Eureka Model United Nations

WORLD HEALTH ASSEMBLY

STUDY GUIDE

Dear Delegates,

It is an honour to be serving as a part of the Executive Board at the World Health Assembly at, Eureka Model United Nations 2017.

The agenda at hand is vast and complex and a technical in a few aspects, and a successful discussion on it would entail the collective participation of every single delegate. It shall be your prerogative to decide the direction in which you want to take this committee. The nature of the committee and the topic under discussion, which primarily focuses on Health care factors and in this case mental health concerns, requires that we first understand the basic terminologies that are used. Then, we may understand the concepts of the various types of disorders, the past actions and initiatives and further elaborate on it during the committee. The background guide is designed to help everyone to understand the basic things about the agenda and we strongly recommend that you research on various things on your own.

If you are doing a MUN for the very first time, we expect you to read the UNA USA rules of procedure or watch videos online on you tube about conduct at MUNs. Rest, the same aspect for research applies to you too. Do not feel taken aback on the research, foreign policy and other details of the allotted country.

Having said that, i look forward to see you all on the two days of the conference where I expect to See great debate and Deliberation with that I wish you all the best.

Thanking you,
Chairperson,
Jasmine Shaikh.

Vice chairperson- Rangan Majumdar
Rapporteur- Amogh Ratnaparki

Agenda: Wartime Social Psychology

The World Health Organization (WHO) is the agency of the United Nations (UN) responsible for directing and coordinating health, the primary concern of this body being international public health and well-being of citizens of Member states. As such WHO has come to play a vital role as an actor in the field of international public health and international public health policy as well setting international standards for health related industries such as the pharmaceutical industry.

WHO works to respond to public health needs in the most difficult situations, ranging from disease outbreaks to conflicts and natural disasters along with creating a framework for a healthy lifestyle for citizens of various countries. Reform has three aims: programmatic reform to improve people's health; governance reform to increase coherence in global health and managerial reform in pursuit of organizational excellence.
WHO has made extraordinary progress in its bold reform agenda over the past decade. Innovative leadership, managerial structures and systems have resulted in increased effectiveness, efficiency, responsiveness, transparency and accountability. This report tells the story of WHO's transformation from 2007 through to the current day.

Constitution of the World Health Organization: Principles

- Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.
- The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, and political belief, economic or social condition.
- The health of all peoples is fundamental to the attainment of peace and security and is dependent on the fullest co-operation of individuals and States.
- The achievement of any State in the promotion and protection of health is of value to all.
- Unequal development in different countries in the promotion of health and control of diseases, especially communicable disease, is a common danger.
- Healthy development of the child is of basic importance; the ability to live harmoniously in a changing total environment is essential to such development.

- The extension to all peoples of the benefits of medical, psychological and related knowledge is essential to the fullest attainment of health.
- Informed opinion and active co-operation on the part of the public are of the utmost importance in the improvement of the health of the people.
- Governments have a responsibility for the health of their peoples which can be fulfilled only by the provision of adequate health and social measures.

World Health Assembly

The World Health Assembly is the decision-making body of WHO. It is attended by delegations from all WHO Member States and focuses on a specific health agenda prepared by the Executive Board. The main functions of the World Health Assembly are to determine the policies of the Organization, appoint the Director-General, supervise financial policies, and review and approve the proposed programme budget. This is where the deliberation and debate occurs and the final documentation for the assembly is called a **Health report** The Health Assembly is held annually in Geneva, Switzerland.

The main international policy frameworks adopted through WHA_resolutions include:

- International Health Regulations,
- International Code of Marketing of Breast-milk Substitutes, adopted in 1981
- Framework Convention on Tobacco Control, adopted in 2003,
- Global Code of Practice on the International Recruitment of Health Personnel, adopted in 2010.

The WHA is also responsible for the endorsement of the_WHO Family of International Classifications, a series of internationally standardized medical classifications, including the_International Classification of Diseases (ICD) and the International Classification of Functioning, Disability and Health (ICF).

WHO is reforming to be better equipped to address the increasingly complex challenges of health in the 21st century. For example the WHA- World Health Assembly, that meets annually and approves, deliberates and discusses various programmes, issue a budget ,elect a director general etc. From persisting problems to new and emerging public health threats including mental health issues, WHO needs the capability and flexibility to respond to this evolving environment.

Social Psychology definition and brief history

> *…the scientific field that seeks to understand the nature and causes of individual behaviour in social situations*

It therefore looks at human behaviour as influenced by other people and the social context in which this occurs.
Social psychologists therefore deal with the factors that lead us to behave in a given way in the presence of others, and look at the conditions under which certain behaviour/actions and feelings occur. Social psychology is to do with the way these feelings, thoughts, beliefs, intentions and goals are constructed and how such psychological factors, in turn, influence our interactions with others.

Topics examined in social psychology include: the self concept, social cognition, attribution theory, social influence, group processes, prejudice and discrimination, interpersonal processes, aggression, attitudes and stereotypes.
Aristotle believed that humans were naturally sociable, a necessity which allows us to live together (an individual centred approach), whilst Plato felt that the state controlled the individual and encouraged social responsibility through social context (a socio-centred approach).
wartime is a poor for perspective. reports of progress coming from midstream are tentative and not always accurate. yet, in establishing its war service committee, the members undoubtedly hoped that the committee would find itself to make some statement concerning the contribution that social psychology is making toward the winning of the war.

Alport, Gordon W. and Veltfort, Helene R. Department of University of Harvard.

Coming to the topic at hand

An estimated 400 million people suffer from mental or neurological disorders or from psychosocial problems such as those related to alcohol and drug abuse. Many of them suffer silently. Many suffer alone. Many never receive treatment of any kind as it is not detected by themselves or loved ones (if they are in physical periphery).

Mental disorders/illnesses: Depression

Key facts

- Depression is a common mental disorder. Globally, more than 300 million people of all ages suffer from depression.
- Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.
- More women are affected by depression than men.
- At its worst, depression can lead to suicide.
- There are effective treatments for depression.

Overview

Depression is a common mental disorder and one of the main causes of disability worldwide. Globally, an estimated 300 million people are affected by depression. More women are affected than men.

Depression is characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, tiredness, and poor concentration. Sufferers may also have multiple physical complaints with no apparent physical cause. Depression can be long-lasting or recurrent, substantially impairing people's ability to function at work or school and to cope with daily life. At its most severe, depression can lead to suicide.

Prevention programmes have been shown to reduce depression, both for children (e.g. through protection and psychological support following physical and sexual abuse) and adults (e.g. through psychosocial assistance after disasters and conflicts).

There are also effective treatments. Mild to moderate depression can be effectively treated with talking therapies, such as cognitive behaviour therapy or psychotherapy. Antidepressants can be an effective form of treatment for moderate to severe depression but are not the first line of treatment for cases of mild depression. They should not be used for treating depression in children and are not the first line of treatment in adolescents, among whom they should be used with caution.

Management of depression has to include psychosocial aspects, including identifying stress factors, such as financial problems, difficulties at work or physical or mental abuse, and sources of support, such as family members and friends. The maintenance or reactivation of social networks and social activities is important.

Depression is a common illness worldwide, with more than 300 million people affected. Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. Especially when long-lasting and with moderate or severe intensity, depression may become a serious health condition. It can cause the affected person to suffer greatly and function poorly at work, at school and in the family. At its worst, depression can lead to suicide.

Close to 800 000 people die due to suicide every year. Suicide is the second leading cause of death in 15-29-year-olds.
Although there are known, effective treatments for depression, fewer than half of those affected in the world (in many countries, fewer than 10%) receive such treatments. Barriers to effective care include a lack of resources, lack of trained health-care providers, and social stigma associated with mental disorders. Another barrier to effective care is inaccurate assessment. In countries of all income levels, people who are depressed are often not correctly diagnosed, and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants.
The burden of depression and other mental health conditions is on the rise globally. A World Health Assembly resolution passed in May 2013 has called for a comprehensive, coordinated response to mental disorders at country level.

Types and symptoms
Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe.
A key distinction is also made between depression in people who have or do not have a history of manic episodes. Both types of depression can be chronic (i.e. over an extended period of time) with relapses, especially if they go untreated.
Recurrent depressive disorder: this disorder involves repeated depressive episodes. During these episodes, the person experiences depressed mood, loss of interest and enjoyment, and reduced energy leading to diminished activity for at least two weeks. Many people with depression also suffer from anxiety symptoms, disturbed sleep and appetite and may have feelings of guilt or low self-worth, poor concentration and even medically unexplained symptoms.
Depending on the number and severity of symptoms, a depressive episode can be categorized as mild, moderate, or severe. An individual with a mild depressive episode will have some difficulty in continuing with ordinary work and social activities, but will probably not cease to function completely. During a severe depressive episode, it is very unlikely that the sufferer will be able to continue with social, work, or domestic activities, except to a very limited extent.
Bipolar affective disorder: this type of depression typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep.

Contributing factors and prevention
Depression results from a complex interaction of social, psychological and biological factors. People who have gone through adverse life events (unemployment, bereavement, psychological trauma) are more likely to develop depression. Depression can, in turn, lead to more stress and dysfunction and worsen the affected person's life situation and depression itself.
There are interrelationships between depression and physical health. For example, cardiovascular disease can lead to depression and vice versa.

Prevention programmes have been shown to reduce depression. Effective community approaches to prevent depression include school-based programmes to enhance a pattern of positive thinking in children and adolescents. Interventions for parents of children with behavioural problems may reduce parental depressive symptoms and improve outcomes for their children. Exercise programmes for the elderly can also be effective in depression prevention.

Diagnosis and treatment

There are effective treatments for moderate and severe depression. Health-care providers may offer psychological treatments (such as behavioural activation, cognitive behavioural therapy [CBT], and interpersonal psychotherapy [IPT]) or antidepressant medication (such as selective serotonin reuptake inhibitors [SSRIs] and tricyclic antidepressants [TCAs]). Health-care providers should keep in mind the possible adverse effects associated with antidepressant medication, the ability to deliver either intervention (in terms of expertise, and/or treatment availability), and individual preferences. Different psychological treatment formats for consideration include individual and/or group face-to-face psychological treatments delivered by professionals and supervised lay therapists.

WHO response

Depression is one of the priority conditions covered by WHO's Mental Health Gap Action Programme (MH GAP). The Programme aims to help countries increase services for people with mental, neurological and substance use disorders, through care provided by health workers who are not specialists in mental health. The Programme asserts that with proper care, psychosocial assistance and medication, tens of millions of people with mental disorders, including depression, could begin to lead normal lives – even where resources are scarce.

Mental disorders/illnesses: Post Traumatic Stress Disorder

PTSD is a disorder that develops in some people who have experienced a shocking, scary, or dangerous event.
It is natural to feel afraid during and after a traumatic situation. Fear triggers many split-second changes in the body to help defend against danger or to avoid it. This "fight-or-flight" response is a typical reaction meant to protect a person from harm. Nearly everyone will experience a range of reactions after trauma, yet most people recover from initial symptoms naturally. Those who continue to experience problems may be diagnosed with PTSD. People who have PTSD may feel stressed or frightened even when they are not in danger.

Signs and Symptoms
Not every traumatized person develops ongoing (chronic) or even short-term (acute) PTSD. Not everyone with PTSD has been through a dangerous event. Some experiences, like the sudden, unexpected death of a loved one, can also cause PTSD. Symptoms usually begin early, within 3 months of the traumatic incident, but sometimes they begin years afterward. Symptoms must last more than a month and be severe enough to interfere with relationships or work to be considered PTSD. The course of the illness varies. Some people recover within 6 months, while others have symptoms that last much longer. In some people, the condition becomes chronic.
A doctor who has experience helping people with mental illnesses, such as a psychiatrist or psychologist, can diagnose PTSD.
To be diagnosed with PTSD, an adult must have all of the following for at least 1 month:

- At least one re-experiencing symptom
- At least one avoidance symptom
- At least two arousal and reactivity symptoms
- At least two cognition and mood symptoms

Re-experiencing symptoms include:

- Flashbacks—reliving the trauma over and over, including physical symptoms like a racing heart or sweating
- Bad dreams
- Frightening thoughts

  Re-experiencing symptoms may cause problems in a person's everyday routine. The symptoms can start from the person's own thoughts and feelings. Words, objects, or situations that are reminders of the event can also trigger re-experiencing symptoms.

Avoidance symptoms include:

- Staying away from places, events, or objects that are reminders of the traumatic experience
- Avoiding thoughts or feelings related to the traumatic event

Things that remind a person of the traumatic event can trigger avoidance symptoms. These symptoms may cause a person to change his or her personal routine. For example, after a bad car accident, a person who usually drives may avoid driving or riding in a car.

Arousal and reactivity symptoms include:

- Being easily startled
- Feeling tense or "on edge"
- Having difficulty sleeping
- Having angry outbursts

Arousal symptoms are usually constant, instead of being triggered by things that remind one of the traumatic events. These symptoms can make the person feel stressed and angry. They may make it hard to do daily tasks, such as sleeping, eating, or concentrating.

Cognition and mood symptoms include:

- Trouble remembering key features of the traumatic event
- Negative thoughts about oneself or the world
- Distorted feelings like guilt or blame
- Loss of interest in enjoyable activities

Cognition and mood symptoms can begin or worsen after the traumatic event, but are not due to injury or substance use. These symptoms can make the person feel alienated or detached from friends or family members.

It is natural to have some of these symptoms after a dangerous event. Sometimes people have very serious symptoms that go away after a few weeks. This is called acute stress disorder, or ASD. When the symptoms last more than a month, seriously affect one's ability to function, and are not due to substance use, medical illness, or anything except the event itself, they might be PTSD. Some people with PTSD don't show any symptoms for weeks or months. PTSD is often accompanied by depression, substance abuse, or one or more of the other anxiety disorders.

It is important to remember that not everyone who lives through a dangerous event develops PTSD. In fact, most people will not develop the disorder.

Many factors play a part in whether a person will develop PTSD. Some examples are listed below. Risk factors make a person more likely to develop PTSD. Other factors, called resilience factors, can help reduce the risk of the disorder.

Risk Factors and Resilience Factors for PTSD

Some factors that increase risk for PTSD include:

- Living through dangerous events and traumas
- Getting hurt
- Seeing another person hurt, or seeing a dead body
- Childhood trauma
- Feeling horror, helplessness, or extreme fear
- Having little or no social support after the event

- Dealing with extra stress after the event, such as loss of a loved one, pain and injury, or loss of a job or home
- Having a history of mental illness or substance abuse

Some **resilience factors** that may reduce the risk of PTSD include:

- Seeking out support from other people, such as friends and family
- Finding a support group after a traumatic event
- Learning to feel good about one's own actions in the face of danger
- Having a positive coping strategy, or a way of getting through the bad event and learning from it
- Being able to act and respond effectively despite feeling fear

Researchers are studying the importance of these and other risk and resilience factors, including genetics and neurobiology. With more research, someday it may be possible to predict who is likely to develop PTSD and to prevent it.

Treatments and Therapies

The main treatments for people with PTSD are medications, psychotherapy ("talk" therapy), or both. Everyone is different, and PTSD affects people differently so a treatment that works for one person may not work for another. It is important for anyone with PTSD to be treated by a mental health provider who is experienced with PTSD. Some people with PTSD need to try different treatments to find what works for their symptoms.

If someone with PTSD is going through an ongoing trauma, such as being in an abusive relationship, both of the problems need to be addressed. Other ongoing problems can include panic disorder, depression, substance abuse, and feeling suicidal.

Medications: The most studied medications for treating PTSD include antidepressants, which may help control PTSD symptoms such as sadness, worry, anger, and feeling numb inside. Antidepressants and other medications may be prescribed along with psychotherapy. Other medications may be helpful for specific PTSD symptoms. For example, although it is not currently FDA approved, research has shown that Prazosin may be helpful with sleep problems, particularly nightmares, commonly experienced by people with PTSD.

Doctors and patients can work together to find the best medication or medication combination, as well as the right dose. Check the U.S. Food and Drug Administration website (http://www.fda.gov/) for the latest information on patient medication guides, warnings, or newly approved medications.

Psychotherapy: Psychotherapy (sometimes called "talk therapy") involves talking with a mental health professional to treat a mental illness. Psychotherapy can occur one-on-one or in a group. Talk therapy treatment for PTSD usually lasts 6 to 12 weeks, but it can last longer. Research shows that support from family and friends can be an important part of recovery.

Many types of psychotherapy can help people with PTSD. Some types target the symptoms of PTSD directly. Other therapies focus on social, family, or job-related

problems. The doctor or therapist may combine different therapies depending on each person's needs.

Effective psychotherapies tend to emphasize a few key components, including education about symptoms, teaching skills to help identify the triggers of symptoms, and skills to manage the symptoms. One helpful form of therapy is called cognitive behavioral therapy, or CBT. CBT can include:

- Exposure therapy: This helps people face and control their fear. It gradually exposes them to the trauma they experienced in a safe way. It uses imagining, writing, or visiting the place where the event happened. The therapist uses these tools to help people with PTSD cope with their feelings.
- Cognitive restructuring: This helps people make sense of the bad memories. Sometimes people remember the event differently than how it happened. They may feel guilt or shame about something that is not their fault. The therapist helps people with PTSD look at what happened in a realistic way.

There are other types of treatment that can help as well. People with PTSD should talk about all treatment options with a therapist. Treatment should equip individuals with the skills to manage their symptoms and help them participate in activities that they enjoyed before developing PTSD.

Talk therapies teach people helpful ways to react to the frightening events that trigger their PTSD symptoms. Based on this general goal, different types of therapy may:

- Teach about trauma and its effects
- Use relaxation and anger-control skills
- Provide tips for better sleep, diet, and exercise habits
- Help people identify and deal with guilt, shame, and other feelings about the event
- Focus on changing how people react to their PTSD symptoms. For example, therapy helps people face reminders of the trauma.

Other Disorders

Key facts

- There are many different mental disorders, with different presentations. They are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour and relationships with others.
- Mental disorders include: depression, bipolar affective disorder, schizophrenia and other psychoses, dementia, intellectual disabilities and developmental disorders including autism.
- There are effective strategies for preventing mental disorders such as depression.
- There are effective treatments for mental disorders and ways to alleviate the suffering caused by them.
- Access to health care and social services capable of providing treatment and social support is key.

Bipolar affective disorder

This disorder affects about 60 million people worldwide. It typically consists of both manic and depressive episodes separated by periods of normal mood. Manic episodes involve elevated or irritable mood, over-activity, pressure of speech, inflated self-esteem and a decreased need for sleep. People who have manic attacks but do not experience depressive episodes are also classified as having bipolar disorder.

Effective treatments are available for the treatment of the acute phase of bipolar disorder and the prevention of relapse. These are medicines that stabilize mood. Psychosocial support is an important component of treatment.

Schizophrenia and other psychoses

Schizophrenia is a severe mental disorder, affecting about 21 million people worldwide. Psychoses, including schizophrenia, are characterized by distortions in thinking, perception, emotions, language, sense of self and behaviour. Common psychotic experiences include hallucinations (hearing, seeing or feeling things that are not there) and delusions (fixed false beliefs or suspicions that are firmly held even when there is evidence to the contrary). The disorder can make it difficult for people affected to work or study normally.

Stigma and discrimination can result in a lack of access to health and social services. Furthermore, people with psychosis are at high risk of exposure to human rights violations, such as long term confinement in institutions.

Schizophrenia typically begins in late adolescence or early adulthood. Treatment with medicines and psychosocial support is effective. With appropriate treatment and social support, affected people can lead a productive life, be integrated in society. Facilitation of assisted living, supported housing and supported employment can act as a base from which people with severe mental disorders,

including Schizophrenia, can achieve numerous recovery goals as they often face difficulty in obtaining or retaining normal employment or housing opportunities.

Dementia

Worldwide, 47.5 million people have dementia. Dementia is usually of a chronic or progressive nature in which there is deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from normal ageing. It affects memory, thinking, orientation, comprehension, calculation, learning capacity, language, and judgement. The impairment in cognitive function is commonly accompanied, and occasionally preceded, by deterioration in emotional control, social behaviour, or motivation.

Dementia is caused by a variety of diseases and injuries that affect the brain, such as Alzheimer's disease or stroke.

Though there is no treatment currently available to cure dementia or to alter its progressive course, many treatments are in various stages of clinical trials. Much can be done, however, to support and improve both the lives of people with dementia and their caregivers and families.

Developmental disorders, including autism

Developmental disorder is an umbrella term covering intellectual disability and pervasive developmental disorders including autism. Developmental disorders usually have a childhood onset but tend to persist into adulthood, causing impairment or delay in functions related to the central nervous system maturation. They generally follow a steady course rather than the periods of remissions and relapses that characterize many other mental disorders.

Intellectual disability is characterized by impairment of skills across multiple developmental area such as cognitive functioning and adaptive behaviour. Lower intelligence diminishes the ability to adapt to the daily demands of life.

Symptoms of pervasive developmental disorders, such as autism, include impaired social behaviour, communication and language, and a narrow range of interests and activities that are both unique to the individual and are carried out repetitively. Developmental disorders often originate in infancy or early childhood. People with these disorders occasionally display some degree of intellectual disability.

Family involvement in care of people with developmental disorders is very important. Knowing what causes affected people both distress and wellbeing is an important element of care, as is finding out what environments are most conductive to better learning. Structure to daily routines help prevent unnecessary stress, with regular times for eating, playing, learning, being with others, and sleeping. Regular follow up by health services of both children and adults with developmental disorders, and their carers, needs to be in place.

The community at large has a role to play in respecting the rights and needs of people with disabilities.

Who is at risk from mental disorders?

Determinants of mental health and mental disorders include not only individual attributes such as the ability to manage one's thoughts, emotions, behaviours and interactions with others, but also social, cultural, economic, political and environmental factors such as national policies, social protection, standards of living, working conditions, and community support.

Stress, Genetics, nutrition, perinatal infections and exposure to environmental hazards are also contributing factors to mental disorders.

Health and support

Health systems have not yet adequately responded to the burden of mental disorders. As a consequence, the gap between the need for treatment and its provision is wide all over the world. In low- and middle-income countries, between 76% and 85% of people with mental disorders receive no treatment for their disorder. In high-income countries, between 35% and 50% of people with mental disorders are in the same situation.

A further compounding problem is the poor quality of care for many of those who do receive treatment.

In addition to support from health-care services, people with mental illness require social support and care. They often need help in accessing educational programmes which fit their needs, and in finding employment and housing which enable them to live and be active in their local communities.

WHO response

WHO's Mental Health Action Plan 2013-2020, endorsed by the World Health Assembly in 2013, recognizes the essential role of mental health in achieving health for all people. The plan includes 4 major objectives:

- more effective leadership and governance for mental health;
- the provision of comprehensive, integrated mental health and social care services in community-based settings;
- the implementation of strategies for promotion and prevention; and
- strengthened information systems, evidence and research.

WHO's Mental Health Gap Action Programme (MH GAP), launched in 2008, uses evidence-based technical guidance, tools and training packages to expand service in countries, especially in resource-poor settings. It focuses on a prioritized set of conditions, directing capacity building towards non-specialized health-care providers in an integrated approach that promotes mental health at all levels of care.

Guidelines by the WHO for classifications of different disorders.
https://books.google.co.in/books?hl=en&lr=&id=DFM0DgAAQBAJ&oi=fnd&pg=PR1&dq=world+health+organisation+mental+health+statistics&ots=g3YPstON3r&sig=kuGm9pG8QGeZaxvPR3IlJQN9lPI#v=onepage&q&f=false

Rally round the flag effect

A rally effect is the sudden and substantial increase in public approval of the president that occurs in response to certain kinds of dramatic international events involving the United States.

Or

The rally 'round the flag effect is a concept used in political science and international relations to explain increased short-run popular support of the President of the United States during periods of international crisis or war.

To what extent does extraversion influence a person's tendency to obey authority figures?

The invasion of Iraq has validated a basic rule of American politics: Americans rally round the president in times of national crisis. Polls now show that seven in 10 Americans support the decision to go to war. That public support is likely to last, provided U.S. forces avoid disaster in the march to Baghdad.

Signs of a rally round the flag were evident even before the first bombs fell last Wednesday night. Between last August and the beginning of March, Gallup found that support for the war generally fluctuated between 52 and 59 percent. Then in mid-March, as diplomacy began breaking down, public support crept higher. The last Gallup poll before the war started showed 64 percent in favour.

The increase in support for the war also carried over to support for President Bush. His overall public approval rating jumped between five and 13 percentage points, depending on the poll, in the first days of fighting.

The rally round the flag, however, extended beyond the White House. As also happened with the Persian Gulf and Afghanistan wars, the public responded to the invasion of Iraq by giving higher marks to Congress and expressing greater optimism about the country's future. A New York Times/CBS poll found that Congress's approval rating jumped 7 percentage points and now sits at 52 percent. Gallup found that the percentage of the public expressing satisfaction with the way things are going in the country jumped from 36 to 60 percent. Rather than being simply about the president, the rally is better understood as a surge of patriotic support for the government and country as a whole.