AMERICAN MOCK WORLD HEALTH ORGANIZATION AT THE UNIVERSITY OF OKLAHOMA

EURO/EMRO REGIONAL GUIDE

REGIONAL CONFERENCE 2019

GLOBAL MENTAL HEALTH: FROM SILENCE TO SOLUTIONS



SUMMARY OF THE EASTERN MEDITERRANEAN REGIONS

The Eastern Mediterranean region of the World Health Organization is comprised of 21 member states and Palestine (West Bank and Gaza Strip). The regional office serves nearly 583 million people.

Additionally, EMRO is the host to some of the world's most significant emergencies with the region having the largest burden of people in need of aid. More than 76 million people and two thirds of the nations in the region are directly or indirectly affected by political conflict, environmental threats, and natural disasters. In 2018, there were more than 534 attacks on health care personnel, facilities, and vehicles before the end of November, which averages out to more than one attack every day in 2018.



SUMMARY OF THE EUROPEAN REGION

The European Region - or EURO - is comprised of 53 countries and covers a vast geographical region from the Atlantic to the Pacific Ocean. Mental disorders are one of the top public health challenges in EURO, affecting about 25% of the population. In all member nations, mental health problems are more prevalent among those who are deprived of necessary resources. In all member nations, mental health problems are more prevalent among those who are deprived of necessary resources.

Several of the nations with the highest suicide rates in the world are in the European region, so the region faces diverse challenges affecting both the mental well-being of the population and the quality of care for people with mental health problems. Additonally, elderly individuals are the demographic with the highest suicide rates in Europe. It is true that death rates from suicide and intentional self-harm have been decreasing in the European region over recent years, but an increase in absolute numbers is expected in the coming decades as a result of Europe's aging population. Common psychiatric risk factors in this particular age group include chronic and painful illnesses and social isolation. To strengthen mental health in the region, the European Mental Health Action Plan was initiated. This plan focuses on seven interlinked objectives and proposes effective actions to strengthen mental health outcomes. Investing in mental health is essential for the sustainability of health and socioeconomic policies in the European Region.



Maternal & Child Mental Health

In the Eastern Mediterranean region, substance abuse accounts for 11.2% of the total burden of disease with the addition of self-inflicted injuries increases this statistic by 12.4%. Unipolar depressive disorders account for 3.1% of the total burden of disease and are the leading neuropsychiatric cause of burden of disease, being especially prominent in women age 15–44 years.

Community-based studies carried out in countries of the region show estimated rates for mental disorders in adults to range from 8.2% in the United Arab Emirates to 21% in the Islamic Republic of Iran. In these studies, the rates of mental disorders were significantly higher in women. Women in general are at a higher risk of common mental disorders, and with the deficiency in resources in maternal and child health services, this puts the health of the children in danger as well. For example, a series of studies from the region demonstrate that perinatal mental health problems in mothers are associated with increased risk of undernutrition, low birth weight, stunting, higher incidence of diarrhoeal episodes in the first year of life, and failure to update the immunization status of infants.



Maternal & Child Mental Health

In the European region, an estimated 10%-15% of mental disorders in women develop during the perinatal period. The frequent complication during the perinatal period is most depression, closely followed by anxiety disorders. Symptoms of postnatal depression persist for at least one year in about 30% of women. Suicide up to one year after giving birth accounts for 10%–20% of deaths in women in both high-income and lowincome countries in the region. In studies where it was possible to make a diagnosis, 68% of the women were diagnosed as suffering from mental disorders. Perinatal mental disorders are associated with increased risk of devastating reproductive including dyspareunia, dysmenorrhea, health outcomes, complications, preterm labour obstetric increased and mortality.

Maternal mental health not only affects women's ability to cope but has ripple effects on the family due to the multiplicity of roles mothers are expected to perform. Maternal psychosis is associated with an increased risk of stillbirth or infant mortality. An estimated 200 million children from developing countries fail to reach their developmental potential, and maternal depression has been identified as one of the modifiable risk factors adversely affecting the physical, emotional, psychological and intellectual development of children. These adverse effects can be mediated through neurohormonal treatments, improved attachment and responsiveness, modified care provision, and the establishment



of prevention and treatment programmes.

Adolescent & Young Adult Mental Health

In 2010, approximately 60% of the population of the Eastern Mediterranean Region was under the age of 19. Due to the conflicts prevalent in this region, large amounts of the youth population will have experienced traumatic events before the age of 35.

Among people who have experienced war or other conflict in the previous 10 years, 1 in 5 (22%) will have depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia. This puts a large percentage of the Eastern Mediterranean population at high risk of developing disorders. Though the response to the conflict, Syria has led to a mental health care infrastructure accessible to those outside of Aleppo and Damascus, many other countries under the banner of WHO/EMRO still struggle with inefficient or insufficient mental health care systems.



Adolescent & Young Adult Mental Health

In the European Region, it is estimated that 40 million people live with diagnosed depression, and approximately 128,000 people commit suicide every year. In 2015, there were over 4000 deaths from suicide among 10-19 year olds in the region, primarily young males. These statistics have a marked presence in the workplace as well, primarily affecting those of a working age. Despite the high suicide rates in much of Europe and high preventability of suicide, fewer than 20 countries in the region are known to have a national suicide prevention strategy. In the European Mental Health Action Plan 2013-2020, WHO member states committed themselves to reducing suicide rates by 10% by 2020.

Since those with mental health conditions are subject to stigma, discrimination, and victimization, and are vulnerable to violations of their rights, an important portion of the European Mental Health Action Plan is dedicated to maintaining the rights of people with mental health conditions and offering equitable opportunities to attain the highest quality of life while addressing stigma and discrimination. The WHO is seeking to work with member states to bring their mental health policies and legislation more in line with human rights standards and good practices, thereby promoting better access to good-quality mental health services and helping to ensure the protection of the rights of those with mental health conditions.



Mid-Life & Elderly Mental Health

The countries of the Eastern Mediterranean Region represent many challenges for the organization of mental health care. Many countries are in a state of rapid social change, conflict, or the aftermath of conflict, while others are witnessing the growing problem of substance abuse. These occurrences have brought about mental health issues including depression, PTSD from the events of the wars, and despair and anxiety. During midlife and older adult life, the stigmatisation around mental illness causes prejudice towards affected individuals, preventing them from seeking help from medical professionals due to the fear of being judged or discriminated against. The Region is comprised of countries that experience influence from the Islamic religion, and within the Islamic community, mental illness is viewed by some as a crisis of faith or a trial from God. Similar stigmas around mental health are also issues, and may underline the significant lack of mental healthcare professionals as well.

The lack of adequate and educated primary physicians prevents individuals from accessing help, and the effects of these mental illnesses are carried on till the elderly stage of one's life with more serious complications. However to change this, governments in the regions can be encouraged to start implementing better medical education strategies, social planning, policies and education to provide a qualified workforce to treat these conditions, better public education to reduce stigmatisation born of medical ignorance and a legal and justice system that supports human rights for all.



Mid-Life & Elderly Mental Health

In the European region, mental health conditions have been found to be more prevalent later in life. Depression affects 10-15% of people over 65, but the numbers are even higher if the whole spectrum of depressive syndromes, including sub clinical depression and depressive symptoms, is considered. However, this condition is often under-diagnosed, particularly in regards to residents in care homes.

Certain groups are at higher risk, including women, those who are not married or live alone, and those with physical illnesses and/or disability. On the other hand, beyond its profound immediate impact on quality of life, depression in older adults is a risk factor for functional disability and may predict premature mortality. Older people with depression are more likely to have chronic illness and more likely to have at least one limitation on their daily life activities compared to younger groups. Co-morbid depression in older people also increases the frequency and cost of professional help and the risk of premature placement into nursing homes.



Mental Health in Emergencies

The Eastern Mediterranean region is the largest producer of refugees in the world, with 30 million of the 58 million displaced persons originating there, many fleeing the Syrian civil war or terrorist cells such as the Islamic State of Iraq and the Levant (ISIL).

Of the 21 EMRO member states and Palestine, nine of them are considered by the World Health Organization to be in a state of emergency, three of which are suffering from a Grade 3 emergency and two of which are considered to be in a protracted state of emergency. Recent developments in the region have led to a further escalation of the conflict within the Syrian Arab Republic as the Syrian Civil War continues with exacerbation from Turkish invading forces, signaling that there may be no end currently in sight.



Mental Health in Emergencies

In the EURO region, most of the focus of mental health efforts in relation to emergencies are primarily focused on two countries: Turkey and Ukraine. Efforts in Turkey have been directed toward facilitating the Mental Health Gap Action Programme (mhGAP) in empowering general practitioners, community health workers, and mental health staff from both Syria and Turkey in identifying and treating common psychological conditions.

Efforts in Ukraine have been largely centered on providing support to the Ministry of Health's mental health reform programme and to a number of mobile mental health teams in affected communities in response to the ongoing conflict with the Russian Federation. There is also a significant push in the European Region to improve mental health resources available to refugees, who are largely originating from Eastern Mediterranean countries and seeking asylum in Europe.

