World Health Organization

BACKGROUND GUIDE 1

Mental Health in War-Torn Areas

Director's Letter:

My name is Renee Tung, and it is my utmost pleasure to be directing the World Health Organization (WHO) at OakridgeMUN II. I am honoured to be serving alongside your Chair, Anya Trivedi, and Assistant Director, Owen Hu. We are excited to witness a conference filled with passionate debate over the weekend.

I am currently a senior at Little Flower Academy and I have participated in Model United Nations as a delegate since my freshman year. I remembered attending my first ever conference. I was nervous but was intrigued by the heated debate and the world of international affairs. Model UN has been the highlight of my high school experience, as I gained many lessons and lifelong friendships along the way. It has helped me improve my public speaking skills, as well as confidence.

For this upcoming iteration of OakridgeMUN II, WHO will be exploring the two important topics: Mental Health in War-Conflict Zones, and Development and Distribution of Vaccines. For a long time, citizens in war-conflict zones have to face mental illness each day. Furthermore, immunizations have been known to save many lives. However, not many people have proper access to vaccines. This is why it is urgent for us to find immediate solutions to these global issues. I encourage everyone to take the time to read the backgrounder and do further research and preparation for this conference.

Although position papers are not mandatory, they are highly recommended and necessary for any delegates wishing to be considered for an award. Position papers are due who@oakridgemun.com by March 12th, 11:59 PM PST.

With that being said, I welcome you with words of encouragement and wish you all the best of luck. I am confident that this conference will be memorable for all of you. If you have any questions, concerns, and position papers for this committee, please do not hesitate to email me. On behalf of the rest of your dais team, we are excited to be welcoming you to the World Health Organization (WHO) at OakridgeMUN II!

Sincerely,

Renee Tung
WHO | Director

Committee Overview

Founded in 1948, the World Health Organization is a key body of the United Nations, and acts as an agency that specializes in international public health. Its aim to public health is to promote the well-being of global citizens in various distinct fields through many means. These fields include the field of vaccines, controlling and eradicating diseases, health sciences, and mental and physical health. Ultimately, the WHO serves as a medium to foster global cooperation and funding for the aforementioned fields - this is reflected in the constitution that participating countries must sign.[1]

Funding comes from two main avenues:

1. Members nations, who must pay a set percentage of their GDP to the WHO as laid by their agreement.
2. Voluntary contributions by countries - the voluntary donations make up more than 80% of the total funding of the WHO[2].

However, the WHO is limited to "strongly recommending" its member states to act upon certain developments and take select actions - it has no legal authority or jurisdiction to actually impose obligated guidelines or administer repercussions[3] to countries who fail to comply. As such, delegates are encouraged to refrain from utilizing binding terminology in their resolution papers.

[1] https://www.who.int/governance/eb/who_constitution_en.pdf
[2] www.who.int/about/funding
[3] https://cil.nus.edu.sg/the-world-health-organization-and-covid-19-how-much-legal-authority-does-the-who-really-have-to-manage-the-pandemic-by-dr-ayelet-berman/

Topic Overview

According to the World Health Organization (WHO), “The burden of mental disorders continues to grow with significant impacts on health and major social, human rights and economic consequences in all countries of the world.”[4] Many citizens in war-conflict zones suffer from a variety of mental illnesses. Studies have shown that women and children are more likely to be vulnerable to the psychological consequence of war, thus, more likely to have mental health conditions.[5] War veterans often experience “shell shock”- the type of Post Traumatic Stress Disorder (PTSD) many soldiers faced during war. These war conflict situations often destroy families socially and economically.

Most war conflict zone countries are developing nations. Developing countries often have difficulty accessing basic healthcare and face the shortage of healthcare workers. People in developing countries have a lower life expectancy than the others. Waiting in line for healthcare treatments has caused patients to have considerable anxiety, which increases their rates of health decline and the possibility of death. In developing countries, it is hard to attract and keep workers. These countries experience poverty each day. Therefore, there is a lack of economic opportunities. The idea of "Brain drain" occurs, in which national doctors and trained professionals are more likely to move to the developed countries since there are more access towards greater resources.

Patients in war-conflict zones face unmet healthcare needs every day since there is a lack of preventive and screening services, minimum government financial support and treatment of illnesses. Therefore, many people do not receive treatment for their mental illnesses, and this results in the increase of mental health conditions. Citizens in developing countries tend to mistrust the healthcare systems and they are less educated, which causes communication barriers. Many diagnosed individuals suffered from severe forms of mental illnesses, such as depression, anxiety, post-traumatic stress, bipolar disorder or schizophrenia. These mental illnesses are shown in the long-term impact of war-induced crises in countries such as Afghanistan, Iraq, South Sudan, Syria and Yemen.[6]

Since the Second World War, many have been forced to flee war and violence. WHO has endorsed interagency mental health and psychosocial support guidelines for an

[4] https://www.who.int/news-room/fact-sheets/detail/mental-disorders
[5] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1472271/
[6] https://www.reuters.com/article/health-mental-conflict/mental-illness-affects-a-fifth-of-people-living-in-war-zones-idINKCN1TC2UC

effective response to emergencies recommend services at a number of levels – from basic services to clinical care. Clinical care for mental health should be provided by or under the supervision of mental health specialists, such as psychiatric nurses, psychologists or psychiatrists.

In order to help to reduce suffering, it is important to implement immediate mental health interventions to address this ongoing issue. Action must be taken to provide mental support towards people living in war-conflict zones.

Timeline

1939-45 - The Second World War takes place; During the decades following the war, mental disorder ceased to be associated with asylums and became something much more commonplace.

1993 - The World Bank brings international focus towards the alarmingly high incidence of mental illnesses and disorders worldwide. The study contends that mental illness accounts for approximately 30 percent of the non-fatal burden and 10 percent of the overall disease burden worldwide, including death and disability in warzones.

1995 - Harvard University publishes an academic paper, World Mental Health: Problems and Priorities in Low-Income Countries, detailing mental health issues in developing countries.This volume makes progress in identifying innovative, culturally sensitive, and affordable solutions to mental health in developing countries and is used as the foundation for international action.

1998-99 - The Kosovo War takes place. Killings of civilians in Bosnia and Kosovo have caused severe trauma and a high prevalence of PTSD and other anxiety disorders; as a consequence of the Kosovo war, PTSD, depression, and emotional distress still remained high within the population.

May 2013 - The WHO initiates the Mental Health Action Plan. The four major objectives are to strengthen effective leadership and governance for mental health, provide comprehensive and responsive mental health and social care services in community-based settings and to implement strategies for promotion and prevention in mental health.

2014 - The War in Afghanistan ends. A surge in post-traumatic stress disorder (PTSD) and other psychological conditions had been linked to armed conflict throughout the country, with the International Psychosocial Organisation (IPSO) estimating that 70% of Afghanistan's 37 million people are in need of psychological support.

2019 - The WHO Mental Health Gap Action Programme (mhGAP) aims at scaling up services for mental, neurological and substance use disorders for countries, especially with low-income and middle-income.

Historical Analysis

When war targets the social fabric, the community structures within a nation may not be able to fill their customary role as a source of support and adaptation. Terror causes mistrust, which, as intended, further weakens communities. In situations of social crisis or breakdown of mental health, there may also be other consequences with deleterious effects: violation of unprotected women, alcohol abuse, and prostitution for survival's sake. [7]

The primary impact of war on victims is mainly through the destruction of a social world embodying their history, identity, and living values. One example is the Guatemalan Mayans, who during the 1980s alone had 70 000 civilians slaughtered and 440 villages eradicated. Mayan myths and identity are linked to land and maize. Survivors felt that their collective body had been wounded like the other ants, trees, domestic animals, and ancestors gathered across generations. To them the burning of crops by the army was an attack not just on their food sources but on the symbol that it was genocide. In both Africa and Asia too, there are subsistence peoples who may not be able to imagine personal survival. Indeed there are no socially defined ways of mourning a lost way of life. Eisenbruch uses the term “cultural bereavement” to describe Cambodian refugees in the United States who continue to feel guilty about abandoning their homeland and unfulfilled obligations to the dead; many have found it hard to attend to the tasks facing them in an alien society. [8]

Henceforward, it´s simplistic to see people who are exposed to political violence merely as hapless victims unable to act on their environment. Children are not just passive bystanders but often active citizens with values and causes. In the 1990s, children had active roles, including bearing arms in over 30 wars. Studies from Gaza and Soweto show that identification with a national struggle for freedom offered psychological protection to children facing high levels of violence from the Israeli and South African forces. Conversely, some ex-activists or soldiers come to feel that their personal sacrifices were in vain (as many US Vietnam veterans did) during postwar adjustment. History has shown that social reform is the best medicine; for victims of war and atrocity this means public recognition and justice. Some patients will need to know how health professionals stand politically before they can trust them. Therefore it is appropriate to go beyond the tradition for mental health work and to promote the wider rights of those seeking help or treatment. [9]

[7] https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1472271/
[8] Ibid.
[9] Ibid.

Current Situation

Today, there is no shortage of countries in conflict. UN estimates suggest that in 2019, nearly 132 million people in 42 countries around the world will need humanitarian assistance resulting from conflict or disaster. Nearly 69 million people worldwide have been forcibly displaced by violence and conflict, the highest number since World War II. Specifically, more than 170 million people worldwide are currently affected by armed conflict, with the vast majority in low-income and middle-income countries (LMICs). These include more than 70 million people who have been forcibly displaced within their own countries as internally displaced people or into other countries as refugees. [10]

Exposure to armed conflict, forced displacement, and associated adversities such as poverty, unemployment, and social isolation substantially increase vulnerability to psychosocial distress, and the prevalence of mental disorders (including depression, anxiety, PTSD) among conflict-affected populations is higher than 20%. WHO estimates that there are more people living with mental disorders in areas affected by conflict than we previously thought – many more. One person in five is living with some form of mental disorder, from mild depression or anxiety to psychosis. Worse, almost 1 in 10 are living with a moderate or severe mental disorder. In many countries in the world, ignorance about mental health and mental illness remains widespread. [11]

The uptake of mental health care during conflict and other emergencies, in countries where such support has been limited, can lead to the identification of people who are tied up, locked in cages, hidden from society. In many cases, it is this very support that helps dispel myths about mental illness and leads to treatment and care and a path towards a more dignified life. In Syria, for example, before the conflict, there was scarcely any mental health care available outside of the mental hospitals in Aleppo and Damascus. Now, however, thanks to a growing recognition of the need for support, mental health and psychosocial support has been introduced in primary and secondary health facilities, in community and women's centres, and in school-based programmes. In Lebanon, the population of 4 million has grown by a further million in recent years, as refugees have crossed the border from Syria. Quick to recognize the rapid increase in needs for mental health services, the Government has been using the opportunity to

[10] https://www.who.int/news-room/commentaries/detail/mental-health-conditions-in-conflict-situations-are-much-more-widespread-than-we-thought

[11] Ibid.

strengthen its mental health services, so that today these benefit not only the new arrivals but also the local population.

In addition to addressing the underlying causes of the burden and psychosocial distress of such mental disorders, there is a need to treat these disorders among conflict-affected populations. There is growing, but still limited, evidence from intervention studies on the effectiveness of community-based mental health interventions among conflict-affected populations in LMICs, with few high-quality studies published. However, there are concerns about the feasibility of the delivery of these interventions and their sustained effectiveness, thus impeding the ability to deliver mental health services to a scale that will meet the needs of this population. Indeed, the treatment gap for mental health services among conflict-affected people is very high, with studies showing more than 80% of those who report symptoms of mental disorders do not receive mental health care.

United Nations Involvement

In 2019, WHO began addressing mental health in war conflict zones, such as, Bangladesh, Iraq, Jordan, Lebanon, Nigeria, South Sudan, Syria, Turkey, Ukraine and the West Bank and Gaza Strip. [12]

Coordinating Effective Mental Health Care Responses

During a mental health response in an emergency situation, WHO performs three tasks. The first task is clarifying what people need to treat their medical conditions. The second task is determining what resources are available in each country, such as government services, local nongovernmental organizations, and international partners that are qualified to manage mental health problems. These resources should be capable of offering support and care towards patients for their mental disorders, ranging from mild to severe conditions. The third task is to assist in providing support when there are no resources. This involves collaboration with partners and immediate building of local providers. [13]

mhGAP Programme

Aside from collaboration with local partners, WHO has created the "mhGAP Programme". Its purpose is "to scale up services for mental, neurological and substance use disorders for countries especially with low and lower middle incomes." Health care workers are trained to recognize common mental health disorders, following with providing immediate emergency support. The mhGAP has planned to establish globally accessible partnerships by reinforcing relationships with local partners, attracting and working with new partners, and increasing mental healthcare budgets to make global mental health care available for everyone, including citizens in war-conflict zones. [14]

Past Policies and Laws for Mental Health

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12 https://www.who.int/news-room/commentaries/detail/mental-health-conditions-in-conflict-situations-are-much-more-widespread-than-we-thought

13 https://www.who.int/activities/ensuring-a-coordinated-and-effective-mental-health-response-in-emergencies

14 https://apps.who.int/iris/bitstream/handle/10665/43809/9789241596206_eng.pdf;jsessionid=E16F7CC4B50F8C734278FA5F143EC5FA?sequence=1

The WHO is currently working with countries to develop and implement progressive mental health and related policies and laws in line with international best practice and human rights standards including the UN Convention on the Rights of Persons with Disabilities (CRPD). [15]Policies and laws are implemented in order to promote the rights of people to have accessibility towards mental health care. As of now, there are 181 countries that have been applying policies and laws that are aligned with the UN CRPD.

WHO MiNDbank

The WHO MiNDbank is an organization that provides online international resources regarding information, policies, services about mental health, substance abuse, general health, human rights, etc. [16]It was established in 2014, which has been an important way of supporting researchers, advocacy groups, and policymakers. The WHO MiNDbank allows people to understand current health situations, potential gaps in law, policies and strategies.

Services in Promoting Human Rights in Mental Health Related Areas[17]

According to the WHO, people with mental health issues are often discriminated against in education, employment, housing and social services.

Therefore, the WHO created the QualityRights initiative in 2019. Its objective is to:

1. Educate and promote human rights, recovery and independent living in the community
2. Creating a community recovery based organization with the CRPD
3. Improving mental health in patients with outreach mental health and related services
4. Developing a civil society movement to conduct advocacy and implementing policy.
5. Reforming national policies

Its approach towards care is people's rights based and recovery oriented.

[15] https://www.who.int/activities/promoting-rights-based-policy-and-law-for-mental-health
[16] http://www.mindbank.info/
[17] https://www.who.int/activities/transforming-services-and-promoting-human-rights-in-mental-health-and-related-areas

Possible Solutions

Community self-help and social support...

...should be strengthened, for example by creating or re-establishing community based organisations (especially within traditional and urban/rural settings) in which members solve problems collaboratively and engage in activities such as emergency relief or learning new skills, while ensuring the involvement of people who are vulnerable and marginalized, including people with mental disorders. A key challenge is therefore to scale up effective community-based mental health interventions to benefit more people and reduce the treatment gap. This involves both horizontal scaling up to expand effective interventions to more people and vertical scaling up to ensure the intervention is institutionalised through policy, political, legal, budgetary, and other health systems changes. [18]

Psychological first aid (PFA)

...offers first-line emotional and practical support to people experiencing acute distress due to a recent event and should be made available by field workers, including health staff, teachers or trained volunteers. It provides emotional support and helps people to address immediate basic needs and find information, services and social support. The three action principles of Look, Listen and Link indicate that PFA is a way to approach someone in distress, assess what help he or she needs, and help him or her to obtain that help. We recommend delegates to find specific ways that this committee can implement this type of aid. General options include using specific organisations or NGOs such as the Association for Psychological Science Organisation collaborating with the Red Cross NGO in order to implement this type of aid in conflict zones. The previous example stated would be one categorized as a short term/ temporary solution. We highly recommend delegates to find long term solutions. [19]

Basic clinical mental health care

...covering priority conditions (e.g. depression, psychotic disorders, epilepsy, alcohol and substance abuse) should be provided at every health-care facility by trained and supervised general health staff. In conflict zones, there is little to no access to basic health care, let alone basic clinical mental health care. brain drain in conflict zones.

[18] https://www.thelancet.com/journals/lanpub/article/PIIS2468-2667(19)30179-3/fulltext
[19] Ibid.

When put simply, brain drain, also known as human capital flight, refers to the emigration or immigration of individuals who have received advanced training at home. In this case, the brain drain of doctors and health professionals is quite concerning. Delegates must research how their countries can improve their conflict situations, economy, etc. in order to avoid the brain drain of health professionals, especially those involved in mental health, as a long term solution. Links and referral mechanisms need to be established between mental health specialists, general health-care providers, community-based support and other services (e.g. schools, social services and emergency relief services such as those providing food, water and housing/shelter). [20]

Psychological interventions...

...(e.g. problem-solving interventions, group interpersonal therapy, interventions based on the principles of cognitive-behavioural therapy) for people impaired by prolonged distress should be offered by specialists or by trained and supervised community workers in the health and social sector. [21]

Protecting and promoting the rights...

...of people with severe mental health conditions and psychosocial disabilities is especially critical in humanitarian emergencies. This includes visiting, monitoring and supporting people at psychiatric facilities and residential homes. [22]

[20] Ibid.
[21] Ibid.
[22] https://synergyhealthprograms.com/a-look-at-mental-health-around-the-world/

Bloc Positions

War Conflict zones:

War conflict zones include Afghanistan, Algeria, China, Egypt, Ethiopia, India, Iran, Iraq, Libya, Lebanon, Pakistan, Somalia, Sudan, Syria, Venezuela, and Yemen. Each of these countries have experienced the brutality of war and conflict which has either ended in their nation or is still ongoing today. For instance, Afghanistan and India both still have ongoing wars taking place today, including the ¨War in Afghanistan¨ that started two decades ago in 2001, while countries such as Algeria and Egypt, are considered post-conflict zones as they are currently not participating in war. The citizens and residents within these countries, especially soldiers and veterans, have all experienced the adverse effects of mental health including PTSD, anxiety, panic disorders, and depression. The countries in this bloc, especially those that are still partaking in war, need to find a way to implement mental health services in their nation by using cost-efficient solutions as their economy will generally not be the strongest one while participating in war or having ended it. Delegates will have to consider all aspects of their solutions in great detail. For instance, if your bloc proposes to incorporate a telepsychiatry booth for individuals suffering from mental health to access within conflict zones, delegates will have to consider from where they will receive the proper technology to implement this solution, who will fund their solution, where can they plant this booth safely for individuals to access, etc.

The country members in this bloc will have to especially pay close attention to the safety of individuals, their country's infrastructure, and stigma when implementing solutions. For instance, if your bloc was to implement an organisation or NGO closely associated with mental health such as the National Institute of Mental Health within conflict zones, delegates would have to consider a safe spot to implement the tents for this organisation within the nation, whether their country has the proper infrastructure for individuals (especially rural/urban areas) to access the help from these organizations and NGO´s, and whether or not people would actually receive help from these organizations and NGO´s due to the stigma regarding mental health within their nations. More specifically, within countries, especially conflict zones, there is a large amount of stigma around receiving help for mental health disorders (PTSD, anxiety, depression, etc.) which ultimately limits individuals who are suffering from various mental health disorders within conflict zones to continue suffering without getting the proper help and treatment that they need in order to combat their disorders. This is

why it is crucial for the country members of this bloc to come up with solutions that combat the adverse stigma regarding receiving help for their mental health disorders, especially within conflict zones.

Developed nations:

Developed nations include the United States of America, China, Canada, the United Arab Emirates, China, the Russian Federation, Norway, Germany, Sweden, France, Australia, the United Kingdom, Ukraine, Italy, Japan, Russia, and South Korea. Each of these countries have implemented ways to improve the lives of people with mental health issues. For instance, in the United States of America, mental health has developed as a stigma. Citizens in America often associate negative and discriminatory attitudes about mental illnesses. However, studies have recently shown that citizens have been more proactive when it comes to seeking and raising awareness towards mental health care. In Brazil, mental health care is hard to access in rural areas. Thus, the government has created a Return Home program to deinstitutionalize psychiatric patients and expand their Psychosocial community centres across geographical areas. In Australia, the government has implemented a policy when it comes to mental health care services. Specifically, the National Mental Health Strategy. The National Mental Health strategy includes improving the lives of people with mental illness and caretakers, promoting mental health in the community, reducing the impact of mental disorders on individuals, and assuring the rights of people with mental disorders. Delegates in these developed countries should consider aiding countries in war conflict zones with funding and introducing policies that protect citizens with mental health disorders.

Discussion Questions

1. What are the long-term involvements of unresolved mental health issues in war-conflict zone countries?

2. What are the current mental health statistics of your country? Have the statistics followed an upward or downward trend over the last few years? Why or why not?

3. How does your country facilitate healthcare workers building trust with communities facing conflict?

4. How can your country currently improve on providing mental health care to their citizens?

5. Does your country have the financial means to implement these changes? If not, how may they proceed to implement change?

6. Are there any traditional or cultural values that are influencing the lack of mental healthcare within post-conflict zones? How do these traditional or cultural values create stigma and what are some ways to combat them?

Extra Resources

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OakridgeMUN II

Enter with Curiosity, Exit with Courage.