JMMUN

JAPAN
METROPOLITAN
MODEL
UNITED
NATIONS

World Health Organization (WHO)

Background Guide Topic:
Promoting an Understanding of
Mental Health

Director's Note

Hello, and thank you for participating in the Japan Metropolitan Model United Nations Conference of 2019. My name is Misaki Ogino, and I will be directing one of the intermediate committees of JMMUN this year. I hope that all of you will have fruitful discussions and debates with your fellow delegates and be able to submit resolutions that are realistic and suitable to what the world needs regarding mental health.

Although the advancement of medicine has proven that mental health directly connects to physical conditions (studies have shown that mental disorders increase the risk of diseases such as HIV and cardiovascular disease), many are still unable to comprehend the importance of the stable state of the mind. However, the constitution of the WHO states that "[h]ealth is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." Mental health, therefore, needs to be preserved and perceived in the same way as physical health.

In June, I watched a documentary on the NHK regarding a sixty-three-year-old Japanese man who was diagnosed as a schizophrenic when he was a teenager. For over forty years, he was separated from his family and was hospitalized. However, after being released, he found out that his family was the one keeping him confined, and not his condition. His parents were embarrassed to have a son that was in a "mental asylum" and tried to pretend that he did not exist. In reality, he had shown signs of improvement and had possibly completely recovered quite a while before his release, which had occurred purely by chance due to the earthquake in 2011. The fact that these things are happening in our country, which is known to be fairly "advanced", brings to light the situation mentally ill people and their families are being put in around the globe. If patients in Japan are experiencing things like this, what do you think the diagnosed and undiagnosed patients living in developing nations are going through?

The WHO defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community". Mental illnesses are actual ailments and need to be treated as such. At the same time, however, those diagnosed as "mentally ill" should not be deprived of the rights non-suffering people are allowed to have. We chairs wish that you will come to the same conclusion while accurately reflecting your country's stance during the conference.

Sincerely,

Misaki Ogino, Director
Director, World Health Organization
Japan Metropolitan Model United Nations 2019

History of the Committee

Introduction to the World Health Organization

The first International Sanitary Conference, held in 1851, was the first international conference to address public health, and twelve nations — Austria, France, Greece, Russia, Spain, the Papal states, Portugal, Sardinia, Great Britain, the Two Sicilies, the Sublime Porte, and Tuscany—participated in order to address the cholera epidemic that was rapidly spreading throughout Europe. Several more International Sanitary Conferences followed, topics mainly focusing on cholera, the plague, and yellow fever.

In 1907, Belgium, Brazil, Egypt, France, Great Britain, Italy, Netherlands, Portugal, Russia, Spain, Switzerland and the United States of America signed the Rome Agreement for the creation of an international office of public health, the Office International d'Hygiene Publique (OIHP). The main function of the OIHP was to disseminate information on public health to member states, and after World War I, the OIHP was placed under the authority of the League of Nations[1].

The World Health Organization (WHO) is the current directing and coordinating authority on international health within the United Nations system. The objective of the WHO is the attainment by all peoples of the highest possible level of health. The WHO became one of the specialized agencies under the United Nations Charter after having adopted its Constitution on April 7, 1948.

The WHO is working with 194 Member States across six regions from more than 150 offices, striving to ameliorate health systems and to combat noncommunicable and communicable diseases[2].

Introduction to the Topic

---

[1] Caudau, M. G. "The First Ten Years of the World Health Organization: 1948-1957" *World Health Organization.* World Health Organization. Web. 10 July. 2018.

[2] "About WHO" *World Health Organization.* World Health Organization. Web. 10 July. 2018.

Prehistoric Ages and Throughout Oriental Civilization

In the prehistoric era to the beginning of enlightenment when medical knowledge, surgical technology was hardy developed, the possession of evil spirits determined the views towards mentally ill patients. One major medical treatment for the mentally-ill around prehistoric era as well as in the oriental civilization was trephination, a surgical drilling of holes in skulls[3], treating head injuries, epilepsy as well as releasing the "evil spirits". Trephination was used as early as 6500 B.C., representing the beginning of supernatural theory that demonic possession determines one's health.

The supernatural belief towards mental illness was still widely supported in the Oriental civilization; for example, the Persians believed that illness was caused by demons[4], and attempted to purify one's body and mind by practicing precautionary measures.

However, the Oriental civilization was also the civilization which somatogenic theory emerged in order to explain mental illnesses by science. In 400 B.C., Hippocrates separated superstition and religion from medicine[5], claiming that the four major fluids within human body--blood, yellow bile, black bile and phlegm--were responsible for physical and mental illness[5]. Hippocrates was also a physician that categorized the types of mental illness in to six types- Mania, Melancholia, Phrenitis, Insanity, Disobedience, Paranoia, Panic, Epilepsy and Hysteria. He considered that the treatment of mental illness should be formed by observation, consideration of causes, balance of theory and of four liquids[5]. After Hippocrates' death, another Greek physician, Galen suggested that the experience of psychological stress[3] is one of the important factors as the four major fluids

---

[3] *Farreas.G Ingrid "History of Mental Illness" NOBA PROJECT. NOBA PROJECT, Web. 30 May. 2018.*

[4] *"A Beautiful Mind: The History of the Treatment of Mental Illness" History Cooperative. History Cooperative.Web. 12 June. 2018.*

[5] *"Health care practices in ancient Greece: The Hippocratic ideal" Journal of Medical Ethics and History of Medicine. NCBI, 15 Mar 2014, Web. 16 June 2018.*

mentioned above; nevertheless, this theory was ignored for many centuries.

Towards the end of the Oriental civilization, drastic change within physicians' theories became clear, constructing the bases of medical cures for the mentally disabled. The acknowledgement and care towards these patients were not yet established with the situation remaining largely unchanged until the 19th century. In recent years, especially developing countries lack mental health care, though mental health is mentioned in the general health policy of most African countries (80%) [and] almost half (44%) lack an approved or updated mental health policy [6] . Consequently, the WHO released a strategy named "Integrating Mental Health into Primary Care: A Global Perspective", which called out to countries to prioritize their mental healthcare. In the conference, delegates should bear in mind that mental health

care still remains a minor issue in many countries.

The Middle Ages (the 10th Century to the 14th Century)

Though within the Oriental civilization somatogenic theory advanced, unfortunately the power of religion was too strong that in medical fields, supernatural theory strengthened its power once again. Many historic authors are said to have overinflated facts to [promulgate] the medical model of abnormal behavior[7], by selecting incorrect information and restricting necessary information. On the other hand, mentally ill women were considered not as 'patients' to be cured, but rather as a 'cause' of a particular human disease...defined as madness of love [or] unfulfilled desire[8].

[6] *Ba Idrissa, Blanas Demetri, Monteiro M Nicole, Ndiaye Youssoupha "Policy perspectives and attitudes towards mental health treatment in rural Senegal" NCBI. NCBI, 19 Mar 2014,Web. 28 Aug 2018.*

[7] *Schoeneman.J Thomas "The role of mental illness in the European witch hunts of the sixteenth and seventeenth centuries: An assessment" Journal of The History of Behavioral Sciences. Wiley Online Library, October 1977, Web. 21 June 2018.*

[8] *Tasca C, Rapetti M, Carta MG, Fadda B "Women and hysteria in the history of mental health." NCBI.NCBI, 19 Oct 2012, Web. 1st August 2018.*

Historical facts were overinflated; moreover, effects of the church still caused a negative influence towards the mentally ill in public, even though oriental knowledge was handed down towards this era.

The medical cure during the middle ages exactly followed the theory of Hippocrates- to cure mentally ill based on the four fluids. Bleeding and purging was one of the major treatments, which had the aim to release the fluids from the body to help heal physical and mental illness[9]. Letting out the fluid supposedly causing the illness was considered an alternative to curing various kinds of illnesses. Yet, only physicians were capable of practicing these treatments; therefore, most people practiced amulets, talismans, sedatives to ease the torment of the afflicted. [4] Propagation of scientific medical practices started off by the late middle ages, but it was not until the nineteenth century that the public understood the process of the treatments. Even in the twenty-first century, there are still developing countries, such as India that are in urgent need of propagating correct information on mental healthcare.

As mentioned above, many physicians believed that mental illness was naturally caused; however, the strong pressure from the church is proven throughout past attempts to prosecute eccentric women [and drive them] out by torture or death[10]. In the Middle Ages, some women were said to be linked to demons, willing to cause troubles, and their eccentricity was confused with sorcery. The *Malleus Maleficarum*, which claims the existence of witches and demons[8] published in this era describes the relationship between evil women and devils to caution many that so-called mental illness was actually the power of demons.

The middle ages present a huge difference between the understanding of physicians, and the public. As mentioned above, physicians believed and practiced scientific theories. Yet, some medieval

[9] *Hussung Tricia "A History of Mental Illness Treatment: Obsolete Practices" Concordia St. Paul Blog & News Update. Concordia University- Saint Paul, 14 Oct 2016. Web. 15 July 2018.*

[10] *"Mental Health and Illness" Brought to Life Exploring the History of Medicine. Science Museum, Web. 28 June 2018.*

authors considered mental illness as a sin, in order to use propaganda value against an enemy of their patron saints, their monastery lands, or their religious values [11]. Therefore, Christianity based theory was passed on throughout further centuries, and the lack of care and understanding from the patient's families led to the establishment of asylums.

16th~17th Century

By the sixteenth century, asylums and hospitals were built to "house and confine the mentally ill, the poor, the homeless, the unemployed, criminal[3]. Before the establishments of asylums, the mentally ill were housed in their home by the family members who were unwilling to take care of them. Consequently, governments became responsible for housing and feeding undesirables in exchange for their personal liberty[3]. However, this also meant patients were to be housed in terrible condition-chained to the wall, living in a filthy environment, and sometimes exhibited to a public for a fee[3].

One of the first asylums established was the Bedlam Asylum in London. It is said that only the handful of people living in the Bethlehem (an asylum) received any institutional care [12] .Therefore, the majority of the mentally ill patients were treated by their families, but the ones taken care of in asylums and hospitals were never in a decent state. Most of the asylums made greater effort in spiritual salvation than providing a cure for those suffering from a disorder[13]. In this era, the idea of demonic possession was still popular; consequently, the public still lacked medical knowledge. Furthermore, there were cases in which asylum keepers sexually and physically abused the inmates, leaving them in a state without proper food, or living condition.

Treatments in the sixteenth to seventeenth century did not differ as much from the ones in the past centuries. Many problems were still existent in these two centuries- the advance in biological knowledge and questions towards the

[11] *Kroll J, Bachrach B. "Sin and mental illness in the Middle Ages." NCBI. NCBI, Web. 28 Aug 28.*

[12] *"Mental illness in the 16th and 17th centuries" Historic England. Historic England, Web. 6th July 2018.*

[13] *Bluma Clare, Malcolm Lynn "Madness and insanity: A history of mental illness from evil spirits to modern medicine" Health. ABC News, 2 Aug 2016. Web. 22nd July 2018.*

state in asylums led to a revolution in the following two centuries.

18th and 19th Centuries

The eighteenth and nineteenth centuries saw advances in the effort to understand mental illness, beginning with the propagation of moral treatment. By the eighteenth century, many adopted a medical perspective on madness[11]. However, the somatogenic treatments implemented in this period consisted of torture and inhumane methods. Although the scientific revolution contributed to changing the views towards the mentally ill, the conditions provided for them were far from humane. While scientific understanding showed drastic improvement, raising the quality of the patient's condition was not prioritized.

At the end of the seventeenth century, moral treatment was introduced by William Tuke, a Quaker asylum director in Britain. Tuke believed that treating patients as a child rather than an animal[14] was significant. Moreover, Tuke

---

[14] *"Moral Treatment" Brought to Life Exploring the History of Medicine. Science Museum, Web. 7th July 2018.*

aimed to create a strict and disciplined environment within the facility. Thus, medical treatments at the time, such as bloodletting, purging, restraint jackets were banned in asylums which adopted moral treatment, since treating patients kindly was their aim. However, critics such as Foucault later argues that the enforcement of moral therapy "replaced the physical chains" of the past environment, claiming how the treatment did not function as many wished. By the nineteenth century, moral treatment lost its power.

Also, the arrival of capitalism in the 18th century affected the attitudes of the upper classes towards the less fortunate[13]. Due to the shift in economic relationships, more asylums were established to handle the mentally ill, with some asylums consisting of 500 to 100 occupants. Within the asylum, the patients were forced to participate in workhouses to maintain their mental discipline and adopt to the rules in society. However, these attempts failed, due to the fact that the patients were unable to contribute to the economy. The caretakers in the asylum were forced to endure harsh labor conditions, which also led to the abusing

of patients, and leaving them in poor condition.

The arrival of the 19th century brought new changes for the conditions for the mentally ill. For example, in Britain, the Select Committee inquiry was conducted[15].After the disastrous state of asylums was revealed to the government, the Poor Law in 1834 was implemented for government to renovate conditions in asylums; nevertheless, the devastating conditions hardly changed. By the 19th century, governments began to distinguish the difference between the ones suffering from mental illnesses such as schizophrenia and those who were disabled [16], and the 1886 Idiots Act enabled the building of 'idiot asylums' or mental deficiency colonies[14].

---

[15] *Howe Caroline "EXCLUSIVE: Chained to their beds with no heat or water, and left to lie in their own excrement: How the 19th century mentally ill were sent to hide away in grisly insane asylums and categorized as 'idiots', 'imbeciles' or 'lunatics'" Daily Mail. Daily Mail, 17 July 2017. Web. 10 July 2018.*

[16] *"19th Century Mental Health" Ashford and St. Peter's Hospital. Ashford and St. Peter's Hospital, 21 May 2014. Web. 9 July 2018.*

Although the conditions in asylums did not change from the sixteenth to the seventeenth century, scientific knowledge showed great advance. In the mid-eighteenth century, John Locke and few others argued how mentally disabled had the ability to reason, which gradually changed the medical perspective towards the mentally ill. Finally, in the nineteenth century, theories shifted to the idea that mental illnesses were caused by brain damage. Franz Gall's phrenology especially contributed to the belief that the shape of the skull determines one's mental health. Phrenology was however debunked since this theory did not show success in identifying mental illnesses. As for medical aid in asylums, specialists called "mad doctors" were hired to take care of the patient's disability, though they never exactly imposed a scientific method, leading to torture of the patients in the facility. The treatments for the mental illnesses were still similar to those of the sixteenth and seventeenth centuries, yet, the public's view of mental illness drastically changed due to the propagation of scientific understanding.

Things were beginning to improve for mentally ill patients, but as for women, conditions for them were far off from improving. Women were more likely to be diagnosed as mentally ill because of their biological vulnerability and the female life cycle [17]. The lack of approved feminine qualities [18] and mental breakdowns after events such as childbirth were considered to be mental illnesses.

20th Century

In the twentieth century, the understanding towards mental illness deepened, with psychologists as well as the public considering mental illnesses as unique disease entities [19]. New theories such as psychodynamic theory and behaviorism became the major theories which are still popular even in today's society. Due to the acceptance of mental illness as unique disease entities [19], modern treatments became incorporated with fields such as pharmacotherapy and psychotherapy. The two theories, psychodynamic theory, and behaviorism were suggested around this period. Psychodynamic theory, suggested by Sigmund Freud, points out that human functioning [is] based upon the interaction of drives and forces within the person [20], which unconsciously decides the mental state of the person. On the other hand, behaviorism promoted by John B.Watson emphasizes scientific and objective methods of investigation [21], and therefore concentrates on reconditioning the patient's environment to heal their mental state.

Moreover, though somatogenic treatments had shown progress over bloodletting and purging in the past centuries, immoral treatments remained until the 1970s, when these treatments were replaced by SSRIs and MRI tests.

[17] *Marland Hilary "Women and Madness" Centre for History of Medicine. Warwick, Web. 30th July 2018*

[18] *"Health & Medicine in the 19th Century" Health and Medicine in the 19th Century. Victoria and Albert Museum, Web. 13 Jul 2018.*

[19] *Jutras Marc "Historical perspectives on the theories, diagnosis, and treatment of mental illness" BCMJ. BCMJ, March 2017. Web. 13 July 2018.*

[20] *McLeod Saul "Psychodynamic Approach" Psychodynamic. Simply Psychology, 2017. Web. 17 July 2018.*

[21] *McLeod Saul "Behaviorist Approach" Behaviorism. Simply Psychology, 2017.Web. 17 July 2018.*

Also, after the Second World War, psychiatric drugs were invented, improving many patients' mental condition. During the mid-20th century, medical treatments for the mentally ill such as lobotomies and electroconvulsive therapy were implemented; however, these treatments were as damaging to patients as bloodletting and purging. Lobotomies, which drill a pair of holes into the skull[22] and cut the front lobes of the brain became a popular treatment in the 1940s. The inventor of the treatment, Egaz Moniz won the Nobel Prize in 1949, although it fell out of favor because of contradictory results. As for electroconvulsive therapy, electric current [was released] through [the] head[23] to free patients from their suffering. This method became unpopular due to an anti-psychiatry movement in the 1960s. On the other hand, psychiatric drugs are still implemented for treatments and have been popular ever since the 1940s. These drugs became highly popular for the reason that patients who received them became capable of maintaining life outside asylums and mental hospitals. Although psychologists and scientists discovered some methods to heal mental disorders, many other disorders are still have no fully reliable treatment.

Beginning in the 1950s, asylums were closed down, aiming to create a community based treatment for the mentally ill. As the popularity of asylums declined, many closed down, and governments introduced peer-facilitated community treatment [24] to replace an institutionalized system. As a result, many mentally ill patients ended up homeless or even in prison. Surveys point out that 28 percent of the homeless people they studied had a diagnosable mental illness[7].

Classification of mental disorders are another significant factor in the twentieth century. The DSM (Diagnostic and Statistical Manual) was created to

[22] Levinson Hugh "The strange and curious history of lobotomy" Magazine. BBC, 8 November 2011. Web. 13 July 2018.

[23] Wilson Robyn "Electroconvulsive therapy is still being used today – with mixed results" Long Reads. Independant, 4 December 2017.Web. 10 July 2018.

[24] Kozlowska, Hanna "Should the U.S. Bring back Psychiatric Asylums?" Health. The Atlantic, 27 Jan. 2015, Web. 22nd Aug. 2018.

unify the diagnosis of mental disorders. Before the implementation of DSM, different diagnoses were made in different countries, which brought urgent need of diagnostic agreement.

Statement of the Problem

Recognition

Those with mental health issues are often the target of stigmatization and discrimination. Persons with mental health issues are treated unfairly through the denial of employment, educational opportunities, and denial of certain health insurance options which causes further damage to such individuals. Unfortunately, family members of the patient have become victims as well in both low- and high-income countries throughout history.[25]

The reasons for stigmatization and discrimination are often the stereotypes held by many people. Many individuals consider that people with mental health issues have a disability to "find work, be in a steady, long-term relationship, live in decent housing, [and] be socially included in mainstream society" (Mental Health Foundation).[26] In addition, many recognize patients as violent and dangerous although patients are at risk of being attacked by society. Studies have shown that the effect of print and visual media have a major impact on stereotypes people have on mental health by revealing the results that "television does indeed show predominant negative images of mental illness in the media" (Indiana University Bloomington).[27]

In order to tackle the misunderstandings concerning mental health, World Mental Health Day takes place on the tenth of October every year[28] with its purpose to raise awareness around the world and to mobilize efforts in

---

[25] Lee Jong-wook "Investing in MENTAL HEALTH" World Health Organization Department of Mental Health and Substance Dependence, 2003, Web. 20 July. 2018

[26] "Stigma and discrimination" Mental Health Foundation, 2018, Web. 7 Oct. 2018

[27] "Stigma in Global Context Mental Health Study" Indiana University, 2015, Web. 20 July. 2018.

[28] "Mental Health: massive scale-up of resources needed if global targets are to be met" World Health Organization, 2018, Web. 21 July. 2018.

support of mental health. Mental health and substance abuse were also included in the Sustainable Development Agenda at United Nations General Assembly in September 2015 under the goal of the World Health Organization (WHO) to create a place "where physical, mental and social well-being are assured" (WHO)[29] However, raising awareness is only the first step to solve issues of mental health. Even though making an attempt to be aware of the mental health issues can be done with less difficulty, putting that awareness into action is often challenging. Unsolved issues regarding mental health clearly urges the need of actions. First of all, mental disorders are not discussed with the same severity that is given to physical health problems. Despite the prediction that depression will be the leading disease burden globally by 2030 (and 900,000 persons already commit suicide each year), three out of four people with severe mental disorders still receive no treatment. In addition, more than 40 percent of all countries have no mental health policies and over 30 percent have no mental health programme. Surprisingly, over 90 percent of countries do not have a mental health policy for children and adolescents. [30] Public expenditures on mental health are low especially in low- and middle-income countries, with a small amount of the national budget being the government expenditure of "less than 1 US$ per capita in low and lower middle income countries whereas high-income countries spend more than US$ 80." (WHO)[31] In more than two-thirds of the countries worldwide, mental disorders are not included in national health insurance leading to a heavy burden for patients and their families.

Measurement of Well-Being

Due to mental health being something subjective, it is measured with self-reports which include the eating patterns, daily

[29] "Mental health included in the UN Sustainable Development Goals" World Health Organization, 2018, Web. 6 Aug. 2018.

[30] Lee Jong-wook "Investing in MENTAL HEALTH" World Health Organization Department of Mental Health and Substance Dependence, 2003, Web. 20 July. 2018

[31] "Mental Health: massive scale-up of resources needed if global targets are to be met" World Health Organization, 2018, Web. 21 July. 2018.

cigarette intake, and many other physical activities. There are mainly two types of well-being measurement: psychometrically based and utility based. Psychometrically based measurements utilize the relationship and strength among different items and are intended to measure one or more domains of well-being. On the other hand, utility-based measurements are based on individual or groups' preferences for a particular state. Psychologists use methods such as "Peer reports, observational methods, physiological methods, experience sampling methods, ecological momentary assessment, and other methods" (CDC) [32] to measure well-being. Combination of the subjective measurement as stated above and objective measurement such as household income, unemployment levels, and neighborhood crime have been shown to be effective.

Standardization of the mental health care quality measurement is problematic worldwide, since each country has their own organizations and services. The three steps of mental health care which include structure, process and outcome each have their disadvantages. Insufficient detail in the intended delivery of the quality services and the acceptability of the obtained outcomes are the flaws of structure. In the process step, most mental health process measures do not have enough evidence used for health quality and outcome improvement. Finally, improvements in symptoms are focused in the outcome steps even though complex mental disorders involve the improvement in "quality of life, recovery and community tenure". (NCBI) [33]

Public Health Surveillance

The WHO defines surveillance as "the continuous, systematic collection, analysis and interpretation of health-related data needed for the planning, implementation, and evaluation

---

[32] *"Health-Related Quality of Life" U.S. Department of Health & Human Services. Centers for Disease Control and Prevention, 31 May. 2016, Web. 5 Oct. 2018.*

[33] *Amy M. Kilbourne "Measuring and improving the quality of mental health care: a global perspective" US National Library of Medicine National Institutes of Health, 19 Jan. 2018, Web. 21 July. 2018.*

of public health practice"(WHO). [34] However, unclear borders between research and surveillance or between research and other vital social inquiry such as quality improvement, implementation research and oral history are one of the major problems of public health surveillance. Surveillance cannot operate in a usual state during an emergency and the WHO claims that "[in] dire situations, surveillance could not 'await the formal approval of an ethical review committee' "(WHO)[35]

There are a few other burdens that go along with surveillance. In terms of privacy and civil liberties, harm is caused to patients occurs for surveillance includes mandatory quarantine, isolation, or seizure of property. Since surveillance is done by way of a method that requires a report by name, it possesses a risk of further stigmatization and discrimination. Management of information is also a task for all countries with mental health issues.

Public surveillance function may shift to private companies and trigger unexpected issues since the data is no longer owned by and accessible to government agencies. Also, technological gaps between different countries are another major concern. Countries without economic power or the ability to handle technology will be unable to use the system of surveillance.

Common and concrete definition, measure and parameters of precise surveillance or mechanism does not exist in the surveillance system today which makes the decision-making process a complex one. International agreements on the rigid definitions and systems in surveillance are necessary to shun extra problems.

Situational Gaps

Studies have shown that a lack of education prevents people from accessing "most professional jobs, increases vulnerability and insecurity, and contributes to a persistently low social capital" (WHO).[36] Different studies and

---

[34] *"WHO guidelines on ethical issues in public health surveillance" World Health Organization, 2017, Web. 12 Aug. 2018.*

[35] *"WHO guidelines on ethical issues in public health surveillance" World Health Organization, 2017, Web. 12 Aug. 2018.*

[36] *Lee Jong-wook "Investing in MENTAL HEALTH" World Health Organization*

data suggest the relevance between unemployment and mental health such as the fact that unemployed persons have a greater chance of having more depressive symptoms than other individuals. Unemployment connect to poverty which may cause violence and abuse, leading to mental illness. This vicious cycle happens mostly in developing countries. Still, developed countries are also suffering from mental health problems generated by the issue of unemployment. According to the WHO, "35 [percent] to 45 [percent] of absenteeism from work is due to mental health problems" (WHO). [37]Attention to unique stressors such as armed forces, firefighters, police officers, and other emergency response workers are necessary. Specialists at Harvard Medical School warns that "the effects on work cutback were greater among professional workers", which illustrates the economic burden caused by mental health problems.

Mental illness among refugees is also a problematic issue. From numerous harsh experiences, refugees can become traumatized and are therefore in need of medical treatment. Most refugees undergo Post Traumatic Stress Disorder (PTSD). Socio-demographic characteristics such as being older, being female, coming from a rural area or economically disadvantaged and post-displacement environment like living in institution, being economically restricted, and experiencing a conflict in one's native country are a few of the situations refugees face.[38]

Knowledge of Mental Health

Information and treatment regarding mental health is still very much limited all over the globe. The WHO's Mental Health Atlas of 2017 revealed the gap between developed and developing countries in the number of mental health workers, for the existence of 2 for 100,000 population of mental health workers in low-income countries compared to the

Department of Mental Health and Substance Dependence, 2003, Web. 20 July. 2018

[37] *Lee Jong-wook "Investing in MENTAL HEALTH" World Health Organization Department of Mental Health and Substance Dependence, 2003, Web. 20 July. 2018*

[38] *Derrick Silove "The contemporary refugee crisis: an overview of mental health challenges" US National Library of Medicine National Institutes of Health 12 May. 2017, Web. 13 Aug. 2018.*

high-income countries with 70 mental health workers, under the same amount of population which shows the overwhelming difference in the number of mental health workers due to the economic power of each nations. The low number of the mental health workers in developing nations is due to the small budget each countries has and the trend to use the budget on other areas instead. Furthermore, cruel treatment of patients with mental health illnesses is carried out in mental health asylums that have low-quality care and inhumane conditions. This is one area that could be reformed.

Technology

As a result of the advancement of technology, many new technologies are implemented in the treatment of mental illness. [39] Mental health apps are considered to be used to monitor patients and the environment surrounding them. The advantages of mental health care that uses technology include convenience, anonymity, low cost, service to large

___

[39] *"Technology and the Future of Mental Health Treatment" The National Institute of Mental Health Information Resource Center Web. 17 July. 2018.*

numbers of people, and attention from society. Apps could actualize patients to receive treatment anywhere and at any time with low cost and encourage more patients to be interested in treatment that employs technology.

Nonetheless, critics of technology's use in mental health care have debated the effectiveness, ability to correctly target users, guidance, privacy, and regulations of such software. There is no evidence that shows that apps work better than traditional methods and apps are difficult to be applied to all people with mental illness. Furthermore, thorough explanation of the effectiveness of the applications should be done to users, sensitive and private information in apps should be protected, and where responsibility of regulation goes to needs to be discussed. As stated previously, technological gap is a core issue to consider in order to implement equal treatment to all countries.

Key Terms and Concepts

Well-being

Well-being can be defined as a "[s]tate of complete physical, mental and social well-being and not merely the absence of disease or infirmity" (WHO). Advances in psychology, neuroscience, and measurement theory suggest that well-being could be diagnosed with some accuracy and can be associated with elements such as self-perceived health, longevity, healthy behaviors, mental and physical illness, social connectedness, productivity and factors in the physical and social environment.

Mental Health

Mental health is the "[s]tate of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community" (WHO).

Causes of mental illness consist of biological factors such as genes, life experiences (which include trauma or abuse), and the backgrounds of the individual. This final factor includes subcategories as economic status, race, ethnicity, religion, gender, age, and geographic location.

Early warning signs of mental illness are unusual diet, unknown aches/pains, excessive drinking and/or use of drugs, severe mood swings, desire to cause harm to oneself or others, and many other factors. It is essential for the people surrounding the patient of mental illness to recognize the warning signs and provide treatments.

Types of Mental Health Disorders and Ailments

- Anxiety Disorders
  ○ Anxiety is a natural reaction in some instances. However, anxiety disorders "differ from normal feelings of nervousness or anxiousness and involve excessive fear or anxiety. Anxiety disorders are the most common of mental disorders and affect nearly 30 percent of adults at some point in their lives." [40]

---

[40] *"What Are Anxiety Disorders" American Psychiatric Association. American Psychiatric Association. Web. 15 July. 2018.*

○ Anxiety disorders are diagnosed when a patient feels so much fear and anxiety that it hinders their ability to function normally. There are many types of anxiety disorders, including specific phobias, panic disorders, social panic disorders, and generalized anxiety disorders.

- Behavioral Disorders

○ Behavioral disorders are patterns of disruptive behaviors in children. These behaviors must last for at least six months to be considered a behavioral disorder. Behavioral disorder causes "problems in school, at home and in social situations. Nearly everyone shows some of these behaviors at times, but behavior disorders are more serious"[41] Behavioral disorders involve hyperactivity, impulsivity, and criminal activity. One major example of behavioral disorder is attention deficit hyperactivity disorder (ADHD). [42]

- Depression

○ Depression is "a common illness worldwide, with more than 300 million people affected" (WHO)[43]. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. When long-lasting and with moderate or severe intensity, depression may become a serious health condition.

○ Depression results from "a complex interaction of social, psychological and biological factors." People who have gone through adverse life events (unemployment, bereavement, psychological trauma) are more likely to feel depression. Depression can lead to more stress and dysfunction and worsen the affected person's life situation and depression itself.

- Eating Disorders

○ Eating Disorders describe illnesses that are "characterized by irregular eating habits and severe distress or concern about body weight or shape" (Eating Disorder HOPE). Eating disturbances may include "inadequate or excessive

[41] *"Behavioral Disorders" Mental Health.gov.Mental Health.gov.Web.15 July.2018.*

[42] *"Attention Deficit Hyperactivity Disorder(ADHD)" Mental Health.gov.Mental Health.gov.Web.15 July.2018.*

[43] *"Depression." World Health Organization, 22 Mar. 2018, www.who.int/news-room/fact-sheets/detail/depression.*

food intake which can ultimately damage an individual's well-being."

- Mood Disorders
  - The main symptom of mood disorders an overt and "serious changes in mood[44]" (Mood Disorders).
  - Mood disorders include "major depressive disorder, bipolar disorder (mania - euphoric, hyperactive, over inflated ego, unrealistic optimism), persistent depressive disorder (long lasting low grade depression), cyclothymia (a mild form of bipolar disorder), and SAD (seasonal affective disorder)[36]"(Mood Disorder). Depression is one of the major symptoms, and a patient who has once experienced psychiatric disorder is likely to develop depression. Mood disorders are associated with alcoholic addiction and could possibly lead to physical disease.

- Obsessive-Compulsive Disorder
  - Obsessive-Compulsive Disorder, or OCD, is a relatively common, recurring and long-lasting disorder in which one suffers from constant uncontrollable

thoughts and behavior that one feels the impulse to repeat over and over.

- Personality Disorders
  - Personality Disorders cause difficulties in maintaining one's personal lifestyle and relationship, because of one's attitudes and personality. The three categories for the disorder are suspicious, emotional and impulsive, and anxious. A diagnosis cannot be made if an individual has only one or two categories. This disorder is mostly caused by the environment an individual has been brought up in, early childhood experiences, and genetic factors.

- Psychotic Disorders
  - Psychotic Disorders induce abnormal thinking and perceptions, causing people to lose touch with reality. The main symptoms are hallucinations, which are false perceptions, and delusions, or false beliefs. Schizophrenia is a type of psychotic disorder, and those diagnosed as bipolar may also have psychotic symptoms.

- Trauma and Stress Related Disorders
  - Post-traumatic stress disorder (PTSD) occurs after one experiences a traumatic

---

[44] *"Mood Disorders" Mood Disorders Mental Health America, Web. 21 July 2018.*

event such as war, natural disasters, or rape. PTSD makes the individual feel stressed and afraid of certain matters over a long period of time even after the danger is over.

Past Attempts Regarding Mental Health and Ongoing Programs

Past Attempts

The 2007 Lancet Series on Global Mental Health led to the Movement for Global Mental Health, involving over 1,800 individuals worldwide. In 2010, the WHO published the Report on Mental Health and Development, drawing special attention to people with mental illnesses as a vulnerable group subject to isolation, human-rights violations and exclusion from policies and decision-making that affected them. [45]

Later in 2010, the United Nations General Assembly recognized the need to resolve mental health issues in its resolutions. In 2013, the WHO approved a "Comprehensive Mental Health Action Plan for 2013-2020", which is a commitment by all of the WHO's Member States to take specific actions to improve mental health. This plan's goal is to promote mental well-being and to prevent mental illness. In order to achieve its objectives, the Action Plan requires clear actions for governments. As there is no action that fits all countries, each government will need to adapt the Action Plan to its specific national circumstances. In May 2014, a resolution on "Comprehensive and Coordinated Efforts for the Management of Autism Spectrum Disorders" was adopted by the World Health Organization during its 67th session.

Ongoing Programs

- WHO Mental Health Gap Action Programme (mhGAP)

The program mhGAP aims to provide aid for mental health patients especially in nations with low income. The program

---

[45] *"About the Movement" Movement For Global Mental Health.Movement For Global Mental HealthWeb.15 July.2018*

states that "with proper care, psychosocial assistance, and medication, tens of millions could be treated for depression, schizophrenia, and epilepsy, prevented from suicide and begin to lead normal lives– even where resources are scarce." [46]

- The Global Mental Health Program

Founded in 2013, this program is an organization based in Columbia University, New York. This program "champion[s] better mental health worldwide through innovative research, education and advocacy." [47]

- Initiative on the Impact of Pesticides on Health

In the early 2000s, a WHO initiative was launched on this initiative with the overall goal to reduce deaths by pesticide. As a proportion of global suicides are the cause

of self-poisoning using pesticides in rural areas of low-income countries in Africa, Central America, South-East Asia and the Western Pacific, this program helps prevent suicide in an indirect way. [48]

- A WHO Parent Skills Training Program for Families of Children with Developmental Delays/Disorders

Developmental disorders and disabilities seen in children are a growing challenge to healthcare systems across the world. The majority of children with mental disorders and mental illness do not have access to medical care. The WHO is recommending caregiver training for families of children with developmental disorders and mental illnesses. [49]

[46] "WHO Mental Health Gap Action Programme (mhGAP)" World Health Organization. World Health Organization. Web. 15 July. 2018.

[47] "About Us" Global Mental Health Program. Global Mental Health Program. Web. 15. July. 2018.

[48] "Restricting access to the means for suicide" World Health Organization. World Health Organization. Web. 15 July. 2018.

[49] "Training parents to transform children's lives" World Health Organization. World Health Organization. Web. 15 July. 2018.

Regions

The Americas

The Regional Report on Alcohol and Health in the Americas warns that harmful use of alcohol increased in the Americas over a five-year period. America recommends measures to limit availability, restrict marketing, and raise prices of alcohol by increasing taxes. The CEC released a report on children's health and environment indicators in North America. "Children's Health and the Environment in North America: A First Report on Available Indicators and Measures, is the first integrated, regional report providing indicators for a series of children's health and environment issues" (WHO). [50] Moreover, depression is a major issue in Americas. Although it is a treatable disease, six out of every ten people who have depression in Latin America do not receive the treatment they need.

United States of America

In the United States of America, the National Institute of Mental Health, also known as the NIMH, introduces "two broad categories [which] can be used to describe these conditions: Any Mental Illness (AMI) and Serious Mental Illness (SMI)"(NIMH)[51].

"This national report summarizes key findings from the 2016 National Survey on Drug Use and Health (NSDUH) for indicators of substance use and mental health among people aged 12 years old or older in the civilian, noninstitutionalized population of the United States. Results are provided for the overall category of individuals aged 12 or older as well as by age subgroups. The NSDUH questionnaire underwent a partial redesign in 2015 to improve the quality of the NSDUH data and to address the changing needs of policymakers and researchers. For measures that started a new baseline in 2015,

[50] *"Children's Health and the Environment in North America." CEC, 2018.*

[51] *"Mental Illness" The National Institute of Mental Health. The Natural Institute of Mental Health. Web. 15 July. 2018.*

estimates are discussed only for 2016"(TOC)[52].

Brazil

In Brazil, the suicide rate for males is 7.3 per 100,000 population and for females is 1.9 per 100,000 population. Neuropsychiatric disorders are estimated to contribute to 20.3% of the global burden of disease (WHO, 2008). An officially approved mental health policy exists and was approved in 2002. Mental health is also specifically mentioned in the general health policy of the WHO. A mental health plan exists and was approved in 2004. This mental health plan's components include: funding allocation for the implementation of half or more of the items in the mental health plan, the shifting of services and resources from mental hospitals to community mental health facilities, and the integration of mental health services into primary care. "Dedicated mental health

legislation exists and was initiated, or most recently revised, in 2001. Legal provisions concerning mental health are also covered in other laws (e.g. welfare, disability, general health legislation etc.)."[53]

Asia

The WHO South-East Asia Region records about 37 million births every year. Over 88% of the children are getting three doses of diphtheria, pertussis and tetanus vaccines annually. Since the population in Asia is the most numerous throughout the world, there are innumerable people who suffer due to mental disorders. Countries in Asia have reached "unprecedented levels of prosperity", and yet millions of people who are still mired in poverty and poor health have no way to access medical care that is higher in quality. Despite poor evidence of the wide gap between rich and poor, few governments and health specialists have access to the data in order to solve the problem.

[52] *"Results from the 2014 National Survey on Drug Use and Health: Detailed Tables."* TOC.

[53] *"Constitution of the World Health Organization"* World Health Organization. World Health Organization. Web. 10 July. 2018.

China

In China, the cooperation between China and the WHO aims to "strengthen the national healthcare system to meet the needs of China's people, and ensure that all Chinese citizens have access to essential health care, especially the most disadvantaged and those living in rural and remote areas" (WPRO) [54]. WHO China puts the priorities set by the Government of China and WHO global and regional strategic directions at the core of its works.

India

India is a Member State of the WHO South East Asia Region. Its key aim is to contribute to improving health and equity in India. It distinguishes and addresses both the challenges to unleashing India's potential globally and the challenges to solving long-standing health and health service delivery problems internally.

Europe

The WHO Regional Office for Europe (WHO/Europe) is one of WHO's six regional offices around the world. It serves the WHO European Region, which comprises 53 countries, covering a vast geographical region all over the world. Depression and depression-related problems are among the most pressing public health concerns in Europe. The estimate for total disease burden is "7% of all estimated ill health and premature mortality in Europe, only exceeded by ischemic heart disease (10.5%) and cancer (11.5%)

Finland

The objectives of the Finnish health policy are to "reduce premature deaths, to extend people's active and healthy life, to ensure the best possible quality of life for all and to reduce differences in health." (WHO)[55]. The municipality's health department has worked hard on childcare, education, nutrition, recreation and urban planning departments. This is to ensure all day care centers and schools to provide the same quality of service, and as a result,

---

[54] *"Speeches Fact Sheets Multimedia Health Sector Reform in China."* WPRO, 2018, www.wpro.who.int/china/mediacentre/factsheets/health_sector_reform/en/.

[55] *"Finland."* World Health Organization Europe , 2018, www.euro.who.int/en/countries/finland.

according to the WHO, the proportion of five-year-olds who are overweight or obese has been halved. Finland is taking a Health in All Policies approach in its Health Care Act by directing cities to incorporate health into all of their decision-making areas.

Germany

Germany does not have a national health care system. The health care system is administered through "several autonomous bodies and associations such as the statutory health insurance system (GKV)"(WHO)[56].

France

Regulation of the health care systems in France is conducted by the statutory health insurance funds and the state. However, tobacco smoking rates remain high in France. There is a statistic which indicates that 32% of men and 26% of women smoke daily. In 2012, a report in France called for action to reduce adult smoking rates to 15% by 2025.

Italy

The health care system in Italy is a regionally based on a national health service which is known as the Servizio Sanitario Nazionale (SSN). While the national level ensures the national standard, regional governments in Italy are responsible for ensuring the delivery of a benefits package to the population. Health care facilities vary in terms of quality in different regions of Italy. In 2013, Italy hosted an expert consultation on public health aspects of migration in collaboration with WHO/Europe.

Questions to Consider

What is the current situation of mental health treatment in your country?

Are there clear causes of mental illness within your country? If so, are there any specific actions that are taken/ needs to be taken?

Is the suicide rate in your country high? Does your government take any action to decrease/maintain the suicide rate?

What actions are taken to protect the disabled people?

[56] *"Germany." World Health Organization Europe, 2018, www.euro.who.int/en/countries/germany.*

What are the merits and demerits of the actions that are taken in your country to support disabled people?

How has the government in your country treated mentally ill patients over the past few decades?

What treatments are implemented to treat mental disorders?

How do citizens in your nation perceive the importance of mental health?

Are any steps taken in your country for the preservation of citizens' mental health?

Works Cited

"About WHO" *World Health Organization.* World Health Organization. Web. 10 July. 2018.

Caudau, M. G. "The First Ten Years of the World Health Organization: 1948-1957" *World Health Organization.* World Health Organization. Web. 10 July. 2018.

"Constitution of the World Health Organization" *World Health Organization.* World Health Organization. Web. 10 July. 2018.

"Psychotic Disorders" *MedlinePlus.* U.S. National Library of Medicine, 25 November. 2015. 10 July. 2018.

"Obsessive Compulsive Disorder" *The National Institute of Mental Health.* The Natural Institute of Mental Health, January 2016. Web. 10 July. 2018.

"Mental Illness" *The National Institute of Mental Health.* The Natural Institute of Mental Health. Web. 15 July. 2018.

"Key Substance Use and Mental Health Indicators in the United States: Results from the 2016 National Survey on Drug Use and Health" *Substance Abuse and Mental Health Services Administration.* Center for Behavioral Health Statistics and Quality, 2017. Web. 15 July. 2018.

"Mental Health: Strengthening Our Response" *World Health Organization.* World Health Organization, 30 March 2018. Web. 15 July. 2018.

"Mental Health Atlas 2011-Brazil" *Department of Mental Health and Substance Abuse.* World Health Organization. Web. 15 July. 2018.

"Mental Health Matters" *World Health Organization.* World Health Organization. Web. 15 July. 2018.

"About Us" *Global Mental Health Program.* Global Mental Health Program. Web. 15 July. 2018.

"Restricting Access to the Means For Suicide" *World Health Organization.* World Health Organization. Web. 15 July. 2018.

"Training Parents to Transform Children's Lives" *World Health Organization.* World Health Organization. Web. 15 July. 2018.

"What Are Anxiety Disorders" *American Psychiatric Association*. American Psychiatric Association. Web. 15 July. 2018.

"Behavioral Disorders" *Mental Health.gov*.Mental Health.gov.Web.15 July.2018.

"Attention Deficit Hyperactivity Disorder(ADHD)" *Mental Health.gov*.Mental Health.gov.Web.15 July.2018.

"About the Movement" *Movement For Global Mental Health*.Movement For Global Mental HealthWeb.15 July.2018.

"WHO Mental Health Gap Action Programme (mhGAP)" *World Health Organization*.World Health Organization.Web.15 July.2018.

"A Beautiful Mind: The History of the Treatment of Mental Illness" *History Cooperative*. History Cooperative.Web. 12 June. 2018.

Ba Idrissa, Blanas Demetri, Monteiro M Nicole, Ndiaye Youssoupha "Policy perspectives and attitudes towards mental health treatment in rural Senegal" *NCBI*. NCBI, 19 Mar 2014,Web. 28 Aug 2018.

Bluma Clare, Malcolm Lynn "Madness and insanity: A history of mental illness from evil spirits to modern medicine" *Health*. ABC News, 2 Aug 2016. Web. 22nd July 2018.

Farreas.G Ingrid "History of Mental Illness" *NOBA PROJECT*. NOBA PROJECT, Web. 30 May. 2018.

"Health & Medicine in the 19th Century" *Health and Medicine in the 19th Century*. Victoria and Albert Museum, Web. 13 Jul 2018.

"Health care practices in ancient Greece: The Hippocratic ideal" *Journal of Medical Ethics and History of Medicine*. NCBI, 15 Mar 2014, Web. 16 June 2018.

"History of Mental Health Treatment 1800s-2000s" *History of Mental Health Treatment*.Dual Diagnosis, Web. 13 July 2018.

Howe Caroline "EXCLUSIVE: Chained to their beds with no heat or water, and left to lie in their own excrement: How the 19th century mentally ill were sent to hide away in grisly

insane asylums and categorized as 'idiots', 'imbeciles' or 'lunatics'" *Daily Mail.* Daily Mail, 17 July 2017. Web. 10 July 2018.

Hussung Tricia "A History of Mental Illness Treatment: Obsolete Practices" *Concordia St. Paul Blog & News Update.* Concordia University- Saint Paul, 14 Oct 2016. Web. 15 July 2018.

Jutras Marc "Historical perspectives on the theories, diagnosis, and treatment of mental illness" *BCMJ.* BCMJ, March 2017. Web. 13 July 2018.

Kozlowska, Hanna "Should the U.S. Bring back Psychiatric Asylums?" *Health.* The Atlantic, 27 Jan. 2015, Web. 22nd Aug. 2018.

Kroll J, Bachrach B. "Sin and mental illness in the Middle Ages." *NCBI.* NCBI, Web. 28 Aug 28.

Levinson Hugh "The strange and curious history of lobotomy" *Magazine.* BBC, 8 November 2011. Web. 13 July 2018.

Marland Hilary "Women and Madness" *Centre for History of Medicine.* Warwick, Web. 30th July 2018

Marston Hugh "A Brief History of Psychiatric Drug Development" *Articles.* BAP, 18 April 2013.Web. 17 July 2018.

"Mental Health and Illness" *Brought to Life Exploring the History of Medicine.* Science Museum, Web. 28 June 2018.

McLeod Saul "Behaviorist Approach" *Behaviorism.* Simply Psychology, 2017.Web. 17 July 2018.

McLeod Saul "Psychodynamic Approach" *Psychodynamic.* Simply Psychology, 2017. Web. 17 July 2018.

"Mental Illness in the 16th and 17th Centuries" *Historic England.* Historic England, Web. 6th July 2018.

"Mood Disorders" *Mood Disorders* Mental Health America, Web. 21 July 2018.

"Moral Treatment" *Brought to Life Exploring the History of Medicine.* Science Museum, Web. 7th July 2018.

"19th Century Mental Health" *Ashford and St. Peter's Hospital.* Ashford and St. Peter's Hospital, 21 May 2014. Web. 9 July 2018.

Schoeneman.J Thomas "The role of mental illness in the European witch hunts of the sixteenth and seventeenth centuries: An assessment" *Journal of The History of Behavioral Sciences.* Wiley Online Library, October 1977, Web. 21 June 2018.

Tasca C, Rapetti M, Carta MG, Fadda B "Women and hysteria in the history of mental health." *NCBI.*NCBI, 19 Oct 2012, Web. 1st August 2018.

Wilson Robyn "Electroconvulsive therapy is still being used today – with mixed results" *Long Reads.* Independant, 4 December 2017.Web. 10 July 2018.

"Mental health: a state of well-being" *World Health Organization.* World Health Organization, Aug. 2014, Web. 20 July. 2018.

"Health-Related quality of Life(HRQOL) Well-Being Concepts" *U.S. Department of Health & Human Services.* Centers for Disease Control and Prevention, 22 May. 2016, Web. 20 July. 2018.

"What Is Mental Health?" *U.S. Department of Health & Human Services.* MentalHealth.gov, 29 Aug. 2017, Web. 20 July. 2018.

"Recovery and Recovery Support" *Substance Abuse and Mental Health Services Administration.* Substance Abuse and Mental Health Services Administration, 20 Sept. 2017, Web. 20 July. 2018.

"Mental Health Information" *U.S. Department of Health & Human Services.* National Institute of Mental Health Web. 20 July. 2018.

"What To Look For" *U.S. Department of Health & Human Services.* MentalHealth.gov, 29 Aug. 2017, Web. 20 July. 2018.

"National Prevention Strategy MENTAL and EMOTIONAL WELL-BEING" *National Prevention Council.* National Prevention Council, May. 2014, Web. 20 July. 2018.

"Investing in MENTAL HEALTH" *World Health Organization.* Department of Mental Health and Substance Dependence, 2003, Web. 20 July. 2018.

"Mental health: massive scale-up of resources needed if global targets are to be met" *World Health Organization.* World Health Organization, Web. 20 July. 2018.

"Mental health included in the UN Sustainable Development Goals" *World Health Organization*. World Health Organization, Web. 20 July. 2018.

Dean, Burnett. "Mental health: awareness is great, but action is essential" *The Guardian*. The Guardian, 15 May. 2018, Web. 20 July. 2018.

"Stigma and discrimination" *Mental Health Foundation*. Mental Health Foundation, 2018, Web. 20 July. 2018.

"Stigma in Global Context Mental Health Study" *IU BLOOMINGTON*. Indiana University, 2015, Web. 20 July. 2018.

Amy M., Kilbourne "Measuring and improving the quality of mental health care: a global perspective" *The World Psychiatric Association*. U.S. National Library of Medicine, 19 Jan. 2018, Web. 20 July. 2018.
"WHO Guidelines on Ethical Issues in Public Health Surveillance" *World Health Organization*. World Health Organization, 2017, Web. 20 July. 2018.

Derrick, Silove. "The contemporary refugee crisis: an overview of mental health challenges" *The World Psychiatric Association*. U.S. National Library of Medicine,12 May. 2017, Web. 20 July. 2018.

"Technology and the Future of Mental Health Treatment" *National Institute of Health*. National Institute of Health, Web. 20 July. 2018.

"Depression." *World Health Organization*, 22 Mar. 2018, www.who.int/news-room/fact-sheets/detail/depression.

"Eating Disorders: Causes, Symptoms, Signs & Medical Complications." *Eating Disorder HOPE*, www.eatingdisorderhope.com/information/eating-disorder.

"Children's Health and the Environment in North America." *CEC*, 2018.

"Speeches Fact Sheets Multimedia Health Sector Reform in China." *WPRO*, 2018, www.wpro.who.int/china/mediacentre/factsheets/health_sector_reform/en/.

"Finland." *World Health Organization Europe* , 2018, www.euro.who.int/en/countries/finland.

"Germany." *World Health Organization Europe,* 2018, www.euro.who.int/en/countries/germany.