



DPS KOLAR MUN

04 05 06

OCTOBER

Knowledge
Partner:



MUN
ACADEMY

STUDY GUIDE

WHO

HEALING MINDS: TACKLING THE SILENT PANDEMIC
OF POST-COVID MENTAL HEALTH CRISIS



LETTER FROM SECRETARY GENERAL

Dear Delegates,

Welcome to the 6th edition of DPS Kolar Model United Nations! As we gather from October 4-6, 2024, under the theme "IGNITING CHANGE - Youth Leadership for Global Progress," we are reminded of the immense potential young leaders like yourselves have in shaping the future.

These study guides are your starting point, providing valuable insight into the global issues that demand our attention, from climate change to artificial intelligence and global equity. But they are just that – a starting point. The real value of this MUN comes from your own research, critical thinking, and the innovative solutions you bring to the table.

I urge you to dive deep into your committee's agendas, not just seeking solutions but also understanding the complexities behind them. This conference is about more than passing resolutions; it's about learning, listening, and growing as global citizens. Diplomatic success comes not just from speaking but from understanding different perspectives, building consensus, and forming meaningful collaborations.

Outside the formal sessions, take time to engage with your fellow delegates. Often, it's in the casual conversations and brainstorming moments where the best ideas and lasting friendships are formed.

As you prepare for this exciting journey, trust in your own voice, challenge the status quo, and don't be afraid to take bold steps. This MUN is your chance to lead, inspire, and ignite the change you wish to see in the world.

Looking forward to the debates, discussions, and ideas you will bring. Let's make this a transformative and impactful experience for all.

Warm regards,
Navya Parwani
Secretary General
DPS Kolar MUN

ACKNOWLEDGEMENT

The successful creation of the study guides for the DPS Kolar Model United Nations (MUN) would not have been possible without the support and contributions of numerous individuals and institutions.

We extend our heartfelt gratitude to Pro Vice Chairman Hari Mohan Gupta for his unwavering encouragement, and to Secretary of JSWS Abhishek Mohan Gupta for his constant support throughout the year. Their leadership has been instrumental in bringing this event to fruition.

We are deeply thankful to our esteemed Principal, Mrs. Vandana Dhupar, for providing us with this invaluable opportunity to organize and participate in this enriching experience.

Our sincere appreciation goes to our Faculty Incharge, Mr. Divyansh Negi, for his academic guidance and expertise, which have been crucial in shaping the content of our study guides.

We owe a debt of gratitude to our Chief Advisor, Mr. Manas Dowlani, for his constant support and mentorship throughout the process.

The tireless efforts of our research team – Vanshika Rajput, Sarthak Gupta, Parikshit Raj Karn, Avi Aditya, and Manpreet Kaur Arora – deserve special recognition. Their dedication and hard work have been the backbone of these study guides.

We also extend our thanks to all the Executive Board members for their contributions, and to all the delegates whose enthusiastic response and participation have made this MUN possible.

Lastly, we express our gratitude to DPS Kolar for providing us with a nurturing environment, and to the Jagran Social Welfare Society leadership for their continued support.

World Health Organization

Healing Minds: Tackling the Silent Pandemic Of Post-COVID Mental Health Crisis

The World Health Organization is a specialized agency in the United Nations system established in 1948 and, by the Charter, entrusted with the leading responsibility for the attainment of the highest possible level of health by all peoples, promoting international cooperation in health work, and the control and eradication of disease. It has 194 member states and, through its structure, plays a critical role in setting policies on health matters and addressing public health concerns. No challenge has faced the WHO more recently than the burgeoning crisis in mental health consequent to the COVID-19 pandemic.

The pandemic caused huge disruption and was labeled by the World Health Organization as a "silent pandemic" of mental health problems. It also includes increased anxiety and depression, PTSD, and stress-related conditions. WHO has initiated some global activities in response to the need to integrate mental health services into primary health care systems. It, therefore, tries to bring mental health as close to the population by training health professionals to identify and also be able to treat the mental health conditions in addition to physical illnesses. In addition, the Mental Health Action Plan 2013–2030 of this organization outlines this aim in terms of global scaling up community-based care and strengthening mental health infrastructure.

A core part of the WHO's strategy in confronting this problem has been opposition to stigma and taboo on mental illness, which often in itself is a barrier to seeking treatment. WHO works with raising events such as World Mental Health Day and encourages open discussion of mental health and respect for mental health as an important part of general health.

In response to WHO leadership, countries around the world have invested in mental health services, increased access to telehealth, and developed national strategies for mental health. This is a global effort toward mitigating the long-term psychological effects of the pandemic and making sure mental health is treated with the same urgency as physical health.

TABLE OF CONTENT

- 1. Introduction**
- 2. Historical Background on Mental Health**
 - 2.1 Pre-Pandemic Situation
 - 2.2 During the Pandemic
 - 2.3 Post-COVID Mental Health Crisis
- 3. Key Issues and Challenges**
 - 3.1 Social and Cultural Stigma
 - 3.2 Economic Impacts
 - 3.3 Impact on Vulnerable Populations
- 4. Role of International Organizations**
 - 4.1 World Health Organization (WHO)
 - 4.2 United Nations (UN)
- 5. Case Studies**
 - 5.1 Country Responses to the Mental Health Crisis
 - Japan
 - India
 - United States
 - 5.2 Community-Based Mental Health Solutions
 - Colombia
 - Rwanda
- 6. Telemedicine and Digital Mental Health**
 - 6.1 The Rise of Telemedicine
 - 6.2 Mobile Health Applications
- 7. Policy Frameworks and International Cooperation**
 - 7.1 WHO's Mental Health Action Plan
 - 7.2 Collaboration Between Nations
- 8. Recommendations Regarding the Core Issue**
 - 8.1 Increase Funding for Mental Health
 - 8.2 Reduce Stigma

8.3 Strengthen Community-Based Programs

8.4 Focus on Digital Health

9. Bibliography/Additional Resources

Introduction

The COVID-19 pandemic is among those great global health emergencies which took place in recent history, making a lasting dent on physical health, economies, and societies. While the physical effects of the virus were greatly talked about, long-term effects on mental health due to this pandemic evolved as a "silent pandemic." Quite suddenly, mental health disorders sprouted among people from all walks of life-in fact, irrespective of age, nationality, or socio-economic status. The combination of lockdowns, the loss of loved ones, economic instability, and isolation created a mental health crisis that continues to unfold long after the virus itself has been brought under greater control. This study guide examines the far-reaching consequences of COVID-19 on mental health and discusses the global actions needed to address this critical issue.

Key Points To Keep in mind:

Understand the Global Mental Health Crisis, Particularly Post-COVID-19

The contribution summarizes the unfolding mental health crisis since the COVID-19 pandemic. Accelerating pre-existing conditions, anxiety, depression, and post-traumatic stress disorder among others, this pandemic gave way to new psychological disorders. Particular attention is given to health workers, children, and those in the poorest countries, which took the greatest toll.

Discussion: The Role of WHO and Other International Organizations in Mitigating Mental Health Challenges

WHO and other international bodies have a coordinating role to play in responding to the mental health challenges that the pandemic has exacerbated. In this guideline, WHO enumerates its actions including integrating mental health into emergency responses, public health campaigns, and long-term health care systems. It also discusses various ways in which partnerships between international organizations, nongovernmental organizations, and governments have been important in bringing awareness to mental health and access to care at an international level.

Innovative and Country-Specific Strategies to Combat the Mental Disorders Due to the Pandemic:

A one-size-fits-all approach is, therefore, incongruous with the complex mental health challenges thrown up by the pandemic. Several country-specific strategies and innovations are explored within the guide, including scaling up telehealth services, community-based mental health approaches, and digital mental health platforms. It would also look at case studies from countries that have successfully adapted their healthcare systems to provide innovative mental health support against the COVID-19 pandemic, tuned to their population.

Historical Background on Mental Health

Pre-Pandemic Situation

Before the COVID-19 pandemic, mental health disorders like depression, anxiety, and substance abuse were significant global challenges. The World Health Organization (WHO) estimated that 450 million people worldwide suffered from mental health conditions. Depression affected 264 million, and suicide claimed 800,000 lives annually, making it a leading cause of death among young people.

Key Issues in Low- and Middle-Income Countries (LMICs):

In LMICs, the treatment gap for mental health was staggering at 85-90%, meaning most individuals received no care due to stigma, cost, and a severe lack of services. In many of these countries, mental health care was underfunded, receiving less than 1% of health budgets, and there were fewer than 1 mental health professional per 100,000 people.

Global Mental Health Infrastructure:

Despite global initiatives like the WHO's Mental Health Action Plan 2013–2020, which sought to reduce suicide rates and expand access to care, mental health remained underfunded and poorly integrated into health systems. In 41% of countries, no comprehensive mental health policy existed, leaving millions without adequate support.

Moreover, Pre-pandemic, mental health care faced significant global gaps, especially in LMICs. The pandemic amplified these challenges, setting the stage for a deeper mental health crisis.

During the Pandemic

The COVID-19 pandemic significantly accentuated the mental health challenges of the whole world, affecting every age group and demographic category with general distress. This crisis was basically caused by a number of factors: fear, grief, social isolation, economic instability, and overwhelming strain on the health systems.

Key Drivers for Increased Mental Health Issues:

Fear and Anxiety Isolation:

The World Health Organization reports that constant fear of contracting COVID-19 and concerns for loved ones caused anxiety and depression to surge 25 percent globally. The lockdowns and social distancing led to widespread isolation; rates were particularly high among vulnerable populations such as older adults and people who live alone.

Grief and Trauma:

The pandemic claimed the lives of nearly 7 million individuals, leaving many in grief. This was further exacerbated by an inability to engage in customary mourning practices, giving rise to complex grief and problems related to mental health. Research has documented that 40% of the bereaved developed prolonged grief disorder, which often manifested as major depressive disorder and PTSD.

Economic Burden:

These disruptions resulted in mass unemployment and, thus, mass financial devastation. The ILO estimated that the world lost 255 million full-time jobs in 2020. Their financial insecurity exacerbated their mental health problems-financial insecurity being particularly acute on low-income, women, and young adults-led to increased levels of stress, anxiety, and depression.

Burnout among Healthcare Workers:

They had to bear extreme emotional exhaustion, translated into widespread burnout, anxiety, and even trauma among the frontline health workforce. According to the International Council of Nurses, as many as 70% of health workers evidenced mental health distress, including post-traumatic stress disorder.

Disruption of Mental Health Services:

- **Overwhelmed Systems** - Most health systems have focused attention on the management of COVID-19, thus creating a diaspora in the area of mental health services around the world. The World Health Organization reports that 93% of countries reported that mental health services have been disrupted, with outpatient care closed or reduced, and delayed treatment for millions with pre-existing conditions.
- **Impact on Vulnerable Groups** - The children, adolescents, and the aged were not left behind. It was an add-on to increased stress among children, with a reported 30 percent increase in emotional difficulties. Older adults were isolated to an extreme, leading to the increased rates of depression and anxiety.
- **Increased Substance Abuse and Suicide** - Certain populations, during the pandemic, started to reflect increased substance abuse and suicides. The U.S., in 2020, saw a spike of 30% in opioid overdoses due to forced isolation and inability to use addiction services. Countries such as Japan and India reported increased suicides among women and youths.
- **Innovating Mental Health Care** - Despite the challenges, the pandemic helped grow various avenues of telehealth and digital mental health platforms for therapy and support. According to the American Psychological Association, about 76% of mental health professionals transitioned to telehealth, enabling the sustenance of care during disruptions.

Post-COVID Mental Health Crisis

Mental Health Crisis Following COVID-19 is continuously a challenge, even as countries are easing the restrictions on lockdowns and resuming daily life, once the acute phase of the COVID-19 pandemic subsided. The various ways in which people have been scarred socially, economically, and emotionally by the COVID-19 pandemic manifested in the surge of mental health disorders: Post-Traumatic Stress Disorder, depression, anxiety, and substance abuse.

Key Mental Health Challenges

1. Post-Traumatic Stress Disorder (PTSD)

PTSD has become particularly significant, especially among health workers and people who suffered personal losses during the pandemic. Healthcare workers who have been experiencing extreme stress on the front lines of the pandemic through the witnessing of mass casualties and having to make life-or-death decisions are at heightened risk. A study published in the Journal of Affective Disorders estimates that up to 40% of all frontline healthcare workers showed symptoms of PTSD after the pandemic. This is normally associated with a high level of death exposure, moral injury, and burnout during the peak periods of crisis. Those who lost loved ones to COVID-19 and people who have suffered through extended periods of isolation coupled with fear have also been found to be more susceptible to PTSD. In the general population, continued distress from pandemic-related

trauma, including job loss, financial strain, and health fears has contributed to rising cases of PTSD and made it one of the most prevalent post-pandemic mental health issues.

2. Depression and Anxiety

Depression and anxiety rates spiked during the pandemic and have remained alarmingly high. As countries have been recovering economically, effects of unemployment, financial instability, and uncertainty contributed to long-term mental health struggles. According to the WHO, anxiety and depression rates have remained 25-30% above their pre-pandemic levels in the world even after the worst of the pandemic.

The economic recovery has been slow, and millions of people have been experiencing the aftermath of job losses and business closures. That was especially so for the young, women, and those on lower incomes, where economic downturns often hit harder than most. As the OECD says, a person who has been out of work for a long period is twice as likely to develop depression or anxiety, and such problems will persist without major economic and social interventions.

3. Long-Term Social Isolation and Disconnection

Even as most countries have relaxed the physical distancing measures, the psychological impact of long-term social isolation remains one of the determinants in shaping mental health.

For most people, the pandemic disrupted social networks and routines, which changed into uncomfortable feelings of loneliness and alienation that outlived the pandemic's abrupt interruption of life.

The British Journal of Psychiatry reports a 28% increase in loneliness of the general population as a result of prolonged isolation during the lockdowns, which in turn is strongly associated with depression and anxiety. Vulnerable populations include the elderly who are left to themselves and those with prior diagnoses of mental disorders. These people are particularly prone to suffer from prolonged social isolation. Experts in mental health say that if communities do not rebuild social connections and stronger support systems, this population may have to deal with long-term consequences regarding mental health.

4. Substance Abuse and Self-Harm

It has also resulted in more substance abuse and self-harming during the post-pandemic era due to unresolved trauma and stress. In the United States, drug overdose deaths surged to a record in 2021, reaching over 100,000 deaths, many of which were related to opioids. This rise is partially due to social isolation, economic stress, and disruptions to mental health services caused by the pandemic.

In many parts of the world, substance abuse and self-harm continue to be high. According to the United Nations Office on Drugs and Crime (UNODC), there is a 15% increase in drug use disorders across the globe since the infestation of this pandemic. This also means that since some of these areas are still trying to get their mental health services up to capacity, the likelihood of those with addiction having a setback or worsening conditions remains highly possible.

Efforts to Address the Post-COVID Mental Health Crisis

1. Increased Emphasis on Mental Health:

Poor mental health has achieved near-pandemic proportions; hence, more investments have gone into mental health services in most countries and a number of international organizations.

The WHO has called for greater resource allocation by governments for mental health, which should focus on community-based care, access to therapy, and integrating mental health into primary healthcare systems.

This has driven several countries to increase mental health hotlines, tele-therapy services, and public information campaigns that de-stigmatize mental health and encourage people to seek out help.

2. Economic and Social Support Initiatives:

Various efforts to lighten the economic burden that contributes to mental health problems have seen governments announce unemployment benefits, economic stimulus packages, and trickle-down programs to vulnerable groups. However, experts caution that sustained efforts are needed to deal with deep-rooted financial and social inequalities exacerbated by the pandemic, which continue to fuel mental health disorders. The crisis in mental health after COVID remains a lingering problem: millions suffering from PTSD, depression, anxiety, and substance abuse continue to proliferate. Included among these highly vulnerable individuals are healthcare workers who had to put up with personal loss and those still in the grip of economic insecurity. Indeed, global responses to restore it from this crisis, by ensuring access to more mental health services, economic support, and rebuilding communities, will go a long way to reduce the long-term fallouts from the pandemic.

Key Issues and Challenges

Social and Cultural Stigma

Probably one of the biggest barriers to mental health treatment lies in its stigma. Many cultures view mental illness as a personal failing or an indication of weakness. This cultural and social stigma hinders people from admitting their struggle or, for that matter, seeking assistance. The World Health Organization reports that "nearly 60% of people with mental disorders do not seek help due to fear of stigma and discrimination". Further, in many areas, the traditional views tend to relate mental illnesses to spiritual or supernatural causes. For example, mental conditions are often seen as a result of witchcraft or spiritual possession in some areas of sub-Saharan Africa. This may lead the mentally ill to faith healing or other forms of treatment instead of seeking professional medical help.

The stigma of mental illness also extends to the workplace. Those suffering from problems with their minds are perceived as lesser in competence in fulfilling their duties; this may lead to losing a job, demotion, or even loss in career advancement. According to the ILO, persons with mental disorders face increased job discrimination and unemployment, thus exacerbating the problem. Overcoming stigma will require public education, and addressing this barrier is key to improving mental health worldwide. WHO's global campaign on mental health has sought attitude change, communicating that mental health is as important as physical health and needs to be treated with the same importance.

Economic Impacts

COVID-19 has had a very detrimental impact on mental health. The global recession this pandemic caused meant that job losses, income inequality, and financial instability hit just about everyone. According to an estimated report prepared by the International Labour Organization, more than 225 million full-time jobs were lost globally in 2020 owing to the economic impact of COVID-19. Economic hardship has been one of the major triggers for stress, anxiety, and depression. Unemployment and financial insecurity increase the vulnerability to mental health disorders, especially within the population groups of young adults, women, and the poor. The journal *Lancet Psychiatry* estimated that individuals who were long-term unemployed carried a threefold increased risk of developing major depression or anxiety compared with their stably employed peers.

Mental health services were also constrained because of the economic burden posed to the general healthcare system. Because of this, many countries faced serious budget cuts, which reduced funding for mental health services. Low- and middle-income countries received the heaviest blow; in some countries, mental health services during the pandemic have decreased by as much as 80%, according to a WHO report. Refugees, migrants, and people in poverty are among the vulnerable groups who had trouble getting mental health care. The pandemic also widened the gap in income, thus increasing economic stress and its effects on mental health. This global recovery will have to be fought from the vantage point of unemployment and financial insecurity among other economic factors responsible for poor mental health.

Impact on Vulnerable Populations

Children and Adolescents:

The pandemic has attacked children and adolescents very much. Besides, insanity amongst them is developing as an upward trend. This is because school closures and a shift to online learning disrupted social development and learning processes. According to UNICEF, 1.6 billion children were affected because of school closures at the peak of the pandemic. This in turn contributed to increased social isolation, anxiety, and learning disabilities, particularly in children from low-income families who had limited access to digital resources. The loss of routines and structure, coupled with further uncertainty about the future, added to the increase in anxiety and depression in this age group.

Furthermore, many children and adolescents lost school-based mental health services that constituted an important source of support for children with emotional or behavioral problems. Without these services, many young people could not get timely care. The Lancet Child & Adolescent Health estimated that the pandemic spurred a significant surge in mental disorders in children, with a global rise in anxiety and depression by as much as 25%. In turn, long-term interruptions to education and social development will have long-term effects on the mental well-being of this generation.

Healthcare Workers:

Healthcare professionals suffered severely from mental stress during the pandemic. Many had worked on the front lines, frequently under conditions of long hours, high pressure, and the emotional toll of incessant exposure to critical illness and death. The International Council of Nurses estimated that at the height of the pandemic, 70% of nurses in one survey experienced anxiety and depression. Burnout was yet another significant problem because so many health care systems were understaffed and overwhelmed. The frontline workers also faced a high possibility of developing PTSD, some studies estimating that as many as 40% of the health workforce displayed symptoms of PTSD. However, too many healthcare systems did not have the psychological support resources to afford appropriate mental health care to their workers.

Elderly Populations:

The elderly, particularly those resident in long-term care facilities, were among those populations at a great mental health risk due to the pandemic. Prolonged periods of social isolation, coupled with the fear of virus transmission, increased rates of loneliness, depression, and decline in cognition. The American Psychological Association declared that among older adults, prolonged isolation during the pandemic increased the risk of depression by 30 percent. Second, most older adults did not have access to more digital technologies, and so telehealth services could not be utilized for mental health. The isolation from the family or inability to join social activities indeed raised their levels of loneliness and anxiety.

Role of International Organizations

World Health Organization (WHO)

The World Health Organization (WHO) has been at the forefront of global mental health efforts, especially during and after the COVID-19 pandemic. Its Comprehensive Mental Health Action Plan (2013-2030) outlines a framework for improving mental health and well-being worldwide. The plan focuses on prevention, promotion, and universal health coverage for mental health care. One of the key goals of this action plan is to reduce the global treatment gap, which remains significant, particularly in low- and middle-income countries where up to 85-90% of people with mental health disorders do not receive care. WHO's plan aims to reduce suicide rates by 10% and increase treatment coverage for severe mental health disorders by 50% by 2030.

During the COVID-19 pandemic, WHO launched a Global Campaign on Mental Health, which aimed to raise awareness and reduce stigma around mental health. This campaign emphasized the importance of mental health as an integral part of global health and well-being, especially in the context of the pandemic's long-term effects. WHO has also called on governments to invest more in mental health services, integrate mental health care into primary health systems, and prioritize mental health in their COVID-19 recovery plans. WHO's work continues to focus on making mental health a global priority and ensuring that no one is left behind in accessing care.

United Nations (UN)

The United Nations (UN) has recognized mental health as an essential component in achieving the Sustainable Development Goals (SDGs). Mental health is directly addressed in SDG 3.4, which focuses on reducing premature mortality from non-communicable diseases (NCDs) and promoting mental health and well-being. Additionally, mental health is linked to SDG 10, which aims to reduce inequality within and among countries. Ensuring equitable access to mental health care is critical for addressing the disparities highlighted by the COVID-19 pandemic. Vulnerable populations, such as refugees, migrants, and individuals living in poverty, have faced significant barriers to accessing mental health care during the pandemic, and the UN has emphasized the need for global cooperation to address these inequalities.

The UN has also highlighted the importance of mental health in post-pandemic recovery efforts, calling on member states to prioritize mental health in their recovery plans. In addition to funding and infrastructure development, the UN has stressed the need for public education campaigns to reduce stigma and encourage individuals to seek help for mental health issues. The UN also continues to promote international collaboration, urging countries to share best practices, data, and research to address the global mental health crisis effectively.

Case Studies

Country Responses to the Mental Health Crisis

Japan:

Japan has also taken many positive steps in addressing better access to mental health services during the pandemic. One of the main initiatives of the country was rapid scaling up of telehealth. This has meant that more counseling and therapy have been made available online by the government to people who could not visit clinics owing to lockdowns or out of fear of infection. The Ministry of Health, Labour and Welfare reported a 20% increase in the use of telehealth services during the pandemic. Japan also pursued nationwide public awareness campaigns to reduce stigma and increase seeking out mental health.

India:

Equally important, the NMHP in India played a key role, particularly during the times when access and affordability were major issues, especially to mental health services in rural areas. In India, the surge of digital mental health platforms during the pandemic period has also been the time when various mobile apps offer counseling and therapy. According to the Ministry of Health and Family Welfare, utilization of these digital mental health tools was up 40% during the pandemic, enabling people to get care even when lockdowns and restrictions against in-person visits were in place. India scaled up digital mental health services, which has been a critical component of pandemic response.

United States:

In the United States, during the COVID-19 recovery period, the federal government greatly increased funding for mental health services. Additional funding was provided to SAMHSA for expansion of mental health programs, particularly to healthcare workers, students, and low-income populations. Most workplaces have adopted or scaled up EAPs, which are support systems that focus on mental health for workers during the pandemic. According to SAMHSA, the services increased 30% compared to more people reaching out for help with pandemic-related mental health issues.

Community-Based Mental Health Solutions

Colombia:

In Colombia, the response has been the integration of mental health care into primary health services in especially the poorest municipalities. Community-based mental health programs strive to provide mental health care to those who are unable to access services within the formal healthcare system. This has been important in ensuring even the most vulnerable are reached in the COVID-19 pandemic.

Rwanda:

During the time of the pandemic, Rwanda rolled out a new model for village-based mental health services. The model trains community members as mental health workers, ensuring care reaches even into the most rural communities without healthcare. The Rwandan model has been hailed as exemplary because of its strong effectiveness in treating mental health cases among the underserved populations during the time of the pandemic.

Telemedicine and Digital Mental Health

The Rise of Telemedicine

Telemedicine was an important means through which disruptions in mental health care were cushioned during the pandemic. Lockdowns and social distancing measures meant people could no longer resort to face-to-face consultations. In that respect, telemedicine allowed patients to obtain counseling and therapy without having to go into a clinical setting, hence minimizing the risk of infection while continuing to have access to mental health services. According to the American Psychiatric Association, about 76% of all mental health professionals shifted to telemedicine during the pandemic, enabling patients to obtain care via video calls, phone calls, or through online platforms.

On the other hand, this sudden shift to telemedicine also brought the digital divide of most parts of the world to light. Rural areas, poor populations, and the elderly are usually missing either the technology or access to the internet to effectively utilize this form of health care. For example, with the limited access to the internet in sub-Saharan Africa, only a few individuals could benefit from such health services. Despite that fact, with the rise in telemedicine, new opportunities for providing mental health care have emerged-especially in countries lacking other means of health infrastructure. This will require a commitment from governments and providers in the future to reduce the digital divide so that telemedicine services can be used equitably.

Mobile Health Applications

The use of mobile health applications, or mHealth apps, has surged during the pandemic. These apps offer a range of mental health services, from self-help tools such as meditation and mindfulness exercises to more structured interventions like Cognitive Behavioral Therapy (CBT). Platforms like BetterHelp, Talkspace, and Headspace have gained popularity, providing virtual consultations with licensed therapists, as well as resources for managing stress, anxiety, and depression.

According to a report by Deloitte, the usage of mental health apps increased by 200% during the pandemic, as people sought alternative ways to manage their mental health in the absence of in-person services. These apps have the potential to democratize access to mental health care, offering affordable and scalable solutions for individuals who may not have access to traditional mental health services. However, the quality and effectiveness of these apps can vary significantly, and there are concerns about privacy and data security. As digital mental health continues to grow, governments and regulatory bodies must establish guidelines and standards to ensure that these services are safe, effective, and accessible to all.

Policy Frameworks and International Cooperation

WHO's Mental Health Action Plan

The World Health Organization has championed the call for global mental health through its Mental Health Action Plan, 2013-2030. This calls for universal access to mental health services by ensuring integration of mental health care into national health systems. According to the plan, it is set to reduce the suicide rate by 10% and increase treatment coverage of serious mental health conditions by 50% until the year 2030. The action plan also demanded decriminalizing mental illness and protection of human rights for those affected. Most countries, especially the low- and middle-income economies, have significant mental health treatment gaps.

The WHO Mental Health Action Plan calls upon governments to invest in mental health infrastructure, train general health providers for work on mental health issues, and open up public discourse and reduce stigma against mental illness. WHO further emphasizes that there is a need for incorporating mental health into the primary health services to make them more accessible and consequently reduce the treatment gap.

Collaboration Between Nations

International cooperation is essential for addressing the global mental health crisis. The COVID-19 pandemic has shown that mental health is a universal issue, affecting people in every country, regardless of economic status. Countries must work together to share data, research, and best practices for addressing mental health challenges. Collaborative frameworks, such as the Global Mental Health Partnership, bring together governments, non-governmental organizations (NGOs), and international agencies to pool resources and expertise.

Low- and middle-income countries often face significant barriers to providing mental health care, including a lack of funding, trained professionals, and infrastructure. International cooperation can help bridge these gaps by providing technical assistance, financial resources, and capacity-building programs. For example, high-income countries can share telemedicine technologies and digital health platforms with low-income nations, expanding access to care. Collaborative efforts will be crucial in addressing the long-term mental health effects of the pandemic and ensuring that all individuals, regardless of where they live, have access to the mental health care they need.

Recommendations Regarding the Core Issue

Increase Funding for Mental Health

One of the biggest steps toward fighting the mental health crisis is increasing financial resources in mental health services. For a very long period now, mental health has been underfunded, especially in low- and middle-income countries where less than 2% of the national budget for health is allocated to this service. This funding gap is one of the factors that have influenced the global treatment gap, whereby millions can't access mental health care. It is also slightly better in high-income countries, yet even there, mental health services are too often under-resourced compared to other areas of healthcare, such as physical health services. Increasing the mental health budget will majorly enhance access to services, reduce stigma about mental illness, and hence encourage early intervention, which is an important factor in improving mental health outcomes.

Increased funding for mental health services can promote access to care in a number of important ways. First, it can enable the setup and expansion of mental health clinics, hospitals, and outpatient services in areas of greatest need. Most low- and middle-income countries have an average of one psychiatrist and one psychologist for every million people, making the infrastructure to provide mental health services inadequate, particularly in rural areas. For instance, according to the WHO, more than 70% of people suffering from mental disorders who need treatment are not cared for because facilities and/or trained professionals are not available. It is only with increased funding that governments will be able to develop infrastructure for mental health in far-flung and rural areas to make mental health services accessible to all people, irrespective of their geographical location.

Increased funding will help in the training and hiring of more mental health professionals, such as psychiatrists, psychologists, counselors, and social workers. A short supply of mental health professionals is one of the greatest barriers to care across much of the world. In sub-Saharan Africa, for example, the ratio of psychiatrist services is as low as one in every 100,000 people, which is way below the recommended ratio by the WHO. Such shortfalls could be addressed through increased investments in education and training for the mental health workforce to ensure that the people have access to trained practitioners. This is particularly so in regions where conflict, displacement of persons, poverty, and the COVID-19 pandemic are continuously bringing sad stories of increasing mental health ailments.

Other very important areas where more funding can be put to good use are in the development and implementation of community-based mental health care programs. Programs such as these have important implications in reaching out to people without access to formal healthcare systems and those who feel stigmatized or experience barriers while trying to seek help. Community-based mental health services are generally more accessible, inexpensive, and appropriate to a particular culture than the services available through traditional hospital-based service delivery. Such initiatives are in dire need of proper funding so that governments and NGOs could scale up the programs, train local community members to support their mental health, and offer care timely to individuals in a supportive and familiar environment.

Moreover, investment in mental health services leads to long-term economic gain. Mental health disorders, especially depression and anxiety, constitute the highest disease burdens worldwide as leading causes of disability. These conditions are usually coupled with lost

productivity, absenteeism from work, and an increase in health costs. For instance, WEF calculates that because of losses in productivity and increases in health care expenses, the global cost of mental health conditions will rise to about \$16 trillion by the year 2030. Increasing financing towards mental health services also enables governments to offer early interventions, which decrease the economic burden of mental disorders and enhance general population well-being. Indeed, studies have shown that every dollar spent on treatment for mental health is associated with a fourfold return in terms of better health and productivity.

But increasing funds is just not enough. These need to be utilized effectively and efficiently by governments. This calls for an allocation of resources toward evidence-based interventions and programs proven to work. For example, Cognitive Behavioral Therapy and other psychotherapeutic interventions have been remarkably effective in treating major mental health disorders like depression and anxiety. In the same vein, resources should be considered for developing culturally appropriate mental health services, as mental health needs vary across populations and regions.

Therefore, increased funding for mental health services now crops up as one of the essential recommendations in view of the world's mental health crisis. This would mean further expansion of the mental health infrastructure, an increased cadre of professionals, and the eventual development of community-based models of care. Secondly, economic advantages could be considerable with the reduction in the long-term cost of untreated disorders. This means that mental health funding has to be prioritized by governments and NGOs, along with international bodies, in their post-pandemic recovery plans, with accessible, affordable, quality mental health services.

Reduce Stigma

Probably one of the most important steps toward improving mental health globally is about reducing the stigma that has to do with mental health. Mental illness does bear a certain amount of stigma in many societies, as individuals with mental health issues often face discrimination, exclusion, and even violence. This stigma holds people back from looking for care, isolates them from their communities, and reinforces negative stereotypes that trigger a vicious cycle of misunderstanding and neglect. According to the WHO, almost 60% of people with mental disorders do not seek treatment because of stigma and discrimination. Reducing stigma, therefore, is a very integral part of any comprehensive approach to improving global mental health.

The forms of stigma include public stigma, self-stigma, and institutional stigma. Public stigma refers to the negative attitude, stereotype, and behavior held by society toward people with mental health conditions. It might include the perception of those suffering from mental illness as dangerous, unpredictable, or weak. Such perceptions are often encouraged by the media, which frequently presents persons with mental health problems as violent or incapable. It constitutes self-stigma when individuals internalize these negative stereotypes and start believing in their shortcomings or unworthiness due to their condition. This can promote low self-esteem, shame, and reluctance to seek help. Finally, institutional stigma pertains to the systemic disadvantages that people with mental health issues face, including discriminatory policies, lack of legal protection, and unequal access to health care or employment opportunities.

It is one of the efficient ways of reducing stigma; public awareness can be achieved through campaigns. The governments, NGOs, and international organizations can help initiate campaigns which essentially educate the people about mental health and help discriminate stereotypical views to come out and seek help without fear of judgment. These should be campaigns that normalize the discussion of mental health and make people understand that a mental illness is no different from any other health condition and needs to be treated with the same level of seriousness and compassion. For instance, campaigns such as Time to Change in the UK and Heads Together have been very successful in lowering stigma by promoting open conversations about mental health and sharing direct experiences of those who have lived with mental health conditions.

Aside from the awareness activities for the public, education and training play a huge role in reducing stigma. Schools and workplaces could facilitate mental health education programs that instruct their members about the signs and symptoms of mental health disorders, how to seek help, and how to support others who may be struggling. One such example is MHFA training, which has gained wide acceptance in a number of countries. MHFA trains people to identify early signs of mental illnesses, provide initial support, and help the person seek appropriate professional help. This type of training is very helpful in a workplace setting, since people do not comfortably share their mental health problems for fear of stigma and loss of their job.

Most cultures have a traditional belief system about mental health and stigma. In some cultures, mental illness is conceptualized as a spiritual or supernatural one; therefore, beliefs that people with mental conditions are possessed with spirits, are cursed, or are being punished for mistakes made in life abound. These belief systems keep individuals from seeking professional help out of reliance on traditional healers or faith leaders. Overcoming these cultural stigmas is best approached with a balance that respects cultural traditions and introduces newer, evidence-based treatments of the mental disorders. Community and religious leaders are potentially the most important partners in stigma reduction efforts using culturally sensitive strategies. For example, in some communities, religious leaders have been trained to recognize mentally ill members and to refer them for health services.

Peer support programs represent another important resource in the stigma reduction effort. Such programs bring together individuals who have been through the mental health challenge for support, sharing of stories, and recovery. Peer support could be one of the most effective ways of reducing self-stigma, as people come to realize they are not alone, and also that recovery is possible. It has also shown promise in schools, workplaces, and community centers. Sharing their experiences helps others to feel less alone and encourages them to seek help.

More recently, the media has helped influence the world in terms of how they view mental health. Positive representation of mental illness through television, movies, and social media helps breed understanding and decrease stigma. On the other hand, sensationalized or wrongly portrayed stories add to unhealthy misconceptions. To this end, governments and advocacy groups might work with media outlets to responsibly and accurately depict mental health so that people with mental health conditions are represented in fair and humane manners.

Finally, there is a need for legal and policy reforms against institutional stigma. Most countries still retain discriminatory laws against those with mental health conditions, such as limits to the right to employment, housing, or healthcare. This means that governments have to revisit such legislation and alter it in ways that persons with mental illness will be treated

no differently than any other person. The United Nations Convention on the Rights of Persons with Disabilities, with the inclusion of mental health within the definition of disability, provides a framework for the protection of rights of people with mental health conditions and full participation in society.

This thus calls for a multi-pronged method of reducing stigma: public awareness campaigns, education and training, peer support programs, media representation, and legal reforms. It is only through the normalization of the conversation of mental health and challenging the stereotypes that we can have a society where people feel empowered to seek help and live full lives with no fear of discrimination and shame.

Strengthen Community-Based Programs

Community-based mental health programs are the milestones to ensure access to mental health care at all levels, especially among countries of low and middle incomes with poor health infrastructures. The design is to bring mental health services closer to communities for better cultural relevance, affordability, and accessibility. The community-based models emphasize the need for grass-root-level mental health care, involvement of the local community in all aspects of care and service delivery, and the integration of mental health within continuous primary healthcare services. In such a scenario, strengthening these programs is quite crucial to address the mental health crisis, more so when the conventional healthcare system may be weak or even non-existent in many regions.

One of the most important benefits of community-based mental health programs is their potential to reach underserved populations, especially those living in rural and remote regions. In many countries, low-and middle-income in particular, the focus of mental health services has been in the urban centers, and therefore reaching the population that lives outside those confines is a challenge. Community-based programs can bridge this gap by bringing mental health services right to their doorsteps. The village-based model for mental health in Rwanda during the COVID-19 pandemic involved training villagers themselves within the local community, village health workers included, on the provision of basic mental health support and referring those that may need higher levels of care. By doing so, it has ascertained that even the most remote communities are reached with mental health care.

Another advantage of community-based programs involves the culturally relevant care that they can provide. The needs regarding mental health and available treatments differ so much between cultures that community-based programs are generally in an advantageous position to provide care sensitive to the local customs, beliefs, and values. In many cultures, for instance, traditional healers and religious leaders play a significant role in mental health care. Such inclusion of individuals in mental health programs allows for culturally sensitive service provision while ensuring evidence-based practice. For example, community-based mental health programs have been developed in Colombia for primary health care levels in areas of poverty. This includes active involvement of the local community in the provision of care to ensure that access to mental health is culturally relevant.

Other significant components of community-based mental health care include peer support programs. Such initiatives offer the opportunity for people who have had to overcome mental health challenges to provide support for others, share their experiences, and promote recovery within the community. In this context, peer support can be a potent intervention aimed at reducing stigma, as it correlates directly with an increase in help-seeking behavior.

In most of the cases, persons who have passed through mental health problems relate to others with problems more easily and better in giving helpful advice and encouragement. These kinds of peer programs have been replicated in schools, workplaces, and community centers, which promote mental health through support and stress coping mechanisms.

Task Shifting:

Another innovative approach taken by community mental health programs, especially where the resource level is low, is task shifting. Task-shifting is a process where non-specialist health workers, like community health workers or even nurses, are trained in providing basic care in mental health. This especially helps those countries that report a shortage of professionals to attend to mental health. In this way, task-shifting extends services when there is better utilization of the available workforce, hence relieving some pressure from overworked mental health professionals. Probably the best-known example of task-shifting in action is the Friendship Bench program in Zimbabwe. The program trains lay health workers to provide counseling and support for a variety of common mental health problems. The program has enjoyed great success in making accessible and affordable mental health care available to several thousands of people in Zimbabwe.

Training and capacity building will go a long way in strengthening community-based mental health programs-including training of local community members, health workers, and volunteers in raising awareness about mental health, basic counseling skills, and referral mechanisms to ensure preparedness for the provision of mental health support and identification of those who may need specialized care. The community members are sometimes the first contact made by persons with mental health problems, and it is therefore important that they be fully equipped with the relevant knowledge and skills to offer appropriate care. This could, therefore, be a very relevant role that governments and NGOs play in the provision of training and resources to support the development of community-based programs for mental health.

Finally, policy support and funding are important in guaranteeing the sustainability of community-based mental health programs. On issues to do with mental health, governments are supposed to make this a priority in their national health policies and provide adequate funds for such programs. However, in most low- and middle-income countries, mental health appears nowhere on the national health agendas; where it does, mental health program funding is extremely low. Community mental health programs can be cost-effective: low-cost care provided to large populations in the community has been shown to reduce burdens on hospital-based services. This investment in community-based care will, therefore, enable governments to promote better access, reduce stigma, and foster longer-term mental health and well-being of the population.

This means that strengthening community-based mental health programs is a dire need for solving the crisis in mental health, particularly in low- and middle-income countries. These programs simply bring mental health services closer to the people served and make care more accessible, culturally relevant, and affordable. The government and NGOs should therefore ensure that people get the required mental health care wherever they may be through investment in training, capacity building, task-shifting, and peer support.

Focus on Digital Health

The COVID-19 pandemic accelerated the uptake of digital health technologies, and mental health is no exception. Telemedicine and mobile health applications have become some of

the main instruments in providing mental health care during the time when traditional face-to-face consultations were often impossible due to lockdowns, social distancing measures, and healthcare overload. Moving into the future, the role of digital health solutions would be very critical in ensuring accessibility, affordability, and scalability of mental health services, particularly in areas where there is a lack of developed healthcare infrastructure. Of course, governments would have to make investments in the development of digital infrastructure, which includes bridging the divide between those who have access to digital means and those who do not, as well as instituting appropriate regulatory frameworks to ensure quality and safety.

Perhaps the most significant development in digital mental health care during the pandemic has been telemedicine. Telemedicine is a method of receiving mental health care remotely through video consultations, phone calls, or online messaging. This approach has a number of advantages, particularly in the context of a pandemic where in-person consultations were often not possible due to the risk of infection. Telemedicine presents easy, flexible, and safe access to mental health services from one's homes. According to the American Psychiatric Association, approximately 76% of the psychiatric workforce had shifted their practice to telepsychiatry during the time of the pandemic.

In this respect, telemedicine has been very helpful for people in rural or remote regions where access to specialists in mental health may be limited. If the number of mental health specialists is inadequate in a particular area, then telemedicine can help bridge the gap by connecting people with specialists who can be located very far away. This is especially relevant for low- and middle-income countries, where usually there is a very unequal distribution of mental health services, with the majority of professionals concentrated in urban centers. In this respect, the development of access to telemedicine enables governments to create equal opportunities for people living in rural areas to get mental health care on equal terms with city residents.

On the other hand, this rapid transition to telemedicine also shed light on the existing digital divide in much of the world. Where access to the internet is limited or unreliable, individuals may struggle to tap into telemedicine services. In sub-Saharan Africa, for example, where some of the world's lowest rates of internet penetration persist, only a handful of the population has access to the technology to enable them to have consultations via telemedicine. Lack of digital infrastructure in these regions is among the major impediments to the full-scale implementation of telemedicine. Investments by the government in widening internet access to villages and low-income areas become a prerequisite for making telemedicine really possible for all people.

Besides telemedicine, the use of mHealth applications has also increased manifold due to the pandemic. These include everything from self-help tools, such as meditation and mindfulness exercises, to more structured interventions, like Cognitive Behavioral Therapy. Other popular platforms include BetterHelp, Talkspace, and Headspace, offering virtual consultations with licensed therapists. According to Deloitte, usage of mental health apps increased by 200% during the pandemic, when people were looking for alternative means for maintaining their mental health since in-person services were not available.

mHealth applications boast a lot of significant advantages, especially in scalability and affordability. Because of this relatively low cost, these apps are quite appealing for governments and healthcare providers who seek to increase access to mental health care. Another advantage with mHealth apps is that people may access resources related to their mental health instantly, which becomes crucial in crisis situations. Examples include anxiety

and panic attack apps, which coach the user through breathing exercises or meditation techniques to help manage their symptoms.

On the other hand, various concerns have arisen with the proliferation of mHealth applications: privacy and data security issues, and quality of care that the platforms are giving. Most mHealth applications collect sensitive personal information from the users, including details of one's mental disorders, treatment history, and lifestyle habits. Without proper regulatory frameworks in place, this may be misused or perhaps sold to third parties without the consent of the person. Secondly, there is huge variability in the quality and efficacy of mHealth apps. While some have been developed in collaboration with a mental health expert and based on evidence-based treatments, others may not have scientific evidence or provide incorrect information. This means that governments and regulatory bodies have to give out guidelines and standards that ensure the safety, efficacy, and security of these mHealth applications.

Conclusion: Digital health technologies, including telemedicine services and mHealth applications, have played a major role in delivering mental health care during the pandemic and will be key tools beyond the pandemic. Realizing full potential for digital health, though, requires investment by governments in digital infrastructure, reduction of the digital divide, and establishment of regulatory frameworks that can ensure quality and safety of such services. In this respect, digital health can be instrumental in increasing access to mental health care in currently underserved areas and in empowering individuals with the means to take care of their mental health in an increasingly digital world.

Bibliography/Additional Resources

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/who-response-in-countries>

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/covid-19-policy-briefs>

<https://www.who.int/health-topics/coronavirus>

https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7306943/>

<https://www.nimh.nih.gov/health/topics/covid-19-and-mental-health>

<https://www.nature.com/articles/s41591-022-02028-2>

<https://www.who.int/news-room/feature-stories/detail/the-impact-of-covid-19-on-mental-health-cannot-be-made-light-of>

<https://bmcpsychology.biomedcentral.com/articles/10.1186/s40359-023-01130-5>

For any information you may reach out to:

Mr. Sarthak Gupta
delegateaffairs.dpskmun@gmail.com
+91 93034 01758



Supported by:



In Support of:



In Collaboration with:

