FORUM: World Health Assembly

QUESTION OF: Measures to Safeguard Adolescent Mental Health.

MAIN SUBMITTER: Democratic People’s Republic of Korea

CO-SUBMITTER(S): Finland, Malaysia, South Africa, Nigeria, Ukraine, Sweden

World Health Assembly,

*Affirming* the importance of mental health and the critical role it plays in the overall well-being and development of adolescents,

*Noting with deep concern* the increasing prevalence of mental health challenges among adolescents globally, where approximately one in five adolescents worldwide experience a mental health disorder, with rates of anxiety, depression, and suicide ideation,

*Acknowledging* the profound implications of untreated adolescent mental health issues on long-term well-being, academic achievement, and social integration, as well as their potential to perpetuate cycles of socioeconomic disparities according to WHO,

*Recognizing* the previous resolutions proposed by the Human Rights Council (HRC) A/HRC/RES/31/4, including initiatives aimed at promoting mental health awareness, ensuring access to quality mental health services while addressing stigma and discrimination associated with mental disorders among adolescents,

*Fully alarmed* by the retailing stigma embedded within society regarding adolescents seeking help when faced with mental health challenges, creating significant obstacles for adolescents in accessing the support and resources they desperately need,

1. Calls upon Member States to promote community awareness and engagement on adolescent mental health, with a particular focus on fostering understanding and de-stigmatization of mental health issues including but not limited to:
   1. Providing comprehensive community-based support networks, focusing on the importance of creating supportive communities and understanding mental health through ways including but not limited to:
      1. Peer-support systems to foster connections and provide opportunities for adolescents to feel understood by peers who share similar experiences and challenges, promoting empathy and mutual support,
      2. Organizing community days dedicated to mental health awareness and support, offering educational workshops, group activities, and resources for all adolescents to learn and engage regarding mental health topics in a supportive environment,
   2. Collaborating with local organizations and religious institutions where appropriate, along with community leaders to create nurturing environments that elevate the importance of adolescent mental health, highlighting the community’s willingness to provide care and support for all adolescents through ways such as, but not limited to:
      1. Establishing formal partnerships between key stakeholders,
      2. Awarding titles to organizations, religious institutions, and community leaders who dedicate their time to helping the safeguard of mental health,
      3. Preparing financial support to encourage organizations to collaborate,
      4. Creating programs enabling volunteers to contribute towards raising awareness and providing support for adolescents with mental health challenges and including volunteer training;
2. Requests member states, relevant NGOs, and other social media organizations to promote positive mental health outcomes among adolescents on social media platforms, including but not limited to:
   1. Creating and implementing regulations and guidelines on social media to ensure and cultivate a safe online community such as but not limited to,
      1. Vigilantly monitoring and promptly blocking harmful content by deploying machine learning algorithms to automatically detect and flag harmful content, including hate speech, violence, and discriminative slurs,
      2. Addressing cyberbullying decisively with penalties such as account suspension through implementing robust reporting systems that allow users to report harmful content encountered on the platform easily,
      3. Randomized manual checking of reported contents to mitigate inaccuracies or errors that may arise from automated reporting moderation process,
   2. Developing multimedia content, including videos, infographics, and podcasts, providing information regarding diverse mental health resources including but not limited to,
      1. Self-care tips and various tools for effectively managing screen time to promote digital well-being among adolescents,
      2. Personal stories of recovery of multiple individuals, displaying their journeys and experiences with mental health challenges, instilling hope and fostering resilience within the online community,
   3. Partnering with social media influencers, bloggers, and online communities to raise awareness about mental health issues and promote de-stigmatization efforts globally, such as, but not limited to,
      1. Bene Brown,
      2. Beth Evans,
      3. Dr. Joy Harden Bradford,
      4. Dr. Jordan B Peterson;
3. Urges member states to address the accessibility and approachability of mental health care services in collaboration with relevant NGOs and member state governments, including, but not limited to:
   1. Increasing the number of mental health care professionals, especially in remote and underserved areas through including, but not limited to:
      1. Providing incentives for mental health professionals to work in rural and remote regions, including but not limited to free health care, higher salaries and housing assistance,
      2. Offering scholarships and training programs to encourage individuals from underserved communities and areas with limited access to primary education resources, including but not limited to rural areas, remote regions, and deprived areas, to pursue careers related to mental health,
   2. Advocating for legislative measures among member states classified as a developing nation, urging the UN to allocate funding specifically for mental health-related services through organizations including but not limited to the World Trade Organization, International Monetary fund, thereby ensuring a minimum allocation of healthcare budgets to address mental health needs globally, such as, but not limited to:
      1. Implementing transparent budgeting processes that prioritize mental health funding, involving organizations such as IMF and WTO, ensuring equitable distribution across all regions, including remote and rural areas,
      2. Conducting regular evaluations, overseen by external stakeholders, to ensure the effective and transparent utilization of allocated funds, maintaining objectivity and accountability;
4. Encourages member states to integrate mental health education and awareness into school curricula through means such as, but not limited to,
   1. Training teachers and school staff to recognize signs of distress and provide appropriate support to students through ways such as, but not limited to,
      1. Providing workshops led by mental health professionals as an essential course for all staff,
      2. Creating safe spaces for students to express their emotions and seek guidance anonymously if wished through establishing designated areas within the school where students can meet privately with trained counselors,
      3. Providing a helpline for those who feel uncomfortable speaking in person,
   2. Incorporating lessons in school on mental health awareness, self-care, and de-stigmatization about mental disorders, including but not limited to,
      1. Educating students about common mental health disorders, their symptoms, and treatment options,
      2. Facilitating regular discussions on the importance of seeking help and destigmatizing mental health challenges,
      3. Inviting lecturers to educate students,
   3. Developing a mental health kit applicable in school curricula, accessible to all students, including but not limited to,
      1. Incorporating resources regarding possible coping mechanisms, such as cognitive behavioral techniques to manage various mental disorders’ symptoms,
      2. Creating outlets such as art therapy and journaling for self-expression and reflection,
      3. Providing a detailed list of contacts for mental health support inside and outside of school, such as emergency helplines for immediate assistance in crises and peer support networks for individuals seeking guidance and connection,
   4. Encourages parental/legal guardian involvement in the instance for concern about an adolescent’s mental health in school while considering the adolescent’s confidentiality rights, such as but not limited to,
      1. Keeping parents/guardians informed about their mental health and recommendations for support
      2. Information sessions for adults to understand the importance of mental health,
      3. Direct parents/guardians to local mental health services, support groups, or helplines where they can seek support or treatment,
      4. Guiding them to recognize the signs of mental health problems;
5. Encourages member states to implement early intervention programs targeting adolescents at risk of developing mental health issues, utilizing innovative approaches including but not limited to:
   1. Establishing school-based mental health screenings conducted by trained professionals to identify adolescents at risk of developing mental health issues, ensuring confidentiality and privacy protections, encouraging participation and honest disclosure including, but not limited to:
      1. Offering follow-up assessments and personalized interventions for students identified as at risk through the screening process, including but not limited to counseling sessions, group therapy, or referrals to community-based mental health services,
      2. Deploying mobile mental health clinics equipped with telemedicine technology to reach adolescents who may feel uncomfortable or hesitant about taking part in face-to-face counseling or traditional mental health settings providing on-site mental health assessments and counseling services,
   2. Reducing barriers to seeking help, including but not limited to:
      1. Incorporating social media for the program to reach a broader range of audiences without difficulties,
      2. Offering flexible scheduling and extended hours for mobile mental health clinics to accommodate the competing priorities of adolescents, ensuring convenient access to care without disrupting academic activities,
   3. Implementing robust evaluation mechanisms to assess the impact and effectiveness of the outreach programs, including:
      1. Conducting surveys to measure changes in knowledge, attitudes, and perceptions about mental health among participants,
      2. Utilizing focus groups to gather qualitative feedback on the relevance, accessibility, and perceived impact of the outreach activities,
      3. Tracking longitudinal data on help-seeking behaviors and mental health service use rates among target populations to evaluate the long-term effect of the programs;
6. Encourages member states to strengthen international cooperation and collaboration on mental health, including but not limited to:
   1. Developing comprehensive and context-specific strategies to effectively tackle mental health disparities and challenges worldwide through:
      1. Conducting rigorous research and analysis to find the root causes and determinants of mental health inequities across different regions, demographics, and socioeconomic backgrounds,
      2. Formulating evidence-based interventions and policies tailored to the societal contexts, including cultural, social, and economic factors of diverse communities, with a focus on promoting prevention, early intervention, and treatment,
   2. Sharing best practices, resources, and expertise in adolescent mental health promotion, prevention, and treatment through international forums, conferences, and collaborative groups, including but not limited to:
      1. Global partnership for teenage health,
      2. United Nations International Agency Network on Youth Development,
   3. Emphasizing and updating the development and implementation of international guidelines and standards for adolescent mental health care, such as but not limited to:
      1. Diagnostic and Statistical Manual of Mental Disorders (DSM),
      2. International Classification of Diseases (ICD).