

UNHRC

*Novice  
ECOSOC*



**TOPIC:** Promoting the Protection of People with Mental Illness

**CHAIRS:** Mia Pirozzi, Declan Owen

*LAIMUN XXVIII*

*December 3-4*

# LAIMUN XXVIII

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**LAIMUN XXVIII**

*December 3-4*

## Letter from the Secretaries-General

Dear Delegates,

On behalf of our entire staff, it is our pleasure to welcome you to Session XXVIII of the Los Angeles Invitational Model United Nations (LAIMUN) conference. LAIMUN XXVIII will take place on Saturday, December 3 and Sunday, December 4 of 2022 at the Mira Costa High School (MCHS) campus.

Our staff, composed of over 100 MCHS students, has been working tirelessly to make your debate experience the best it can be. You will find your dais members to be knowledgeable about the issues being debated and MUN procedure. We pride ourselves in hosting a conference that is educational and engaging, and we hope you take advantage of that as you prepare and debate.

At LAIMUN, we value thorough research and preparation. We ask that delegates write position papers following [these directions](#). The deadline to submit position papers to be considered for Committee and Research Awards is Friday, November 25 at 11:59 PM PT. The deadline to submit to be considered for Committee Awards is Thursday, December 1 at 11:59 PM PT.

We also encourage all delegates to read the [LAIMUN Rules of Procedure](#) for conference-specific information and as a reminder of points and motions that can be made during committee.

Feel free to reach out to our staff with any questions or concerns you may have. Delegates can find their chairs' contact information next to their committee profile and the Secretariat's email addresses on the staff page. Any member of the LAIMUN staff will be happy to assist you.

We look forward to seeing you in December!

Sincerely,

Allyssa Lessinger and Brady Stephens  
Secretaries-General, LAIMUN XXVIII  
[secretarygeneral@mchsmun.org](mailto:secretarygeneral@mchsmun.org)



## Introduction to the USG

Hello Delegates! My name is Ava Reyes and I am the Under-Secretary General of ECOSOC. This is my fourth year in the Mira Costa Model UN program and I am beyond thrilled to welcome you to LAIMUN XXVIII!

I'm so excited to see the various diplomatic strategies of debate and topical discussions concerning the very real and pressing issues we encounter on a global scale. Our chairs intend to hold the delegates to high standards of research, diplomacy, speeches, and solutions.

As you may know, we have a strict no pre-written resolutions policy—resolutions may only be worked on at your chair's discretion. Please verify that your work is authentic to ensure all delegates experience a fair and relatively accurate depiction of a United Nations conference.

The Mira Costa Model UN program has provided me with incredible opportunities and lasting memories; I hope that LAIMUN XXVIII will be a memorable experience for you as well! Mira Costa MUN strives to ensure that delegates gain knowledge, confidence, speaking skills, and most importantly, a new understanding of international relations and the current events around us that affect the way we live today. All LAIMUN XXVIII staff have been hard at work to provide the best experience for everyone in attendance and we wish you the best of luck throughout your preparation!

If you have any questions or concerns, please don't hesitate to reach out to [ecosoc@mchsmun.org](mailto:ecosoc@mchsmun.org) or any other secretariat member. Looking forward to seeing you in December!

Regards,

Allyssa Lessinger and Brady Stephens  
Secretaries-General

Ava Reyes  
Under-Secretary General

## Introduction to the Dias

Hello Delegates!

My name is Mia Pirozzi and I look forward to being one of your co-chairs for the UN Human Rights Council at LAIMUN XXVIII this year! I am currently a senior at Mira Costa and this will be my fourth year in the MUN program. In the last three years, I have debated at conferences such as Cerritos, Edison, Surf City, and NHSMUN. MUN has taught me so much about foreign policy and international issues and given me more advanced problem-solving skills. Besides MUN, I am part of my school's cross country team in the fall as well as our distance track and field team in the spring. I am also very interested in environmental science and doing my part to help the environment with beach cleanups and participating in clubs like the Samburu Tribe club and World Changers club.

I am really looking forward to starting the debate this November and hearing how you and your country plan on addressing these issues! Please feel free to reach out with any questions or concerns you may have through our committee email, [unhrc.nov.laimun.xxviii@gmail.com](mailto:unhrc.nov.laimun.xxviii@gmail.com). Declan and I are thrilled to be able to chair this debate and we hope you enjoy learning about the topics we have created!

Sincerely,

Mia Pirozzi

Hello delegates!

My name is Declan Owen and I will be your co-chair with Mia Pirozzi for UNHRC Novice. I am currently a junior at Costa and I have been a part of the MUN program since my freshman year. Last year I was a legal for 4th SPD Novice and I look forward to finally chairing a committee at LAIMUN XXVII.

Outside of MUN, I play a lot of soccer and I have played for my club soccer team called Sand and Surf for almost half of my life so it is a really big part of who I am. A fun fact about me is that my favorite professional soccer team is Manchester United because both of my parents went to Manchester College in England. I also love to workout, listen to music, go surfing, or just hang out at the beach with friends in my free time. On campus, I play for the Mira Costa Soccer Team and just started up a Business Club with one of my close friends which is meant for people that are trying to get into business or learn more about it as a whole.

In UNHRC we decided on a topic that is very relevant and especially prevalent in the youth. This might allow for many of you in debate to become more creative with solutions considering many people suffering are of a similar age range. The topic allows for a large range of different subtopics as well so debate should not become repetitive but always continue developing. Please reach out to us through our committee email [unhrc.nov.laimun.xxviii@gmail](mailto:unhrc.nov.laimun.xxviii@gmail.com) with any questions or concerns and I look forward to seeing you all in debate!

Best regards,

Declan Owen

## Committee Description

The United Nations Human Rights Council, or UNHRC, is a section of the United Nations centered around the development and protection of all human rights internationally.<sup>1</sup> The UNHRC is a committee made up of 47 elected members that come from generalized geographical locations. The blocks include an African Block, Asia-Pacific Block, Eastern European Block, Latin American and Caribbean States Block, and finally the Western European Block. The UNHRC was founded in March of 2006 by the General Assembly's Resolution 60/251, and it was based on the principle of creating an organization that purely focused on development and ensured the rights of all peoples internationally. The UNHRC replaced the United Nations Commission on Human Rights, which was heavily criticized because it did little to regulate human rights within its member-states properly. The General Assembly can revoke or suspend a member's voting rights with a two-thirds majority if a country is not meeting the expectations of the Declaration of Human Rights. The committee was designed to help prevent corruption that had originally occurred within the United Nations Commission on Human Rights (UNHRC); in the original UNHRC certain countries and their deployment or resources were given priority over others. The declaration was implemented to ensure that what happened with the United Nations Human Rights Council would not happen again. The United Nations has stated that "members elected to the Council shall uphold the highest standards in the promotion and protection of human rights."<sup>2</sup>

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<sup>1</sup> *HRCIndex*, [www.ohchr.org/EN/HRBodies/HRC/Pages/HRCIndex.aspx](http://www.ohchr.org/EN/HRBodies/HRC/Pages/HRCIndex.aspx).

<sup>2</sup> "Welcome to the Human Rights Council." *OHCHR*, [www.ohchr.org/EN/HRBodies/HRC/Pages/AboutCouncil.aspx](http://www.ohchr.org/EN/HRBodies/HRC/Pages/AboutCouncil.aspx).

The UNHRC Committee entertained its first session in June of 2006, and almost exactly one year later it released the Institution Building Package, which stated its general procedures and mechanisms. The selected countries are staggered with three year terms and are voted on by the United Nations General Assembly. The United Nations Human Rights Council's headquarters are located in Geneva, Switzerland. Despite its humble beginnings, the UNHRC has been criticized by many world-dominant powers such as the United States, Canada, and many countries of the European Union for heavily focusing on the Israel-Palestine conflict. The organization has stated that this is because this conflict has made the most violations of the "Right to Life" resolution. However, many nations refuse to believe that this is because of the violations and bias towards certain portions of the world that tend to be less developed as well as heavily religious. The United Nations Human Rights Council strives to achieve "freedom of association and assembly, freedom of expression, freedom of belief and religion, women's rights, LGBT rights, and the rights of racial and ethnic minorities."<sup>3</sup> The UNHRC works deliberately with the Office of the High Commissioner for Human Rights (OHCHR) to ensure that it has the best interests while almost maintaining the importance of human rights.

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<sup>3</sup> StudentNewsDaily.com. "UN Criticized over New Human Rights Council Members." *Student News Daily*, 14 Oct. 2018, [www.studentnewsdaily.com/daily-news-article/un-criticized-over-new-human-rights-council-members/](http://www.studentnewsdaily.com/daily-news-article/un-criticized-over-new-human-rights-council-members/).



# Topic: Promoting the Protection of People with Mental Illness

## I. Background

After World War II and the birth of the United Nations, member states of this alliance knew that in order to establish peace, justice, and freedom, they would need to outline a list of rights that were guaranteed to everyone. This is why the Declaration of Human Rights was created in December of 1948 which specifically outlined the fundamental rights and freedoms that would apply to everyone.<sup>4</sup> However, the issue with the document is that there is no real way to enforce these rights or any international law due to country sovereignty, which limits how much action the United Nations can take in a sovereign nation. Human rights continue to be violated worldwide on the basis of gender, culture, race, and other discriminatory characteristics. One characteristic that is often overlooked is mental illness which affects an estimated 970 million people worldwide, 63 percent of which are currently being treated.<sup>5</sup> In the past, those diagnosed with a mental illness have been denied various rights including employment, marriage, and education which are all freedoms that are explicitly listed in the Universal Declaration of Human Rights. Not only are their basic human rights being violated, but many are also subject to physical abuse, negligence, and malnutrition. This cruel treatment is not limited to

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<sup>4</sup> *A Short Story of Human Rights*. A short history of human rights. (n.d.). Retrieved June 16, 2022, from <http://hrlibrary.umn.edu/edumat/hreduseries/hereandnow/Part-1/short-history.htm>.

<sup>5</sup> Dattani, S., Ritchie, H., & Roser, M. (2021, August 20). *Mental health*. Our World in Data. Retrieved June 16, 2022, from <https://ourworldindata.org/mental-health#:~:text=It's%20estimated%20that%20970%20million,substance%20use%20disorder%20in%202017>.

developing nations but has occurred worldwide and continues to occur both outside and within psychiatric institutions.

Many people believe that if someone has been diagnosed with a mental illness, then they are incapable of doing or completing basic tasks or jobs and are not able to accomplish things that people without these illnesses can. In some dire situations, this claim may be true, but the majority of people with these illnesses are able to complete the same tasks as those without. In the United States, 1 in 25 people currently suffer from a serious mental illness and around 50 percent of American adults eventually will need to receive some form of mental health treatment.

<sup>6</sup> However, even though mental illness has become increasingly common and widespread, the stigmas surrounding the mentally ill in the workplace have steadily increased. The prevalence of these stigmas means that those suffering from mental illnesses are falsely believed to be violent and incapable of normal interactions. An example of this is when a mass shooting is blamed on an individual's mental illness which creates false pretenses of violence for all those with that same condition. When these stigmas are applied to those that don't enact violence and are very capable both in the workplace and in general, they become very difficult to overcome and can affect one's everyday life. Additionally, when people politicize these stigmas, those with mental illnesses may be prevented from receiving help, prohibited from certain actions, and in general, unable to lead normal lives. These politicized stigmas are a direct violation of the United Nation resolution 46/119 which states that "all persons with a mental illness, or who are being treated as

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<sup>6</sup> "Mental Health Stigma: Definition, Examples, Effects, and Tips." *Medical News Today*, MediLexicon International, <https://www.medicalnewstoday.com/articles/mental-health-stigma>.

such persons, shall be treated with humanity and respect for the inherent dignity of the human person”.<sup>7</sup>

It also becomes more common—especially in the developing world—for mental health institutions to have considerably poor conditions including unhygienic spaces, crowding, and a lack of substantial funding . This cruel treatment is the result of the limited resources in a nation , certain stigmas or conflicting beliefs, and the affordability or availability of medical services. Many family members find it more difficult to care for an individual with a mental health condition, due to financial hardships and inability to place them in the care of mental health institutions. Governments also tend to spend very little on these institutions which can affect how available they are as well as how effective they are to their patients. When people have a difficult time figuring out what to do or how to help people with these conditions, they often resort to placing them in the care of privately run facilities that will deprive them of basic hygienic necessities as well as restrict them from moving or getting proper resources. More than two-thirds of countries have been known not to give any form of reimbursement for mental health services which can affect how much a family is willing to spend on getting proper help.<sup>8</sup> Additionally, religious groups that have not been provided proper education on mental health, often believe that when they have these conditions, they are in some way possessed by evil

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<sup>7</sup> “Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care.” *OHCHR*, <https://www.ohchr.org/en/instruments-mechanisms/instruments/principles-protection-persons-mental-illness-and-improvement#:~:text=All%20persons%20have%20the%20right,dignity%20of%20the%20human%20person.>

<sup>8</sup> “Living in Chains.” *Human Rights Watch*, 12 Nov. 2020, [https://www.hrw.org/report/2020/10/06/living-chains/shackling-people-psychosocial-disabilities-worldwide.](https://www.hrw.org/report/2020/10/06/living-chains/shackling-people-psychosocial-disabilities-worldwide)

spirits or have sinned. These people tend to get religious guidance over proper mental health resources which can affect their treatment and how comfortable they are in everyday life.

These practices occur worldwide and have shown to be increasingly common as sixty nations have shown evidence of shackling found with research from the Human Rights Watch. The issue is a direct violation of human rights and the Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care established in 1991 that outlines how people with these conditions must be treated and what resources they must be given. However, the issue remains largely silent and is not given as much attention as it deserves. The people that are subject to these conditions are facing direct violations of international law yet little is being done to stop these abuses or bring their stories to light. In 2019, Nigerian authorities raided Islamic rehabilitation centers and found several men and boys claiming they had been shackled, beaten, abused, and kept in inhumane conditions as a form of healing them from their mental illness.<sup>9</sup> These practices are not limited to any age group or gender and both boys and girls as young as 10 years old, have been found in similar conditions. These individuals are also more susceptible to sexual assault and may never be able to afford or receive proper care.

The stigmas surrounding the mentally ill are the main source of these beliefs and practices. These ideas have created one of the biggest obstacles that people with mental health conditions face and is only possible when these human rights violators are provided with education about mental health and the types of support that they need. The Human Rights

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<sup>9</sup> Carsten, Paul, and Angela Ukomadu. "Hundreds of Thousands of People Shackled for Mental Health Issues Globally, Human Rights Watch Says." *Reuters*, Thomson Reuters, 6 Oct. 2020, <https://www.reuters.com/article/health-mental-humanrightswatch/hundreds-of-thousands-of-people-shackled-for-mental-health-issues-globally-human-rights-watch-says-idINL4N2GW1RZ>.

Council is dedicated to ensuring equal rights and freedoms for all, including the mentally ill, which is why this topic and its various issues must be addressed immediately.

## II. UN Involvement

The UN System Workplace Mental Health and Well-being Strategy's goal is to develop, deliver, and evaluate high-quality psychosocial services wherever UN employees work which would simultaneously create a workplace that promotes mental and physical health and well-being. It is also essential to accept and support employees who are dealing with mental health issues as well as ensure long-term funding for mental health and wellness services.

<sup>10</sup> According to the United Nations Center for Human Rights and the United Nations Commission on Human Rights, the rights most commonly violated in psychiatric hospitals are the right to be treated with respect and humanity along with the right to voluntary admission to institutions.

Mental health issues have recently gotten a lot of attention around the world as they were significantly worsened by COVID-19. The 2007 Lancet Series on Global Mental Health<sup>11</sup> resulted in the formation of a coordinated Movement for Global Mental Health, which now includes more than 95 institutions and 1,800 individuals from all around the world. People with mental diseases are a vulnerable group exposed to stigma and social isolation, human-rights abuses, and exclusion from policies and decision-making that specifically affect this group. Later

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<sup>10</sup> "Un Enable - Promoting the Rights of Persons with Disabilities - Un Information Briefing of the Ad Hoc Committee, Article on Mental Health." *United Nations*, United Nations, <https://www.un.org/esa/socdev/enable/rights/adhocunbrief6.htm>.

<sup>11</sup> *The Lancet Commission on Global Mental Health and Sustainable Development*. <https://www.thelancet.com/commissions/global-mental-health>.

the same year, the United Nations General Assembly highlighted the need of focusing on mental health in development in its resolution on global health and foreign policy, reinforcing prior international pledges to mainstream disability issues in development. The Mental Health Gap Action Programme<sup>12</sup> was created by The World Health Organization (WHO), which has the goal to create more services for mental and neurological disorders because 75% of people with mental issues in low-income countries don't have access to the treatment necessary.

Another recent advancement by the UN is to accept the United Nations Convention on the Rights of Persons with Disabilities (CRPD),<sup>13</sup> but it has not yet been ratified. The Convention's entry into effect marks a significant step forward in efforts to promote, defend, and ensure that individuals with disabilities have full and equal access to all human rights. Countries should match their policies and regulations with the Convention, ensuring that they support autonomy, liberty, legal competence, involvement of individuals with mental illnesses, and the breadth of resources needed for independent community living.

### **III. Topic to Consider**

#### *A. Mental Health Conditions of the Youth<sup>14</sup>*

The social and economic integration options for young individuals suffering from mental illnesses are severely limited. Mental illnesses impair young people's self-esteem, limiting not only their social connections and academic achievement but also their economic prospects and

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<sup>12</sup> "Prevention." *World Health Organization*, World Health Organization, <https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme>.

<sup>13</sup> "Convention on the Rights of Persons with Disabilities (CRPD) Enable." *United Nations*, United Nations, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>.

<sup>14</sup> *Welcome to the United Nations*. <https://www.un.org/esa/socdev/documents/youth/youth-mental-health.pdf>.

wider community engagement and involvement as a whole. On a global scale, it is estimated that over 20% of kids, or well over one billion young people, suffer from a mental illness each year. In fact, during the transition from childhood to adulthood, young people are at the greatest risk of developing a variety of mental illnesses, owing in large part to the plethora of physical, psychological, and emotional changes that occur during this sensitive age. According to epidemiological studies, the majority of people with mental illnesses begin to feel symptoms before the age of 24.

Substance abuse is another common concern in relation to mental health among teenagers. According to recent research on South African children in the eighth to tenth grades, 10% of those who had used cannabis did so before the age of 13 years old, with around 30% of those who smoked regularly. Substance abuse was found to be strongly linked to failing a grade and a variety of other undesirable outcomes, including physical harm, crime, sexual violence, and hazardous sexual conduct. All of these actions came as a result of extremely limited access to mental health help for the youth.

Mental illnesses have an impact on a young person's self-esteem, social interactions, and even their likelihood of injuring oneself or others. Untreated mental health issues make it difficult for students to excel in school. Low involvement, poor academic achievement, learning challenges, discipline issues, poor attendance, and, eventually, school dropouts become the biggest example of academic issues. Poor academic engagement leads to a reduction in workforce preparation and creates an extremely difficult transition to work and employment, which has a negative influence on independent living and social integration as they reach older

ages. If these issues were to be addressed at younger ages within the youth population it could save so many people from creating a more difficult future for themselves.

*B. Access to Services for the Youth*

When young people do receive formal mental health or support services, they may receive them via schools, community-based organizations, government programs, or other organizations. The point of entry into the maze of systems, rather than the youth's actual needs, often influences the services delivered to them. As a result of poorly integrated mental-health services, rather than a complete system of care that would allow adolescents to obtain the most suitable therapies available, inefficiency has resulted. Service inefficiency is increased during the transition of youths to adults, as the provisions by services are driven more by institutional and bureaucratic norms than by the developmental requirements of youths and young adults during this period. Because diagnostic and age requirements for program eligibility differ throughout systems, young people aging out of youth programs face gaps when the same person could be classed as a youth in one mental health system but then classed as an adult in another. Because of the lack of uniform practice across systems, key mental-health services may be disrupted, and support and progress may be lost during a critical phase of development.

*C. Relation between Poverty and Mental Health*

In both high and low resource environments, the link between poverty and poor mental health seems to be recurring. Poverty increases the likelihood and severity of common mental disorders because of high rates of stress and trauma, social ostracism, hunger, and poor health care. People with mental illnesses are more likely to be poor due to the high cost of care and



fewer job and educational options. There are additional specific circumstances that have a significant detrimental impact on youth mental well-being. Youth that are homeless, orphaned, or abandoned, as well as those who are in the juvenile court system or in care systems, are all more likely to have an existing mental health problem worsened. Homeless youth are more likely than their resident peers to suffer from mental illnesses. Before becoming homeless, youth may have had a chaotic and violent family life, and they may fear authority and adults. The stress of being homeless can aggravate or worsen any pre-existing disorders, in addition to the circumstances that contributed to the youth's initial homeless position. Once on the streets, young people with mental illnesses face prejudice, marginalization, assault, and exploitation. While many people acknowledge homeless youth as victims, they are frequently considered a blight on society, not only by the common community members that just see them in public but also by legal or social systems.

#### *D. Overcoming the Stigma of Mental Health*

The prevalent stigma connected to mental-health disorders jeopardizes the situation for kids with mental health concerns. Stigma is the leading source of discrimination and exclusion as it lowers people's self-esteem, disrupts their relationships, and restricts the possibilities for socializing and independent life, such as secure housing and job. To overcome stigma on a personal and societal level, it is critical to change public perceptions of mental illnesses. Service providers, educators, parents, peers, and other stakeholders still have a limited understanding of mental illnesses which could be seen as a contributor to the perpetuation of certain stigmas. It is critical to employ all available instruments to combat erroneous views about mental illnesses and

promote social inclusion—emphasizing the need for significant efforts to be made to reduce stigmas on a global scale. This should include training for practitioners and families in order to increase access to services and their acceptance. While recent shifts in public perceptions of people with mental illnesses have contributed to increased recognition and additional resources allocated towards youth mental health in many high-resource countries, there has been no similar shift in priorities in lower and middle-income countries<sup>15</sup>, where addressing mental health is seen as a luxury amongst so many other pressing concerns.

#### *E. Different Steps of Treatment*

There are many different ways of treatment for those suffering with mental illnesses. These methods include psychotherapy or counseling, prescription medicine, support groups, brain stimulation therapy, and residential treatment programs. The first and most common method is counseling which is considered talk therapy. It is talking out any issues with a mental health expert. Cognitive behavioral therapy, dialectical behavior, and one-on-one talk therapy are frequently used. It can also be done with your family or in a group setting. Even those who may not have a mental health diagnosis but are simply dealing with difficult life circumstances may find this form of therapy helpful. On the other hand, the second most common but used for more serious issues is prescribed medicine. Drugs for mental illnesses alter the brain chemicals responsible for emotions and thought processes. Health issues or psychiatric illnesses cannot be cured by medications. However, they can help with your symptoms. They may improve the

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<sup>15</sup> Rathod, Shanaya, et al. “Mental Health Service Provision in Low- and Middle-Income Countries.” *Health Services Insights*, SAGE Publications, 28 Mar. 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5398308/>.

efficacy of other treatments, such as psychotherapy. Prescription drugs come in a wide variety of forms and operate in various ways. Finally, residential treatment programs have become more of a necessity in recent years and are for those that may be unfit to take care of themselves. It is typically a long term program to be taken care of in a residential home or hospital until you feel better. Often the treatments for those with mental illnesses are overlooked and it is important to consider new ways to help those suffering or create new ways to assist them.

#### **IV. Case Study: Bipolar Disorder**

Bipolar disorder is known as a mental illness that causes extreme mood swings with highs similar to mania and lows that can usually result in depression. These mood swings can affect all aspects of a person's life such as their judgment, their ability to think clearly, their energy levels, and their ability to sleep.<sup>16</sup> People with bipolar disorder have also been known to demonstrate aggressive behavior during manic episodes that may cause them to perform violent actions or induce agitation more easily. Given what researchers know about the disorder and the common behaviors of those who have it, there is a stigma surrounding the illness saying that all those who have it are violent and incapable of everyday actions. It is true that people with this condition need certain medications in order to lower their risk of getting agitated and enacting violence however, 9.4 to 50 percent of people that are bipolar have had a past of violent behavior making the majority of those affected completely harmless.<sup>17</sup> These stigmas surrounding their aggressive behavior may make it difficult for someone with this disorder to find work or be

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<sup>16</sup> "Bipolar Disorder." *Mayo Clinic*, Mayo Foundation for Medical Education and Research, 16 Feb. 2021, <https://www.mayoclinic.org/diseases-conditions/bipolar-disorder/symptoms-causes/syc-20355955>.

<sup>17</sup> Allison M. R. Lee, MD; Igor I. Galynker. "Violence in Bipolar Disorder." *Psychiatric Times*, MJH Life Sciences, <https://www.psychiatristimes.com/view/violence-bipolar-disorder>.

involved in society even if they are receiving the proper help and care that they need. When people know that certain restrictions are applied to them once they come out as having a mental illness like bipolar disorder, they may be less likely to want to receive help which can make their conditions much worse. It is important that those who have this disorder and are receiving the appropriate care, are treated without discrimination in order to encourage others with this condition to also receive the help that they need.

Mental illnesses like this one are often designated as too expensive and burdensome for the affected family. In developing countries, people diagnosed with bipolar disorder are significantly more likely to be handed over to privately run institutions that will not be able to provide them with the care they need. This is one condition that when no support or help is provided, it can worsen and the individual's aggression can increase making them a larger threat to themselves and the people around them. Only when people with this disorder are given adequate care, can they live normal and comfortable lives. Countries must be willing to not only increase the number of mental health institutions within their borders but also be prepared to provide affordable and adequate care for their patients in order to protect their mentally ill citizens.

According to the World Health Organization, over 40 million people worldwide suffered from bipolar disorder in the year 2019.<sup>18</sup> However, only 89 to 95 percent of people with this disorder get help using methods like psychoeducation, reduction of stress and strengthening of

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<sup>18</sup> “Mental Disorders.” *World Health Organization*, World Health Organization, [https://www.who.int/news-room/fact-sheets/detail/mental-disorders#:~:text=In%202019%2C%2040%20million%20people%20experienced%20bipolar%20disorder%20\(1\).](https://www.who.int/news-room/fact-sheets/detail/mental-disorders#:~:text=In%202019%2C%2040%20million%20people%20experienced%20bipolar%20disorder%20(1).)

social functioning, and medication.<sup>19</sup> This leaves around 3 million people not getting appropriate care for their bipolar disorder. The Human Rights Council must be able to ensure that people with bipolar disorder and other mental health illnesses are not only met with appropriate care but that their human rights are protected.

#### **V. Guiding Questions**

1. Does your country have any policies or regulations regarding mental health institutions and their importance?
2. How can the international community work towards the elimination of the stigma around mental health?
3. What demographics of people in your country are most affected by mental health issues? What is the reasoning for it?
4. Does your country deal with high levels of poverty and if so, do these correlate to mental health issues?
5. Has the issue of mental health as a whole been addressed by your country and are they a part of any UN committees working on mental health?

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<sup>19</sup> Cerimele, Joseph M, et al. "Bipolar Disorder and Population Health." *Psychiatric Services (Washington, D.C.)*, U.S. National Library of Medicine, 1 Feb. 2017, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5288268/>.

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