all* urges countries to focus on three transformative pathways:

- deepen the value given to mental health by individuals, communities and governments, backed by meaningful engagement and investment across sectors;
- reshape environments – in homes, schools, workplaces and communities – to better protect mental health and prevent mental health conditions; and
- strengthen mental health care by building community-based networks of accessible, affordable and quality services and supports that meet the full spectrum of needs.

WHO places strong emphasis on human rights, empowering people with lived experience, and fostering multisectoral collaboration.

WHO continues to work nationally and internationally – including in humanitarian settings – to provide strategic leadership, evidence, tools and technical support to help governments and partners drive a collective transformation towards better mental health for all.

United Nations Children Fund (UNICEF)

Mental Health and Psychosocial Support (MHPSS) is a key priority for UNICEF, and together with partners, UNICEF develops programmes that improve the mental health and psychosocial well-being of children, adolescents and their caregivers globally. UNICEF is actively engaged in prevention, promotion and response to address poor mental health by evaluating risks and enhancing protective factors, such as promoting well-being, and ensuring quality and accessible care for children and their families.

In 2022, the report *Strengthening Mental Health and Psychosocial Support Systems and Services for Children and Adolescents in the East Asia and Pacific Region* was developed by UNICEF, which outlines a regional multisectoral MHPSS framework. It highlights key activities that countries can adopt and guidance on how best to implement them to bolster mental health services for children and young people in a holistic, community-based way. It also describes the different roles that various sectors, such as social protection, education, health and justice must play to ensure the emotional, psychological and social well-being of every child, their caregivers and their communities.

World Federation for Mental Health (WFMH)

WFMH is an international membership organization founded in 1948 to advance, among all peoples and nations, the prevention of mental and emotional disorders, the proper treatment and care of those with such disorders, and the promotion of mental health.

The mission of the World Federation for Mental Health is to promote the advancement of mental health awareness, prevention of mental disorders, advocacy, and best practice recovery focused interventions worldwide.

World Federation for Mental Health's goals are;

- To heighten public awareness about the importance of mental health, and to gain understanding and improve attitudes about mental disorders.
- To promote mental health and prevent mental disorders.
- To improve the care, treatment and recovery of people with mental disorders.

B. NGO and Community Based Initiatives

International Medical Corp (IMC)

IMC is one of the few global emergency response organizations with the capacity to address the immediate and lasting mental health and psychosocial support (MHPSS) needs of those struck by conflict, disaster and disease. International Medical Corps is an acknowledged leader in providing MHPSS services during emergencies. IMC is known for the quality of our programs and services, and is committed to building sustainable local capacity and to providing comprehensive, integrated, community-based mental health services and psychosocial support activities that promote resilience and well-being. As communities recover and development begins, they focus on the longer term, to help strengthen mental health care systems and shape national policies.

Mental Health Europe

Mental Health Europe is the main independent European non-governmental network organisation committed to the protection of the rights of persons with psychosocial disabilities, the promotion of positive mental health, the prevention of mental distress, and the improvement of mental health care and social inclusion.

Mental Health Europe works to strengthen the capacity of people, policymakers and communities to develop inclusive, rights-based policies and services that promote mental health, psychosocial wellbeing and recovery.

The Alliance for International Medical Action (ALIMA)

ALIMA integrates psychological and psychosocial support into its medical interventions to help individuals overcome trauma and other related mental health issues to rebuild stability. In 2024, ALIMA provided mental health support to over 130,000 people, particularly in conflict zones.

National Alliance on Mental Illnesses (NAMI)

NAMI is the National Alliance on Mental Illness. We are the nation's largest grassroots mental health organization. NAMI is dedicated to building better lives for the millions of Americans affected by mental illness. Our Alliance includes more than 650 NAMI State Organizations and Affiliates who work in your community to raise awareness and provide support and education to those in need.

XIII. Questions to be Addressed

- What main factors are causing the global increase in mental health problems?
- How can mental health services be made more accessible in low- and middle-income countries?
- What policies should be implemented to ensure early diagnosis and prevention of mental health problems?
- How can stigmas and inequalities arising from mental health issues in different cultures and countries be prevented?
- How do social media and digital platforms affect mental health issues, and what can be done to reduce their negative effects

XIV. Bibliography

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