

Forum: The General Assembly

Issue: Establishing plans for the integration of mental health into primary healthcare systems to improve overall well-being and access to services

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Introduction

Over the past decade, mental health has quickly arisen to be a major global health concern, with its significance growing steadily. Statistics from 2019 reported that a staggering 700 million of the world's population are experiencing some kind of mental health issue. With the covid-19 pandemic, this problem has only been exacerbated, with a 25% increase in both depression and anxiety caused by social isolation, economic uncertainty, and disruption to daily life. Recent statistics from 2024 showed that roughly 10.7% of the world's total population is experiencing mental health issues, with 6 in 10 patients going untreated. Mental health issues are particularly common to the younger generation, with the World Health Organization (WHO) finding that 1 in 7 10-19 year-olds experience a mental disorder. Despite the growing concerns over the drastic rise in mental health issues, access to care is often limited. In many countries, mental health is often not recognized as a serious aspect of life, and is often neglected, with mental health services understaffed and underfunded. The lack of accessible aid has far-reaching consequences for both individuals and societies. Untreated mental illnesses can lead to an array of adverse effects including increased rate of homelessness, suicide, substance abuse, incarceration, and cognitive decline on individuals. On the other hand, it increases burdens economically and socially on countries dealing with crimes or illnesses stemming from mental issues, adding a layer of complexity to the health care systems already strained by limited resources. Additionally, the lack of productivity as a

result of mental illnesses has cost an estimated 1 trillion USD on the global economy annually. These data points to the severity of the situation and the dire need for mental health to be integrated into primary health care systems to ensure early diagnosis and continuous treatment, as well as reducing economic burden and negative consequences from untreated conditions, ultimately improving both individual outcome and societal well-being.

Definition of Key Terms

Primary Health Care (PHC)

A whole-of-society approach to health that aims at ensuring the highest possible level of health and well-being and their equitable distribution.

Preventive Care

The application of healthcare measures to prevent diseases, focusing on diagnosing problems before symptoms or complications develop.

Mental Illness

A general term for a group of illnesses that may impact on a person's thoughts, perceptions, feelings and behaviors. Most common mental illnesses include anxiety disorders, depression, posttraumatic stress disorder, bipolar disorder, and borderline personality disorder.

Economic Burden (of illnesses)

The total cost to society of a health problem, including treatment costs, productivity losses, and other indirect costs.

Background

Youth and Mental Health

The youth - particularly the Generation Z & Alpha - experience the highest rate of mental illnesses among all age groups. The Centers for Disease Control and Prevention (CDC) found that 4 in 10 US high school students have persisted feelings of sadness or loneliness, and 2 in 10 have seriously considered suicide, with 9% carrying it out. The susceptibility of the youth to mental illnesses has several contributing factors. Firstly, the developing brain during adolescence is more prone to outside influences, particularly negative ones, making younger people more vulnerable and effected when exposed to stress, trauma, or neglect. These experiences are often projected into their growth and negatively effects their development and personality. For example, a loss of a loved one may have long-term psychological effects like altered brain development and stress response, making the youth more prone to mental illnesses. Secondly, young people experience puberty, which brings rapid hormone changes that can affect their mood and behavior. With additional high social and academic pressures, they might feel overwhelmed, less willing to express their emotions and bury it deep in themselves. These factors means when exposed to negative stimuli, they are more likely to over-react and subsequently project the fear or anger into their own personality subconsciously, leading to illnesses such as low self-esteem, anxiety, depression and body dysmorphia.

Accessibility of Mental Health Services

The lack of accessibility of mental health services remains the most pressing barrier to addressing the mental health crisis. In many countries - particularly LEDCs - mental illness is not seen as “real illnesses”. Resulting severe shortage of professionals and infrastructures to treat mental health illnesses. Geographical limitations have further decreased accessibility of mental health services. It just happens that LEDCs experience the most mental illnesses tends to be the most geographically isolated as well. Furthermore, a lot of LEDCs also believe in cultural misconceptions and discouraged individual to seek mental help. Due to the nature of mental health services still being a relatively small market, the price to

seek mental health is high in remote regions, making people in LEDCs even less likely to seek mental help, leaving millions with untreated mental illnesses.

Technology's Effect on Mental Health

With the social media boom of the last decade, most people in the world have at least one social media profile in which they engage with content on a daily basis. As social medias became more popular and mature, the phenomenon of social media influencers arose. Influencers are individuals who have built a following from engaging content such as photos, videos, or blogs, showcasing their personality, special talent, or wealth. To gain more followers, influencers tend to showcase the best and most exciting parts of their lives (e.g. Buying a new car, going on an expensive vacation, spending an absurd amount of money). People who come across this type of content may feel like their lives is boring in comparison and less fulfilling, this feeling might compound overtime, turning into long depression stents, low self-esteem, and anxiety. Another toxic trend on social medias is online bullying. Driven by the anonymous nature of online social media, some people transfer their negative feelings in real life into the online world, often bullying others for having less wealth, worse looks, or less charisma than themselves in order to feel self-satisfaction. In this process, the other individual might feel belittled, anxious or worse about their own state of life, potentially leading to the development of the aforementioned illnesses.

Timeline of Events

1948

The World Health Organization (WHO) Constitution defines health as a state of complete physical, mental, and social well-being, emphasizing mental health as integral to overall health.

The First International Congress of Mental Health was organized in London, marking early global attention to mental health.

1978

The Alma-Ata International Conference on Primary Health Care was held, resulting in the Alma-Ata Declaration which emphasized primary health care (PHC) as the key to achieving health for all.

1986

Iran formulated a National Mental Health Programme and began integration of mental health into primary healthcare, pioneering community-based mental health integration.

2000

The U.S. Surgeon General held a key meeting to advance the integration of mental health services into primary health care, marking increased policy focus on this integration.

2008

WHO launched the Mental Health Gap Action Programme (mhGAP), a major global initiative providing evidence-based guidance and tools to help low- and middle-income countries integrate mental health into primary care. The mhGAP Intervention Guide published in 2010 was widely adopted internationally to train non-specialist health workers in mental health care.

2010

Collaborative projects in various countries, including Kenya, trained primary care and community health workers to provide mental health services, demonstrating practical implementation of integration.

2013

WHO's Mental Health Action Plan 2013–2020 was endorsed, promoting mental health integration as essential for achieving Universal Health Coverage (UHC) globally.

2016

Medicare introduced new policies supporting Collaborative Care models in the U.S., aiming to improve behavioral health outcomes through integrated care.

2020

WHO's Mental Health ATLAS 2020 included new indicators for service coverage and mental health integration at the primary care level worldwide. Telemedicine and digital health technologies rapidly expanded during the COVID-19 pandemic, enhancing access and delivery of integrated mental health services.

2024

Significant investments and initiatives were rolled out to promote integrated behavioral health care in primary settings in the U.S. and globally, including a \$240 million investment for expanding behavioral health services in community health centers.

Major Parties Involved

World Health Organization (WHO)

The primary global actor, providing fundamental policies, action plans, technical guidance, and tools like the Mental Health Gap Action Programme (mhGAP) to help countries integrate mental health into primary care.

World Organization of Family Doctors (WONCA)

International consultancy service coverage with WHO to support mental health integration efforts within primary healthcare globally.

Previous Attempts to Resolve the Issue

WHO Mental Health Gap Action Programme (mhGAP)

In 2008, mhGAP provides evidence-based guidance and tools to increase mental health services in primary care scenarios, especially in LICs (low-income countries) and MICs (middle-income countries). Its Intervention Guide (mhGAP-IG) offers clinical protocols for priority mental, neurological, and

substance use disorders. The mhGAP-IG has been adapted, translated, and implemented in over 90 countries, including training non-specialist primary healthcare workers to recognize and manage mental health conditions effectively. Implementation studies have included innovations like mobile apps to aid diagnosis and management, tablet-based avatar-assisted training, and economic modeling to assess cost-effectiveness.

Use of Digital Health and Telemedicine

Digital tools such as electronic health records, mobile apps, telemedicine platforms, and virtual consultations have been increasingly deployed to support integrated care delivery, improve patient monitoring, and increase access to care for underserved populations.

Possible Solutions

Ensure Adequate Funding Regarding Mental Health

Governments and health organizations may prioritize and allocate increased and prolonged funding specifically for mental health services within primary healthcare systems. This involves committing fiscal resources at national and local levels to develop, maintain, and expand mental health care infrastructure integrated with primary care.

Implement Mental Health Programs into School Curricula

Implementation of mental health related programs are effective measures to raising public awareness about mental health and actively reducing stigma is essential to encourage individuals to seek care within primary healthcare systems and support successful integration efforts. This involves public education campaigns, community engagement, training of healthcare providers, and inclusion of people with lived experience to normalize mental health discussions and eradicate misconceptions.

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