



WHO

STUDY GUIDE

IMPROVING ACCESS TO
MENTAL HEALTH SERVICES



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Letter from the Secretary-General

Most esteemed participants of FLZMUN'25,

I, as the Secretary General of FLZMUN'25, welcome you all to the first edition of this prestigious conference.

It is an honor and a pleasure to be able to present to you what we have been preparing for months and dreaming for years. My team has worked tirelessly to bring the best you have ever seen, starting with our organization to our academics.

Our objective is to facilitate proficient and elevated diplomatic deliberations, fostering valuable and constructive solutions throughout the duration of FLZMUN'25, enriched by the collective contributions of all participants. As a delegate, your journey begins here, with the study guide prepared by our dedicated members; your most honorable chairboard.

I advise you to read this study guide thoroughly and expand your research on different perspectives; focusing on your allocated country. It is essential to bear in mind that each nation and every perspective holds significance if you are adequately prepared to engage with the agenda at hand.

You have my best wishes for success and enriching discussions during these two days of enjoyment. I eagerly anticipate witnessing the valuable contributions you'll make to our conference.

Mehmet Onur ÇİĞDEM

Secretary-General of FLZMUN'25



1. Introduction to the Committee

The World Health Organization (WHO) is a committee which is a specialized health agency of the United Nations, mandated by the UN system to act as the directing and coordinating authority and decisions on international public health. WHO leads global efforts to attain the highest possible level of health for all people, defining health as a state of complete physical, mental and social wellbeing, and not merely the absence of disease or infirmity.

WHO works with Member States, UN bodies and a wide range of partners to strengthen health systems, expand access to essential services and medicines, and advance universal health coverage so that everyone can obtain the health services they need without financial hardship. The Organization develops evidence-based norms and standards, issues technical guidance, and supports countries in implementing effective health policies that address both infectious diseases and long term noncommunicable conditions.

WHO promotes health as a foundation for sustainable development, with a central role in the implementation of the 2030 Agenda and particularly Sustainable Development Goal 3 on ensuring healthy lives and promoting wellbeing for all at all ages. The Organization also leads the global architecture for health emergency preparedness and response, including through the International Health Regulations, helping countries to prevent, detect and respond to outbreaks and other health crises. Equity, human rights, and protection of vulnerable populations are cross-cutting priorities in WHO's work, guiding its efforts to reduce health inequalities, strengthen resilience and ensure that no one is left behind. In this committee we will focus on the *"Improving Access To Mental Health Services"*.



2. Introduction to the Agenda Item

Many of the major public health problems currently are interlinked with mental health. The problems vis-à-vis accessing proper mental health services arise in cities, towns, and rural areas. These include a lack of mental health workers, high treatment costs, long distances to services, weak insurance systems, very limited school and workplace support, and strong social stigma against people living with mental health conditions. All these factors combine to make access to required help very difficult for millions of people. The situation has been further exacerbated by conflicts, forced migration, economic crises, and global health emergencies.

Mental health affects the way people think, feel, and act in their daily lives. When mental health needs are ignored, people may drop out of school, lose their jobs, suffer from violence, or even attempt suicide. Families can break apart and communities can lose productivity and social cohesion. In many countries, such mental health conditions are still not understood, and people are often hidden away, left untreated, or locked in institutions with poor living conditions.

To address these issues, the international community has begun advocating the concept of accessible and people-centered mental health services. An accessible mental health system is one in which development proceeds in a manner that respects the rights of all citizens and





provides equal opportunities to people regardless of income, gender, age, or geography. This entails that mental health care is provided at the primary health centers and facilities, support services should be integrated within schools and workplaces, and psychological first aid shall be made available whenever there is an emergency. In addition, access shall be promoted to medicines for mental health that are affordable. This encompasses the idea that everyone has the right to live in the community, with appropriate housing, educational facilities, and employment opportunities rather than being confined to long-term institutions.

At the same time, a modern mental health system uses new tools and technologies to improve the lives of people in need. This might include access to telephone hotlines and online counselling, mobile applications that help individuals self-manage stress and adhere to their treatment, telemedicine platforms linking patients in remote areas with specialists, and information systems aiding governments to understand where services are missing and how to better plan. Digital platforms can also help reduce stigma by providing clear and simple information on mental health to the general public.

To make these changes happen, countries need comprehensive laws and policies in place to protect their citizens with mental health conditions from violations of their rights and dignity, backed by budgetary allocations proportionate to the burden. The World Health Organization has a key role in this process. It provides guidance, sets standards and supports governments to build mental health systems that are integrated into overall health and social services. This work contributes directly to “Sustainable Development Goal 3” to ensure healthy lives and promote wellbeing for all at all ages and to the wider 2030 Agenda.



3. Keywords & Definitions

1. Mental Health

How a person thinks, feels and behaves in daily life. It includes emotions, how we handle stress and how we relate to other people.

2. Mental Health Condition

A health problem that affects a person's thoughts, feelings or behavior for some time, such as depression, anxiety, bipolar disorder or schizophrenia.

3. Mental Health Services

All the support and care given to people with mental health needs. This includes counselling, hospital care, medicines, crisis lines, and community support.

4. World Health Organization (WHO)

The United Nations agency responsible for international public health. It helps countries improve health systems, including mental health care.

5. Primary Health Care

Basic health services that are usually the first contact for people, such as family doctors, nurses and local health centres. Mental health care can also be given here.

6. Access to Health Care

How easy it is for people to reach and use health services. This includes distance, cost, language, safety and whether services respect their culture.

7. Stigma

Negative beliefs and attitudes about people with mental health conditions. Stigma can cause shame and can stop people from asking for help.

8. Discrimination

Unfair treatment of a person because of their mental health condition, for example



being refused a job, school place or housing for this reason.

9. Psychosocial Support

Help that looks at both the mind and social life of a person. It can include counselling, support groups, family support and help with school or work.

10. Community Based Care

Mental health services provided in local communities instead of only in big hospitals. For example, care in health centres, schools or home visits.

11. Psychiatrist

A medical doctor who has special training in mental health. Psychiatrists can diagnose mental health conditions and prescribe medicines.

12. Psychologist

A professional who studies human behavior and the mind and offers tests, counselling and therapies, but usually does not prescribe medicines.

13. Counsellor or Therapist

A trained person who talks with individuals or groups to help them understand their feelings, solve problems and develop coping skills.

14. Medicines for Mental Health

Medicines used to treat mental health conditions, such as antidepressants or antipsychotics. They should be prescribed and monitored by trained health workers.

15. Crisis Hotline

A phone line or online service that people can contact in emotional crisis, for example if they feel they might harm themselves or others.

16. Suicide Prevention

Actions taken to reduce self harm and suicide. This includes hotlines, training for



teachers and doctors, limiting access to means, and public education.

17. Vulnerable Groups

People who face a higher risk of mental health problems or barriers to care, such as children, refugees, people living in poverty or persons with disabilities.

18. Universal Health Coverage (UHC)

The idea that all people should receive the health services they need, including mental health care, without becoming poor because of health costs.

19. Tele Mental Health

Providing mental health support through phones, video calls, text or online platforms, especially useful for people in remote or unsafe areas.

20. Integration of Mental Health into Health Systems

Including mental health care in general health services, such as hospitals and primary care, instead of keeping it completely separate.

21. Prevention in Mental Health

Steps taken to stop mental health problems before they start, for example by reducing violence, bullying, substance use and extreme stress.

22. Mental Health Promotion

Activities that make good mental wellbeing more likely, such as school programs that teach life skills, safe workplaces and strong community networks.

23. Human Rights in Mental Health Care

The idea that people with mental health conditions must be treated with dignity and respect, and must not be abused, neglected or held in unsafe conditions.

24. Informed Consent

When a person receives clear information about a treatment and agrees to it freely,



without pressure. This is a key right in mental health care.

25. Peer Support

Support given by people who have lived experience of a mental health condition and recovery. They use their own experience to help others.

26. Recovery

The personal process through which people with mental health conditions find ways to live a meaningful life, with or without symptoms, and with as much independence as possible.

27. Sustainable Development Goal 3 | Good Health and Wellbeing

A global goal in the 2030 Agenda that aims to ensure healthy lives and promote wellbeing for all at all ages, including mental health and the prevention of suicide.

4. Historical Background

Mental health has often been ignored or misunderstood in the past compared with physical health. For many centuries, individuals with mental health conditions were hidden from society, placed in large institutions, or treated with fear rather than care. Up until the middle of the 20th century, most countries relied on psychiatric hospitals that were quite far from communities. The majority of these institutions were usually overcrowded and underfunded; people could stay there for many years, sometimes for life, with very limited rights or contact with their families.



A major shift started after the Second World War. In 1948, the World Health Organization was formed and it defined health as a state of complete physical, mental and social wellbeing, not only the absence of disease. This definition was important because it officially placed mental



health inside the concept of health. From the 1950s onwards, new medicines and therapies were developed and some countries started to move away from large institutions towards care in the community. This process is often called deinstitutionalization. However, it was uneven: while some high income countries created community services, many low and middle income countries were left with very few services at all.

By the end of the 20th century, it became clear that mental health problems represent a large share of the global burden of disease. Hundreds of millions of people suffered from conditions such as depression, anxiety and substance use disorders, yet funding and services remained very low. In many health systems, less than 2% of the health budget was dedicated to mental health, and most of that money still flowed to psychiatric hospitals, rather than to local clinics, schools or workplaces. At the same time, human rights problems in institutions-neglect, abuse and forced treatment-were increasingly documented.

The right of equality of people with mental health conditions found greater legal support in the early 21st century. Instruments such as the Convention on the Rights of Persons with Disabilities underlined the right of those with psychosocial disabilities to live in the community, to make their own decisions regarding treatment, and to be protected against discrimination. This pushed governments and international organizations to rethink mental health care, focusing more on choice, dignity, and inclusion.

In response to the enormous gulf between needs and services, the WHO embarked on the development of focused mental health programs. Reports regarding mental health indicated that most people with common mental health conditions receive no treatment at all, which is particularly evident for low and middle income countries. To address this concern, WHO has produced tools and guidance to aid non-specialist health workers in primary care in offering basic mental health services. This was done in order to include mental health within general health care, without setting up a completely parallel system.



In the last twenty years, there has been increased attention to mental health globally. The World Health Assembly adopted a Mental Health Action Plan with

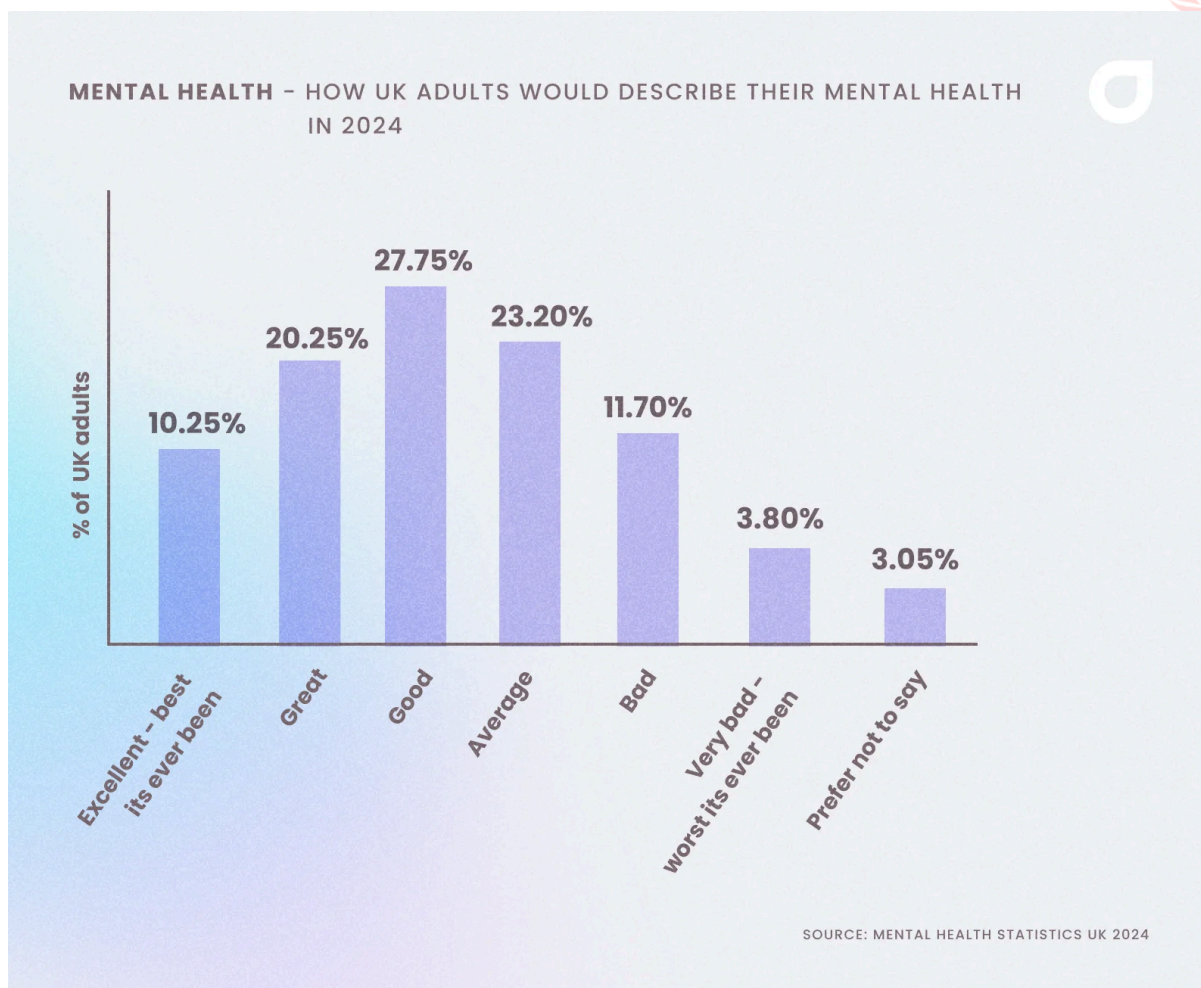


clear objectives on strengthening leadership and governance, providing community-based services, working on the promotion of prevention and early intervention, and collecting better data. The plan was extended later in line with the 2030 Agenda. Mental health was also included in the Sustainable Development Goals, especially under SDG 3 “Good Health and Wellbeing”, which mentions the promotion of mental health and wellbeing and the reduction of suicide. Meanwhile, new challenges have cropped up, which make access to mental health services all the more urgent. Conflicts, displacement of people, economic crises, climate-related disasters, and COVID-19 increased stress, anxiety, and other mental health problems. Many countries reported a sharp rise in depression and anxiety, especially among young people and health workers, but services were still unable to meet demand. This has created a stronger push for tele-mental health, crisis hotlines, and community support, while also showing the weaknesses of existing systems. Today, improving access to mental health services is considered a central part of the effort to build strong and equitable health systems. It was the historical path from large institutions to community-based care, from silence to open discussion, and from neglect to human rights that have made this an agenda item of highest priority for the World Health Organization. Now, delegates should consider how to close the treatment gap, protect rights, and ensure quality mental health care close to home for everyone in every country.

5. Examples of the Topic

Countries everywhere are trying different ways to improve access to mental health services. In the United Kingdom, the national health system has created large programmes in order to make talking therapies accessible for adults. People can often be referred by their family doctor and receive structured counselling for depression and anxiety.

The goal is to make mental health care as normal and available as care for physical illnesses. In Chile, schools and local clinics work in collaboration to identify children and teenagers who are struggling with stress, bullying, or family violence. Psychologists and social workers visit schools, running group sessions and supporting families. That shows how linking education and health can bring mental health services closer to young people.



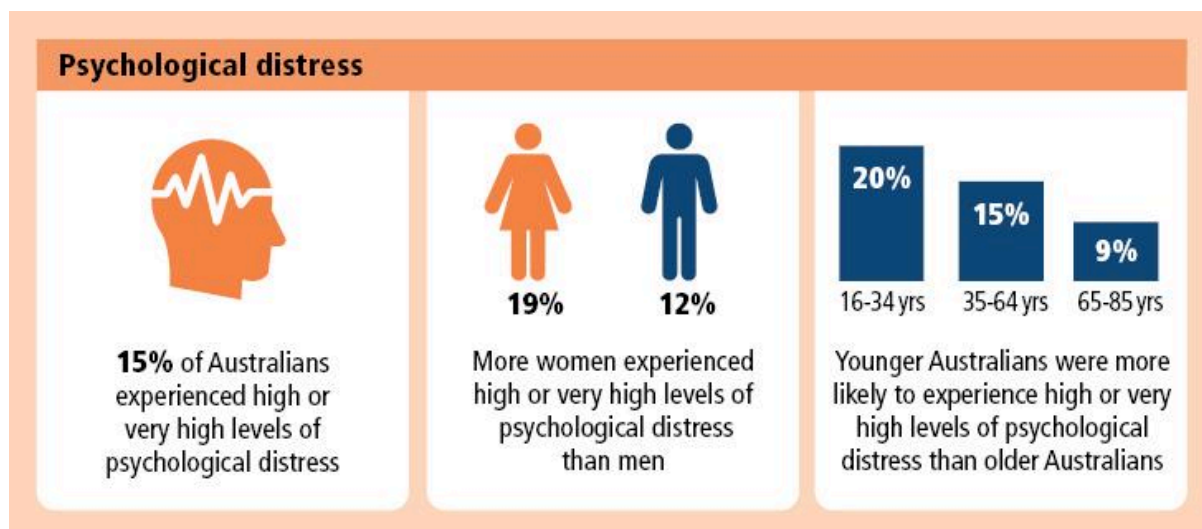
In Kenya, community health workers are trained to recognize mental health problems and provide basic support in villages and informal settlements. They visit homes, giving simple counselling and referring serious cases to health centres. This approach helps to reach people living far from hospitals or unable to afford private care. Several states in India have started tele-mental health services using telephone hotlines and video calls. People in rural areas can get to speak with counsellors and psychiatrists without needing to travel long distances. This reduces costs for families and makes specialist help more accessible.



In Türkiye, recent earthquakes and other disasters have led to the expansion of mental health and psychosocial support teams. These teams visit temporary shelters, schools, and community centres to provide psychological first aid, especially for children and families who have lost homes or relatives. This shows how mental health services are important during and after

emergencies.

Online platforms and mobile phone applications in Australia offer self-help tools, guided programmes, and chats with trained counsellors. Young people often prefer these digital tools because they feel more private and easy to use. Governments and universities partner to vet that these are safe and effective tools.



At the international level, the World Health Organization supports many of these efforts by providing technical guidance and training materials. For example, WHO tools help non-specialist health workers in primary care to identify and treat common mental health conditions. In this way, countries with few specialists can also offer services to large parts of their population. These examples show that increasing access to mental health services can be done in many ways-through schools, communities, digital tools, emergency response, and



stronger primary care-but they share the common aim of making sure that everyone who needs help gets it on time, respectfully, and affordably.





6. Questions to be Addressed

- 1. How can countries make basic mental health services available in primary health care, not only in specialized hospitals?**
- 2. What steps can governments take to reduce the cost of mental health services so that low income people can receive care?**
- 3. How can health systems increase the number and quality of trained mental health professionals, especially in rural and remote areas?**
- 4. What measures can be taken to reduce stigma and discrimination so that people feel safe to ask for mental health support?**
- 5. What policies can encourage workplaces to provide mental health support, flexible arrangements and safe working conditions?**
- 6. How can governments ensure that children, refugees, people with disabilities and other vulnerable groups receive targeted mental health support?**
- 7. How can health systems include trauma screening in primary care so that doctors and nurses can recognize people affected by violence, conflict or disasters?**
- 8. How can mental health services be integrated into emergency and disaster response, including conflicts, epidemics and natural hazards?**
- 9. What forms of international cooperation and support can WHO and other partners provide to help low and middle income countries strengthen mental health care?**
- 10. What examples of successful mental health programmes from different countries can be adapted and scaled up in other regions?**



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