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WHO: Addressing Mental health in Conflict zones

Background of the Committee

The World Health Organization focuses on the collection, collation, and dissemination of information to the global community concerning human health as well as the standardization of medical terminology and technology among the international community to harbor scientific development across the globe. WHO was founded in 1947 in London to manage worldwide epidemiological surveillance. It was designed to manage the health affairs of the United Nations. WHO is also in charge of the coordination of operations of medical procedure handled by the UN and is the primary source of information for the UN regarding medical crises around the world.

Goal of the Committee

The goal of the committee is to draft thought out and significant resolutions, including coaction among delegations to find specific and rational solutions to the issues that the committee faces. Delegates are urged to prepare speeches and research prior to the conference. A successful delegate is one that is poised, confident, compassionate and cements themselves as a capable leader. Finding solutions to the intricate problem of mental health in conflict zones is the primary goal of this committee while retaining the boundaries of operation that the United Nations is delegated to operate in. Practical solutions to the issues should be a top priority of all delegates.

Background of the topic

Addressing mental health in conflict and post-conflict regions is a significant issue. The mental health of people inside conflict zones as well as post-conflict regions is significantly worse than was once thought. One in five people that live in a conflict zone experience some form of mental disorder ranging from mild depression or anxiety to psychosis. Even worse, almost one in ten people within a conflict zone live with a moderate or severe mental disorder. An estimated 132 million people in 42 countries around the world in need of humanitarian assistance due to living within conflict or disaster and nearly 69 million people worldwide that have been forcibly displaced due to conflict and violence, there is a significant population that are victims of mental disorders as a result of violence and tragedy. 13 percent of the population in conflict zones experienced "mild" mental health issues, 4 percent experienced "moderate" mental health issues and 5 percent experienced "severe conditions". This issue shows no signs of slowing down with the increases in conflict continuing and the lack of medical prowess about these mental issues in the areas that need them the most.

UN involvement

In collaboration with UN partners, there has been a set of practical guidelines that has been established by this committee to scale-up psychological and mental health support in these emergency settings. Yet there is continued widespread ignorance about Mental Health especially in conflict zones where support from government is limited which can lead to humanitarian crises such as locking people in cages and hiding them from society which causes more mental instability. This committee has learned that when there is a political will, emergencies can actually be a catalyst for building quality mental health services. For example past UN

involvement regarding the 2004 tsunami in Sri Lanka and Indonesia and the 2013 typhoon in the Philippines provided the catalyst for decentralizing mental healthcare to a community level where was most needed. In most cases infrastructure that was put in place during the crisis remains once the crisis ends. At a point of addressing a medical emergency, this committee goes through a systematic proposition of three tasks.

Possible Solutions

Delegates should design solutions focused on mental health services in conflict zones and post-conflict regions which should be detailed and targeted towards stopping the problem. Delegates should focus their solutions on how to help victims of mental illness and how to target services to victims of mental illness in conflict zones. Solutions should focus on building infrastructure to allow the self-sustainability of mental health resources in conflict zones. Delegates also need to ensure that their solutions should not infringe on the political sovereignty of any nation in conflict. An example of this is to impose economic sanctions on nations in a conflict that don't provide mental health resources to their citizens.

Questions to Consider:

1. How has the epidemic of mental health changed in areas of conflict over the last decade?
2. Have there been previous efforts which focused on providing mental health services come into fruition and provided the benefits that it was designed to do?
3. Does the implementation of these programs put a burden on the population already burdened through conflict?
4. How does your country contribute to the solution?

5. How do countries riddled in conflict deal with the mental health epidemic when they are busy dealing with physical tragedy?

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