

Mental Health and Youth

The Second GMWHO World Health Assembly,

Reaffirming that the COVID-19 pandemic has had a profound impact on youth mental health, leading to increased rates of anxiety, depression, and suicide, the pandemic has highlighted the importance of mental health preparedness in public health emergencies;

Acknowledging Mental Health is viewed differently across cultures, taking into a consideration that in some cultures, discussing mental health openly may be a taboo, and traditional healing practices may be favored over formal mental health care, sharing the concern mental health issues manifest differently between social groups;

Deploping mental health policies that often neglect to include youth-specific provisions—such as access to care, protection of mental health rights, and the integration of mental health programs for youth into broader education and healthcare systems—and recalling Human Rights Council Resolution A/HRC/RES/32/18, which urges states to ensure that mental educational levels, for youth and caregivers, and emphasizing education programs and governmental actions to achieve mental health and well-being among young people;

Condemning the global burden of mental disorders in institutions and the negligent treatment that fuels stigma and stress for youth, compounding social, academic, and environmental pressures, and recognizing that youth mental health is essential to achieving Sustainable Development Goal 3.4;

Acknowledging the findings of the WHO's World Mental Health Report: Transforming Mental Health for All (2022), which states that youth face heightened mental health risks due to limited access to mental health services, socio-economic and environmental determinants such as poverty, unemployment, inadequate housing, discrimination, exposure to violence, stigma, and limited access to quality education and social support, which intensifies these challenges, further exacerbated by barriers to both digital and in-person mental health resources and insufficient resilience planning for climate change, conflict, and natural disasters;

Aware of the need to expand mental health services to address barriers to access, quality, and affordability, while training clinicians to meet workforce shortages; acknowledging the role of multi-sectoral support as highlighted by MHPSS; concerned about the impact of public education on student's mental health, as noted by the Third Committee (A/C.3/73/L.25/Rev.1), and recognizing that only one in five schools globally offer dedicated mental health services, underscoring the need for greater support at educational levels;

Recalling also the UNICEF and WHO Joint Programme on Mental Health and Psychosocial Well-being and Development of Children and Adolescents, aimed at promoting optimal mental health, reducing suffering for youth and caregivers, and emphasizing education programs and governmental actions to achieve mental health and well-being among young people,

1. URGES Member States:

- (1) to youth mental health in order to reduce stigma, create an emotionally friendly household environment, and support their children's well-being through interactive lectures and presentations;
- (2) to enhance community health programs by sending community health workers experienced in psychiatric knowledge to areas more prone to educational neglect to spread mental health awareness in those areas;
- (3) to develop and incorporate a comprehensive, culturally sensitive mental health awareness curriculum into school systems, supplemented by digital and physical resources distributed through diverse channels to foster open discussions, reduce stigma, and nurture school environments that support emotional intelligence and well-being among youth from a young age;
- (4) to integrate mental health care into primary healthcare systems by ensuring that healthcare providers are trained to recognise and address mental health issues, implementing protocols for early detection and intervention, and providing accessible mental health services within primary care settings;
- (5) to assist in the integration of culturally relevant practices, such as widely accepted traditional medicine practitioners within certain communities, to enhance community receptiveness and improve overall health outcomes;

2. CALLS UPON all international, regional and national partners, from within and beyond the health sector:

- (1) to develop a mental health educational service platform where youth can receive guidance from professional mental health providers in a safe and reliable environment that upholds patient privacy that could be bound by non-disclosure agreements;
- (2) to increase funding through international private sector and civil society partnerships and funding for LEDCs and developing economies to enhance mental health services, infrastructure, teletherapy, with a focus of getting them up to date, and seminars to combat stigma and to ensure sustainability, these countries will match a portion of the funding, with a gradual reduction of UN support as progress is made, where progress on mental healthcare brought about by the funding will be measured on a framework mutually established between all involved member states;
- (3) to develop funding, legislating, and providing community-based tools, such as local campaigns, individual-centered care, and decentralized and independent mental health support centers along with implementation of technology, to combat mental disorders among vulnerable social groups such as minorities or refugees and immigrants;
- (4) to implement, under the UNICEF and WHO Joint Programme, a global mental health initiative with a focus on equipping college students in psychiatry and psychology through a culturally sensitive curriculum, where each member nation will select students for a one-month international exchange to gain diverse insights, collaborate with local professionals, and participate in community outreach, where they will be trained to address school-based mental health challenges, establish counseling programs, and promote open discussions to reduce stigma, with special financial support for developing nations;

3. REQUESTS the Director General:

- (1) to address the lack of communication and collaboration between educational institutions, parents, or guardians to safeguard young people's mental health, hence creating communities with greater multi-stakeholder collaboration;

(2) to collaborate with intergovernmental and non-governmental stakeholders to launch awareness campaigns, such as social media campaigns, public seminars, and community programs that foster safer environments for youth mental health, through promoting mental health awareness, addressing the socioeconomic factors contributing to mental health challenges, and offering practical tools for creating supportive, stigma-free spaces, with support from financial institutions and NGOs;

(3) to pursue strict criteria for Member States, determined by their mental health specialists, to ensure compliance, and request the creation of a supervisory mechanism to monitor and maintain the quality of mental health standards set and agreed upon by the Member States;

(4) to develop, fund, and expand national mental health plans in cooperation with the WHO in order to build a robust system for youth by increasing qualified health providers and establishing training facilities tailored to community needs as well as implementing funding and legislation for community-based tools, including local campaigns, individualized care, and decentralized mental health support centers, to address mental disorders among vulnerable groups such as minorities and refugees.