

AMERICAN MOCK WORLD
HEALTH ORGANIZATION AT
THE UNIVERSITY OF OKLAHOMA

THEME GUIDE

REGIONAL
CONFERENCE
2019

GLOBAL
MENTAL HEALTH:
FROM SILENCE TO
SOLUTIONS



WELCOME

Dear Delegate,

October 25th-26th, 2019

We are incredibly excited to welcome you to the University of Oklahoma American Mock World Health Organization's first- ever Midwestern Regional Conference "Global Mental Health: From Silence to Solutions". We intend this theme brief to be a helpful introduction into the myriad of factors influencing the relationship between universally recognized mental health issues and the health policy that intends to mitigate their impacts. A greater appreciation of the dynamic nature of this theme at our University will help promote coherent and effective health policies to combat some of the most persistent global health problems.

Sincerely,

Elizabeth Kosco and Abigail Wegrzynski



THEME INTRODUCTION

Globally, improved mental health care is among the most critical elements of a future of improved global health and wellbeing. In order to achieve a society in which mental health issues are mitigated it requires an understanding of risk factors for mental illness and barriers to better diagnoses, treatments, and cures.

Ultimately, mental health disorders are causing increased morbidity and mortality is reason enough for increased investment towards creating and supplying solutions. Considering our public health systems, economic welfare programs, and modes of political engagement, it is clear progress in mental health care will come from many non-healthcare sectors, too.

This Theme Brief will provide a glimpse into different dimensions and perspectives of global mental health. The four sub-themes – Maternal and Infant Mental Health, Adolescent Mental Health, Midlife and Elder Mental Health, and Mental Health in Emergencies that are talked about in detail. Readers and delegates are encouraged to recognize social, psychological, and biological dynamics predisposing populations to risk. We must understand mental health epidemiology and engage with policy accordingly to protect current and future generations from undeserved and stigmatized suffering.



SUB-THEME #1

Maternal & Newborn Mental Health

Maternal health is a critical feature of any comprehensive mental health program. Women face risk in the form of violence, neglect, as well as discrimination socially and economically. These risk factors in combination with the demanding childbearing and oftentimes domestic responsibilities women carry place them at heightened risk of depression and other mental health issues. This a grave concern, but when we consider the potential effects of poor maternal mental health on developing children, the prospect of intergenerational mental disease is especially disheartening. Factors are certainly variable across individuals and populations, but concerns related to social norms, environmental changes, and negative psychological developments may allow for better understanding the implications of compromised maternal mental health.

Globally, the WHO estimates of pregnant women and women who recently gave birth experience mental disorders, 10% and 13% of them experience mental health issues, respectively. Most often a form of depression; these estimates approach 20% for mothers in certain developing countries. Effective treatments for maternal mental health issues include home visitations, group and interactive therapies, and telephone or virtual interventions which may be carried out by non-health professionals or others available to contribute. These efforts must be considered as supplementary to maternal primary healthcare, which is an area needing better integration within public health facilities. Further, logistical challenges or social norms may pose barriers to mothers engaging with public health systems and discovering the resources available. Improved communication effectiveness may also aid in promoting female utilization of maternal healthcare interventions.

In large part, the improvement of maternal mental health will require improvement of maternal healthcare in general. Protection of girls, women, and mothers will translate into healthier children and later, healthier adults better capable of contributing to the healthcare of younger generations of girls, females, and mothers. In this respect, maternal and infant mental healthcare is an extremely high-value avenue of health interventions and should be a greater national priority in all countries.



SUB-THEME #2

Adolescent & Young Adult Health

The assumption that the reader is near-adolescent provokes a more-direct introduction on the subtheme of Adolescent Mental Health. Mental health issues in young adults and adolescence appears in many different forms based on societal and environmental risk factors. The prevalence of stress attributes to a large amount of stress in young adults, which can lead to long-term mental health issues such as anxiety or chronic depression. It is critical to empathize with individuals who may be struggling and offer social support, but clearly, many adolescent mental health conditions are heavily impacted by upstream factors.

One risk factor is youth unemployment, a massive issue in countries such as Spain, Bosnia and Herzegovina, Greece, South Africa, Serbia, Libya, Mauritania, Croatia, and Italy, among many others. Perhaps through creative combined implementations of joint public health and employment stimuli interventions this issue can be mitigated from a different direction.

Another risk factor, although widely debated, might be mass social media usage among young people. Socialization which takes place dominantly online may induce anxiety in public real-world situations, such as job interviews or simply meeting new people. Additionally, social media and the internet allow for massive amounts of information exposure without the depth of consideration that may have been easier before these technologies. In consequence, it may seem the world's problems are overwhelming to some, although this is a result of massive information exposure to individuals. Also, social media can be a portal for communicating perceptions of social norms. Following celebrity or popularized lifestyles online might be immediately stimulating yet compromising to an individual's perception of their own self-worth, especially in an age of heightened and growing income and wealth inequalities across social classes. Research is limited on these effects but given the captivating nature of this technological progress, they should be considered when seeking to protect and optimize adolescent mental health.

More generally, the WHO estimates half of all mental health disorders develop by the age of 14. Suicide is currently the third leading cause of death globally among those between 15-19 years old. Clearly, prevention, early diagnosis, and early treatment are required to reduce these statistics.



SUB-THEME #2 CASE STUDY

Adolescent & Young Adult Health

“In Malawi, it could be argued that treatment of mental illness is neglected due to the country’s focus on infectious disease treatment and prevention. In 2012, only 0.9% of the country’s healthcare budget was allocated to mental health, amounting to US\$0.293 per capita (10). Furthermore, tertiary mental health services are only available through three sources in the country: two hospitals associated with the Ministry of Health and a non-governmental organization, Scotland-Malawi Mental Health Education Project (SMMHEP; mostly tailored to graduate students and medical doctors rather than the younger population). In 2012, there were only four registered psychiatrists and psychologists in the entire country. There are simply not enough mental health experts and clinics to meet the needs of Malawi’s 16 million inhabitants. This problem is compounded by the stigma surrounding mental health, causing affected individuals to become isolated from their communities and unable to receive the necessary care. This stigma has also discouraged people from entering into psychology-related fields of study and work, further perpetuating the problem.”

“The United Republic of Tanzania suffers from a similar lack of mental health resources. Tanzania allocates a greater percentage of its budget to mental health than Malawi (2.4% of their budget or US\$0.647 per capita) (11), yet there remains a lack of mental health services. There are only four trained psychiatrists and one or two social workers for every one million Tanzanians. In addition, most clinics do not have protocols to guide the management and treatment of mental health disorders (11).”

“Radio-based mental health awareness/literacy programs for youth have immense potential to proliferate. In 2014-2015, Farm Radio International worked with more than 600 broadcasters in 38 African countries to reach an estimated 20 million farmers (32). The radio programs may be an effective way to raise awareness, but the capacity of these programs to improve mental health outcomes is limited without the support of the youth radio clubs, school-based mental health literacy programs, and HCP training and treatment availability.



SUB-THEME # 3

Mid-Life & Elder Mental Health

Middle and elder-aged populations are experiencing new challenges to their mental health. ‘Deaths of despair’, caused by drug overdose, liver disease, or suicide, appear to especially conflict these populations, for a variety of reasons.⁶ While middle-aged and elder persons may feel detached from their employment or families due to changing economic and social conditions, their value should not depend on such conceptions. Regardless, people will seek temporary comfort even if it requires health risks. This is a massive problem in regions and countries experiencing displacement, growing economic competitiveness and social instability.

Neurological disorders, such as Dementia/Alzheimer’s, Huntington’s, and Parkinson’s are prevalent challenges for these populations. Additionally, the existence of pre-existing diseases may also expose individuals to the presence of mental disorders. Comprehensive mental healthcare will require considerate and hopefully improved management of these conditions as well.

Mitigation of suffering is a central ideology of healthcare. For terminally ill patients, maintenance of mental health amid degrading physical health can be extremely challenging. Improved management of suffering, perhaps derived from ongoing neurological or alternative therapy research, is another aspect of mental illness that needs better mitigation.



SUB-THEME #4

Mental Health in Emergencies

Natural disasters, military conflict, ecological change, and other resource-limiting events that cause human displacement are among the most horrible, but they are preventable if effective plans are in place. Disaster management is an essential aspect of a comprehensive public health system. Care for civilians in conflict is crucial when considering the mental consequences of prolonged forms of violence. In addition, climate change leads to migration, so healthcare advocates and responders should prepare and execute plans to inform and care for these at-risk populations. The global environment is changing, so policy makers must account for this to best protect population mental health. This sub-theme could be interpreted in part as a logistical challenge and while this would be accurate, we must also consider and work against the assured regularity of conflict and natural disaster that give rise to individual mental conditions like post-traumatic stress disorder (PTSD) or broad social conditions such as poverty in displaced populations.

Issues in this subtheme might be grouped into three levels: pre-existing, emergency-induced, and humanitarian response-induced.⁷ Care is obviously compromised in times of conflict, and the WHO estimates that over 20% of people experiencing war or other conflict in the past 10 years will develop mental disorders such as depression, PTSD, anxiety, bipolar disorder, or schizophrenia.⁸ Post-emergency recovery can also lead to strain due to logistical uncertainties regarding factors such as relocation and food aid; additionally, emergency responses can become extremely drawn out, leading to cases of refugees staying in humanitarian camps for over a decade. Recent disasters in Mozambique, Haiti, Jamaica, and Japan, among others, can provide unique case studies on population mental health amid disaster.

Efforts to improve mental health in this respect should focus on concepts including community self-help and social support, psychological first aid, basic clinical mental health care, psychological interventions, protection and promotion of human rights, and establishment of systems for linking and referring patients to more specialized healthcare.⁹ It is critical for WHO member states to establish solidarity against preventable and unpreventable disasters by carrying out mental health-focused humanitarian relief efforts.



SUB-THEME #4 CASE STUDY

Mental Health in Emergencies

“Mental health is crucial to the overall social and economic recovery of individuals, societies, and countries after emergencies. Global progress on mental health reform will happen more quickly if, during every crisis, efforts are initiated to convert the short-term increase in attention to mental health issues combined with a surge of aid, into momentum for long-term service development. Many countries have capitalized on emergency situations to build better mental health systems after crises.

In the Syrian Arab Republic, despite — or perhaps because of — the challenges presented by the ongoing conflict, mental health services and psychosocial support are becoming more widely available than ever before. Mental health and psychosocial support is now offered in primary and secondary health and social care facilities, through community and women's' centers and through school-based programmes, in more than 12 Syrian cities located in governorates severely affected by the conflict. This contrasts with the situation before the conflict, when mental health care was mainly provided in mental hospitals in Aleppo and Damascus.

In Sri Lanka, during the immediate aftermath of the 2004 tsunami, mental health was a key priority. This led to a mental health system reform for which WHO supported the Government in major innovations to deal with the shortage of mental health human resources such as different cadres of dedicated mental health staff. As a result, 20 of the country's 27 districts now have mental health services infrastructure, compared with only 10 before the tsunami.

When Typhoon Haiyan devastated the Philippines in 2013, there were only two facilities that provided basic mental health services and the number of people able to provide support was insufficient to meet the need. A major scale up of government mental health services was supported by WHO and partners. As a result, 100% of the Philippines general health facilities in the affected region now have staff who are trained in the management of mental disorders.

Mental health should also be a component of national disaster preparedness plans. WHO and the Pan-American Health Organization are supporting countries in the Caribbean sub-region of the Americas so that they will be able to provide adequate mental health and psychosocial support to people in need following hurricanes and other natural disasters.”

