**Research Report**

**General Assembly 3**

***Exploring innovative approaches and barriers to delivering effective mental health care in emergency and conflict situations***

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**Introduction**

Mental health care in emergency and conflict situations remains a critical yet often overlooked aspect of humanitarian response. Natural disasters, armed conflicts, and displacement due to violence or political instability result in significant psychological trauma for affected populations. These traumatic experiences—ranging from loss of loved ones and homes to exposure to violence and extreme stress—can lead to severe mental health conditions, including anxiety, depression, post-traumatic stress disorder, and substance abuse. Despite the growing recognition of mental health as a key component of humanitarian aid, many regions affected by emergencies and conflicts still face significant barriers to delivering effective mental health care.

The provision of mental health services in these contexts is fraught with challenges, including limited resources, lack of trained professionals, and the difficulty of addressing mental health needs in unstable, often dangerous environments. Furthermore, cultural stigma surrounding mental health, along with inadequate funding and infrastructure, complicates the delivery of care. However, innovative approaches such as telemedicine, community-based mental health programs, and integration of mental health into primary healthcare services have shown promise in addressing these challenges. As the need for mental health care grows in conflict-affected regions, it is crucial to explore both the barriers and the innovative strategies that can improve mental health services, ensuring that individuals in crisis receive the support they need to recover and rebuild their lives.

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**The Committee**

General Assembly 3 is one of the General Assemblies and does not have any special procedures assigned to the committee. General Assembly 3 in MUNA deals with environmental, humanitarian and health issues. In General Assembly 3 nations can debate about environmental, humanitarian and health issues, with the aim to raise awareness and resolve the issues in question.

Whilst debating about an issue in MUNA, financial factors are never a problem. Please consider that there are no financial constraints and do not vote or speak against resolutions due to financial reasons.

**Keywords**

Mental Health Crisis - A severe emotional or psychological condition that requires immediate intervention, often exacerbated by trauma from conflict or disaster.

Emergency Response -The coordinated effort to provide immediate assistance and relief to individuals affected by disasters or conflicts, which includes medical and mental health support.

Trauma Recovery -The process of healing from psychological trauma, often requiring specialized mental health services and long-term support after a crisis.

Crisis Counseling - Short-term therapy provided to individuals in the aftermath of traumatic events to help them manage immediate emotional distress.

Conflict-Induced Trauma - Psychological harm caused by exposure to war, violence, or displacement, which can lead to long-term mental health conditions.

International Humanitarian Law -The legal frameworks that govern the protection of individuals in conflict zones, including the provision of mental health care for civilians affected by war.

Long-Term Psychological Support - Ongoing mental health care that addresses the long-term emotional and psychological needs of individuals who have experienced trauma or displacement.

**Overview**

Mental health care in emergency and conflict situations is a critical and often under-addressed component of humanitarian response. In the aftermath of natural disasters, armed conflicts, and displacement, individuals face significant emotional and psychological stress due to trauma, loss, violence, and instability. The mental health impact can be severe, leading to conditions such as post-traumatic stress disorder (PTSD), depression, anxiety, and substance abuse. These conditions, if left untreated, can hinder individuals' ability to rebuild their lives and communities, making mental health care an essential aspect of crisis response.

However, delivering effective mental health care in these settings is fraught with challenges. Many conflict zones and emergency settings lack the necessary infrastructure, trained professionals, and resources to provide adequate psychological support. Traditional mental health services may be disrupted or unavailable, and the stigma surrounding mental health in certain cultures can prevent individuals from seeking help. Additionally, the chaotic nature of emergencies often makes it difficult to implement long-term mental health strategies, focusing more on immediate physical survival.

Innovative approaches are emerging to address these barriers. Telemedicine, for example, has shown promise in providing remote psychological support, especially in areas where access to mental health professionals is limited. Community-based mental health programs, which involve local populations in the delivery of care, have also proven effective in overcoming resource constraints and cultural barriers.

Furthermore, integrating mental health services into primary healthcare systems ensures that mental health is treated as part of overall health care, improving accessibility and reducing the stigma associated with seeking care.

Despite these advancements, significant barriers remain. Limited funding, insecurity in conflict zones, and political challenges often prevent the scaling of mental health services in emergencies. The international community, including governments, non-governmental organizations (NGOs), and intergovernmental bodies, must collaborate to increase the availability of mental health care in these contexts. This requires not only an increase in funding and resources but also a shift towards more comprehensive, culturally sensitive, and sustainable mental health care systems.

Addressing mental health in emergencies is not only a moral obligation but also a practical necessity. Effective mental health care can help individuals heal from trauma, regain their resilience, and contribute to their communities' recovery. By focusing on both immediate psychological support and long-term care, it is possible to mitigate the adverse effects of trauma and foster healthier, more stable societies in the aftermath of crises.

In conclusion, while significant progress has been made in recognizing the importance of mental health care in emergencies, substantial work remains to ensure that effective, accessible, and sustainable mental health services are available to all those affected by conflict and disaster. The integration of mental health into humanitarian response strategies and the adoption of innovative solutions will be key to addressing the growing mental health crisis in conflict-affected regions.

**Arguments**

Many international organizations have stressed the importance of improving mental health care in emergency and conflict situations, highlighting the need for more accessible and effective services. The mental health needs of individuals in these settings are often overlooked, with many facing PTSD, anxiety, and depression as a result of trauma, violence, and displacement. While humanitarian aid provides some support, it is often insufficient to meet the overwhelming demand for mental health services. The international community must prioritize mental health as a core aspect of crisis response and ensure that adequate resources and trained professionals are available to address these needs.

On the other hand, some countries argue that mental health care in emergencies should not take precedence over immediate physical health needs. They emphasize the importance of providing life-saving medical care and infrastructure before focusing on psychological support, especially in areas where resources are already scarce. However, this view is increasingly being challenged, as studies show that untreated mental health conditions can significantly hinder individuals’ ability to recover and rebuild their lives, making it essential to address both physical and mental health simultaneously.

The integration of mental health care into existing humanitarian frameworks is also a point of debate. Some argue that mental health should be provided through specialized programs, while others believe that it should be incorporated into general healthcare services to reduce stigma and increase accessibility.

Despite the growing recognition of the importance of mental health care, significant barriers remain in delivering effective services in emergencies. These include a lack of funding, insufficient training for mental health professionals, and political instability in conflict zones that can disrupt aid efforts. Overcoming these challenges will require a collaborative approach, with support from governments, NGOs, and international organizations, to create sustainable mental health programs that can operate in unstable environments.

**Timeline of events**

*1948*: The World Health Organization (WHO) is established.

*1970s*: The development of the first initiatives for integrating mental health care into emergency response efforts begins.

1990s: The launch of the Mental Health in Emergencies program

*2011*: The World Mental Health Day focuses on mental health in emergencies.

*2013*: The WHO and the UNHCR publish guidelines for providing mental health and psychosocial support in emergencies.

*2016*: The World Health Assembly passes a resolution urging governments and humanitarian organizations to prioritize mental health in emergency situations.

*2017*: The WHO launches the Mental Health in Emergencies program.

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*2018*: The UN Security Council includes mental health as part of its discussions on post-conflict recovery.

*2020*: The COVID-19 pandemic brings mental health issues to the forefront of global health discussions, with a focus on the increased psychological strain caused by the pandemic, quarantine measures, and economic uncertainty.

*2021*: The WHO launches a global initiative for mental health support during the COVID-19 pandemic.

*2022*: The UN calls for a renewed focus on mental health and psychosocial support in emergency and conflict settings, especially in light of the ongoing crises in countries like Afghanistan, Syria, and Ukraine.

**Resolution**

A delegate should carefully consider their country’s perspective when writing a resolution. This research report provides a solid foundation to understand the issue and prepare for MUNA. It is important to address how mental health challenges affect both developing and developed countries. While developing nations may struggle with limited resources and infrastructure for mental health care, developed countries may focus on ensuring equitable access and addressing complex mental health needs resulting from prolonged conflicts or crises. The goals should be feasible, considering each country's capacity, available resources, and context.

For more information on resolution writing, please refer to the MUNA booklet on our MUNA site: <https://munalfrink.nl/>.

**Links and sources**



<https://www.unhcr.org/media/mental-health-and-psychosocial-support>

<https://odihpn.org/>

<https://www.who.int/activities/ensuring-a-coordinated-and-effective-mental-health-response-in-emergencies>

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10808980/>

<https://www.mentalhealthjournal.org/articles/barriers-solutions-comprehensive-care-mental-health-patients-hospital-emergency-departments.html>