AMERICAN MOCK WORLD
HEALTH ORGANIZATION AT
THE UNIVERSITY OF OKLAHOMA

WPRO/SEARO REGIONAL GUIDE

REGIONAL
CONFERENCE
2019

GLOBAL
MENTAL HEALTH:
FROM SILENCE TO
SOLUTIONS

OUAMWHO

SUMMARY OF THE WESTERN PACIFIC AND SOUTH EAST ASIAN REGIONS

The Western Pacific Region and South East Asia Region (WPRO/SEARO) include 48 member countries, seven time zones, and more than a quarter of the world's population. This region has experienced much growth in health outcomes and economic development in the past 50 years, but significant challenges still remain.

Challenges facing the WPRO/SEARO region includes the prevalence of natural disasters such as typhoons and earthquakes, a lack of education and income equality, and high rates of mental health problems, especially depression and suicide. Because many surveillance systems in WPRO/SEARO are not fully established, the pre-existing data on the epidemiology of mental health disorders is still lacking, serving as an additional barrier to integrating proper treatment. Furthermore, the two regions have understaffed, poorly trained health workforces, and lacks the proper social and physical capital needed to properly address mental health concerns. Therefore, a focus on improving existing infrastructure, increasing awareness and quality of mental health education, and developing more effective data surveillance is crucial to improving mental health outcomes in the WPRO/SEARO region.

IMPORTANT TOPICS

Maternal & Child Mental Health

Maternal mental health problems are considered worldwide as a major public health challenge with about 20% of mothers in developing countries experience clinical depression after childbirth, and in severe cases this may lead to suicide. For these mothers in developing countries, 15.6% experience mental disorders during pregnancy, and 19.8% experience mental disorders after childbirth. Because young infants are highly affected by the health of their mother and the quality of care they receive, prolonged or severe mental illness on behalf of the mother has drastically negative health effects on the growth and development of the young infant. However, maternal mental disorders are treatable; the WHO recommends integrating maternal mental health care into general health care, as well as implementing low cost interventions with the involvement of non-specialized or community health providers.

In India, such approaches are gauged to be quite effective. Because many low- and middle-income countries are found to have a higher prevalence of maternal mental health problems and maternal suicide, various strategies have been implemented to combat these issues: addressing lack of awareness, finding suitable educational tools that work in different settings (such as translating the Edinburgh Postnatal Depression Scale), and developing access pathway using a stepped-care approach. India's District Mental Health Programme allows integration of mental health specialists within the antenatal and perinatal periods. These methods will allow maternal mental health to be seen as a part of holistic health care rather than apart from it.

IMPORTANT TOPICS

Adolescent & Young Adult Mental Health

Worldwide, 10-20% of children and adolescents experience mental disorders with half of all mental disorders begin by the age of 14. Neuropsychiatric conditions are the leading cause of disability in young people globally, leading to severe impacts on the adolescent's physical and social development, educational attainment, and potential to live fulfilling and productive lives. For young people aged 15-29, suicide in the leading cause of death. The WHO South-East Asian Region is the world's most affected region, accounting for 39% of global suicide mortality. However, a lack of data surveillance, effective mental health interventions, integration of mental health services in non-specialized health settings, and access to mental health services serve as barriers for treatment for young people in the WPRO/SEARO region.

Mental health issues are prevalent in South Korea, the nation with the second highest suicide rate in the world. As a contributing factor, mental illness is quite prevalent amongst South Korean adolescents, with more than 10% of Seoul adolescents diagnosed with internet addiction disorder; a disorder correlated with depression and obsessive-compulsive disorder. Adolescents have the highest suicide rate in South Korea compared to that of other demographic groups, and this can be attributed to the prevalence of depression due to environmental stressors such as a culture of high educational attainment, high rates of alcohol use disorders, and as aforementioned, internet addiction disorder.

IMPORTANT TOPICS
Mid-Life & Elderly Mental Health

Worldwide, over 20% of adults aged 60 and over suffer from a mental or neurological disorder, the most common of which are dementia and depression, which affect approximately 5% and 7% of the world's older population, respectively. Adult and elderly populations also commonly suffer from anxiety disorders, substance use, and self-harm, all of which tend to be under-identified by healthcare professionals and older people themselves, due to prevailing social stigma and misdiagnosis. Risk factors for mental health problems include a loss in mental and physical capacity, social isolation and loneliness, chronic pain, and a need for long-term care due to other debilitating illnesses.

Japan's drastic demographic crisis arose from the drastic aging of its population with respect to other demographic classes. In 2014, 26% of Japan's population was estimated to be 65 years or older, with an estimation that people over the age of 65 will account for 40% of the population by 2060. Because of this growing population of elderly people, over a quarter of Japan's population is at risk for adult and elderly-specific mental illness. About 25% of all Japanese citizens with mood disorders were adults aged 50 to 64, and only recently has the stigma around mood disorders been lifted somewhat. Many Japanese elderly individuals also report depression due to social isolation and their departure from the workforce. To meet the mental health needs of these older populations, the WHO recommends geriatric training of health professionals, developing age-friendly services and settings, and designing sustainable long-term and palliative care policies.

IMPORTANT TOPICS
Mental Health in Emergencies

As defined by the WHO, the target group for WHO work on mental health and psychosocial support in emergencies is any population exposed to extreme stressors, such as refugees, internally displaced persons, disaster survivors and terrorism-, war- or genocide-exposed populations. Although most people affected by emergencies will experience some sort of emotional and mental distress, 22% of those affected will go on to develop depression, anxiety, post-traumatic stress disorder, bipolar disorder or schizophrenia. Depression and anxiety prevalence increases with age, and depression is more common in women than in men in conflict-affected settings. 9% of people living in such conflict-affected settings within the past 10 years will have a moderate or severe mental disorder.

Due to ongoing civil war in Myanmar, many refugees have fled Myanmar to seek residence in Bangladesh. These refugees continue to face mental health problems, with drastic long-term effects on their psychosocial well-being. Their living conditions in refugee settlements also contribute to higher levels of daily stress which further debilitate their mental health conditions. In order to reach out to these populations, common strategies involve assessing pre-existing mental health resources, and increasing access to these resources for affected populations. When local resources are insufficient, this requires coordination with global partners and local providers. In many cases, national emergencies allow for the creation of long-lasting infrastructure for mental health care; the 2004 tsunami in Sri Lanka and Indonesia and the 2013 typhoon in the Philippines served as a catalyst for the decentralization of mental health care, allowing for many communities to be assisted and for these programs to persist even after these crises had passed.