WHO

PASMUN
10TH EDITION

INSPIRING HUMANITY TO BE THE CHANGE
Dear Delegates,

Welcome to PASMUN 2017! We are honored to have you participate at our 10th Annual Model United Nations. Our secretariat, chairs and staff have been working to give you one of the best simulations you will ever experience.

During these three days you will have the opportunity to deal with international issues which will improve your skills, flourish your leadership, will promote teamwork and will make you have a different way of viewing the world we live in. You will also get to know new people, since this is an event created by students for students.

We encourage you to challenge your abilities in all the possible ways before, during and after the event. We hope you give your best in this simulation and take the most advantage of it. This year, since we still have faith in humanity, we are trying to inspire you in order for you to inspire others to be the change! We are beyond excited to have you in our event!

Sincerely,

Natalia Tellez
Secretary General
Committee: World Health Organization

Director: Juan Manuel Cantú Antúnez

Moderator: Marielly Hoyer

Topic B: Access to Mental Health Areas in Conflict

I. Committee Background

The World Health Organization (WHO) is a specialized agency of the United Nations that is concerned with international public health. It was established on 7 April 1948, headquartered in Geneva, Switzerland. The WHO is a member of the United Nations Development Group. The WHO is responsible for the World Health Report, a leading international publication on health, the worldwide World Health Survey, and World Health Day. WHO is the directing and coordinating authority for health within the United Nations system. It is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends. WHO has an important role to bridge between global and regional analytical work and countries to enhance evidence-based decision-making. Strengthening country capacity is critical and requires a long-term effort of multiple partners supported by good tools. WHO has established a Reference Group on Global Health Statistics, which will provide advice on the broad range of population health, related statistics of relevance to WHO, with particular focus on mortality and causes of death.

II. Statement of the problem

Mental health or psychological well-being makes up an integral part of an individual's capacity to lead a fulfilling life, including the ability to form and maintain relationships, to study, work or pursue leisure interests, and to make day-to-day decisions about educational, employment, housing or other choices. Disturbances to an individual's mental well being can adversely compromise these capacities and choices, leading not only to diminish functioning at the individual level but also broader welfare losses at the household and societal level. A commonly used definition of mental health is a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of
life, can work productively and fruitfully, and is able to make a contribution to his or her community. Addressing mental health is gradually being recognized as an important development issue, especially in the case of conflict-affected countries. The World Health Organization reports that in the Eastern Mediterranean region, which encompasses most of the Middle East and North Africa, cases of depression, post-traumatic stress disorder and anxiety have grown due to the outbreak of war and violence. The guerilla warfare that has defined violence in this region in past decades has had devastating mental effects on both those actively involved in combat as well as those who watch from the sidelines.

III. Topic Information

A. History of the topic

Humans have experienced adverse psychological consequences from war throughout history. A systematic study of the psychological effects of war began in the late 19th century. However, it was not until 1980 that a specific type of psychological suffering caused by mass violence received official recognition and the internationally recognized Diagnostic and Statistical Manual of Mental Disorders III (DSM III) ascribed a unique psychiatric diagnostic classification to the phenomenon: Post-Traumatic Stress Disorder. The creation of a new diagnostic classification implied that a generalized pattern of reactions to extreme events had been recognized. Under this new comprehension, psychological suffering following traumatic experiences was no longer ascribed to weakness or malingering but recognized as a series of predictable and measurable mental health and psychosocial effects. PTSD has especially interested researchers because it is considered one of the only psychiatric disorders caused uniquely by an external event. In the decade following its ‘discovery’, research about PTSD contributed significantly to Western researchers’ understandings about the relationship between external stimuli and internal psychological processes however, it also led to an overemphasis on PTSD as the sole reaction to violence.
B. Current Issues

Globally mental health problems are a serious public health concern. Currently four out of five people with severe mental illness in Low and Middle Income Countries receive no effective treatment. There is an urgent need to address this enormous treatment gap. Changing the focus of specialist mental health workers from only service delivery to also designing and managing mental health services; building clinical capacity of the primary health care workers, and providing supervision and quality assurance of mental health services may help in scaling up mental health services in LMICs. Little is known however, about the mental health policy and services context for these strategies in fragile-state settings. Multiple mental health and psychosocial problems emerged, including ‘bad psychological health, depression, stress and nervous people, and problems in the family. Aggression, emotional blowing, and not adequate behavior were frequently reported indicators of these problems, with negative effects on the whole family. Chechens reported seeking help through informal social networks, psychiatric and psychological services, and Islamic Centers. WHO has made a renewed commitment to mental health in making it one of its priorities? There is growing evidence of the global impact of mental illness; mental health problems are among the most important contributors to the burden of disease and disability worldwide. The impact of mental health problems in the workplace has serious consequences not only for the individual but also for the productivity of the enterprise. Employee performance, rates of illness, absenteeism, accidents and staff turnover is all affected by employees’ mental health status. Mental health problems are extremely common amongst those who have directly experienced armed conflict. Publicly familiar examples include the prevalence of traumatize in world war combatants. The vast majority of studies on mental health trauma in post-conflict zones understand effective health interventions as ends in themselves. While it is obviously valuable to identify and treat instances of psychological trauma for the sake of the individuals.

C. United Nations Actions

For the first time, world leaders are recognizing the promotion of mental health and well being, and the prevention and treatment of substance abuse, as health priorities within the global development agenda. The inclusion of mental health and substance abuse in the Sustainable Development Agenda, which was adopted at the United Nations. This better world is envisioned in the declaration as a place where physical, mental and
social well being is assured in keeping with the WHO definition of health. Mental health and substance abuse are very poorly resourced at present. Through the SDGs they are likely to become part of country development plans and of bilateral and multilateral development assistance. This could well mean that millions of people will finally receive much needed help. Specifically, goal 3 of the 17 Sustainable Development Goals focuses on ensuring healthy lives and promoting well-being for all at all ages. World leaders have committed to prevention and treatment of no communicable diseases, including behavioral, developmental and mental illness, which constitute a major challenge for sustainable development. Within the health goal, two targets are directly related to mental health and substance abuse.

IV. Conclusion

Although limited by its predominantly cross-sectional nature and focus on protective outcomes, this body of knowledge supports a perspective of resilience as a complex dynamic process driven by time- and context-dependent variables, rather than the balance between risk- and protective factors with known impacts on mental health. Given the complexity of findings in this population, we conclude that resilience-focused interventions will need to be highly tailored to specific contexts, rather than the application of a universal model that may be expected to have similar effects on mental health across contexts. WHO committee fully supports the people that have mental illness and helping them get help and trying to have mental health in all areas of conflicts. This conflict that we have to work on and try to help people as much as we can give them a better life without mental diseases. Mental health is an essential part of a health care response to humanitarian emergencies. In a variety of settings, we show the positive results of brief interventions. Further research is needed to improve and evaluate mental health interventions in crises. Tentatively suggest beneficial effects of mental health and psychosocial interventions for this population, and show feasibility of evaluation and implementation of such interventions in real-life settings through partnerships with humanitarian organizations. Robust conclusions on the effectiveness of particular approaches are not possible on the basis of current evidence. More rigorous research is urgently needed.
V. Essential Questions

1. What can countries do to prevent this conflict?

2. Why is this a current issue for the community?

3. How can it be solved?

4. Why is it important to solve this?

5. What kind of behavior do people have with this conflict?

6. Should the United Nations be doing something about this?

7. What is your country's point of view in this conflict?

8. Are these issues in your country?

VI. Bibliography

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