**FORUM**: Economic and Social Council (ECOSOC)

**QUESTION OF**: Countering the Global Increase of Mental Disorders and Mental Health Instabilities   
**MAIN SUBMITTER**: United States of America

**CO-SUBMITTERS**: The Republic of Austria, The Republic of Indonesia, The People's Republic of China, Republic of Korea, Russian Federation, The Republic of Zimbabwe, The Republic of Italy, The Federal Republic of Germany, The People's Republic of Bangladesh

THE ECONOMIC AND SOCIAL COUNCIL,

*Acknowledging* that mental health instabilities are increasingly prevalent around the world, in Europe around 11% of people suffer from anxiety and/or depression, 2.5% suffer from alcohol usage and addiction disorders,

*Approving* the work of the World Health Organization (WHO) and non-governmental organisations such as Fracarita International,

*Aware* that the long lockdowns due to COVID-19 have increased mental diseases such as depression and anxiety regarding contracting the virus also was a factor,

*Disturbed* by the fact that almost one million people die due to suicide every year caused by depression,

*Noting* that one in four individuals is affected by mental health problems in their life,

*Further noting* that about 11% of people suffer from anxiety and/or depression, 2.5% suffer from alcohol usage disorders, 1% suffer from dementia, such as Alzheimer's disease,

*Taking into account* that many countries, especially Less Economically Developed Countries (LEDCs), do not have adequately trained medical and nursing professionals to deal with mental disorders,

*Pointing out* that the number of people with a mental illness has never been this high before,

1. Calls for the creation of free public support groups in order to help the mentally disabled cope with their mental health through:
   1. activities that promote mental health such as yoga, meditation, pet therapy (depending on the mental issue),
   2. welcoming marginalised and vulnerable people such as refugees, prisoners, ex-prisoners, elderly, unemployed, and members of LGBTQ+,
   3. promoting self-care and self-love during basic exercises such as drawing, writing, making music, and other activities;
2. Encourages the implementation of free health programs available always and open to everyone funded by taxes, donors, and the International Monetary Fund such as:
   1. more available suicide hotlines,
   2. public professionals such as psychologists, counsellors, psychiatrists to help all people in need to overcome their mental challenges through therapy over an appropriate period of time,
   3. public relief centres which would consist of specialists treating all the people feeling the need to seek refuge in such centres while at the same time:
      1. examining how new technologies can be used to deliver affordable education
      2. finding ways to attract more and more mentally disabled people in for help
      3. speeding up transitions to sustainable, prosperous societies in the context of mass displacement (in the case of migrants or refugees);
3. Urges the development of mental health services in general hospitals and the integration of adequate mental health services into primary health care by:
   1. ensuring public health care to all those unable to afford it,
   2. providing medical assistance of all kinds for people suffering from mental illnesses without the ability to pay for it,
   3. funding by private donors for hospitals’ research on cures for mental instabilities and buying all necessary equipment for experimentation;
4. Requests social media apps to be stricter in protecting their users against:
   1. spending excessive amounts of time on the apps,
   2. cyber bullying,
   3. discrimination;
5. Further encourages people suffering from mental health disorders to seek support by destigmatising mental illness and creating equality between physical and mental illness through:
6. awareness through social media such as:
   1. representation of individuals suffering from mental illness in television
   2. endorsing social media posts in order to destigmatize mental illness and further educate the general public on mental health issues
7. integrating mental illness and disorders in the educational system beginning in primary schools;
8. Further calls for subsidising mental health facilities in LEDCs, with increased funding by the United Nations, such as rehab or therapy with the help of international organisations such as:
   1. The World Health Organisation,
   2. Fracarita International,
   3. The United Nations Development Program (UNDP);
9. Further requests that employee benefits include mental health support such as but not limited to the inclusion of a free and accessible counsellor in the work building;
10. Reaffirms the importance of acknowledging psychoactive substance-related disorders within all member states and the significance procedures such as psychotherapy and pharmacotherapy will have on individuals by:
    1. calling for the United Nations Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction to ensure DRR (Disaster Risk Reduction) policies and programs always include mental well-being and disability as a priority,
    2. further endorses the DRR to include people with mental or intellectual disabilities as they cannot be excluded from the benefits created by the progress made in DRR, by:
       1. asking the DRR to develop practical global guidelines on mental well-being and disability through the United Nations system
       2. affirming that mental disability should be included in efforts related to security and development
       3. establishing a working group supporting mental well-being and disability in the United Nations system.