

Letter from DIAS	2
Introduction to the Executive Board Members	3
Introduction to the World Health Assembly	4
WHA & WHO structure	4
Procedures & Voting	5
Introduction to the Agenda: Emphasising and normalizing the issue of mental health in the wake of the pandemic	6
Definition of key terms	7
Importance of Mental health	8
Mental Illness	8
Expert Opinion	9
Conclusion	9
Impact of the COVID-19 Pandemic on Children, Youth and Families	10
Impacts of the COVID-19 pandemic on mental health	11
Long-term impact -	13
Stigma Around Mental Health	14
Case study	16
CASE STUDY OF A OLD LADY FROM PAKISTAN:-	16
CASE STUDY OF INDIA :-	16
Social Determinants of Mental Health	17
The response to mental health needs	19
Population initiatives	19
Detection and care	20
Reimagining the principles of global mental health- Suravi	22
Context: the where of global mental health	22
Stakeholders: the who of global mental health	24
Conclusions	26
Questions A Resolution Must Answer	27
References	28
Annexure I: MUN Research Guidelines I	29
Annexure II: MUN Research Guidelines II	31
Annexure III: Position Paper Guidelines	33

Format for the Position Paper	33
Further tips and Position Paper Guidelines	34
Source Authentication	34
Annexure IV: Important MUN Paperworks	35
1. Sample Position Paper	35
2. Sample Draft Resolution	36
3. Individual Action Order	37
4. Sample Communiqué	37
5. Sample Directive	38
Sample Preambulatory Clauses	38
Sample Operative Clauses	39

## Letter from DIAS

Distinguished Member State Representatives,

It is truly an honor for us to welcome you all to the committee of the WHA (World Health Assembly) in KIITMUN 2021. We hope that all the delegates will learn a lot through an excellent atmosphere of simulation. Do your research intensively, make wonderful networks among you and last but not the least, have fun. We hope all the delegates will learn as well as engage a lot throughout the sessions.

MUN is an excellent platform to enhance and refine your diplomatic skills. During this conference, you will have a tremendous opportunity to debate about existing glitches and enhance your knowledge concerning recent transnational controversies. Furthermore, you will acquire firsthand knowledge about the structures and specific rubrics of international associations and organizations.

We understand online MUNs do not provide the joys and exhilaration of an actual MUN but regardless with your proactive participation and (stable internet connection :P) we can still manage to have an amazing time.

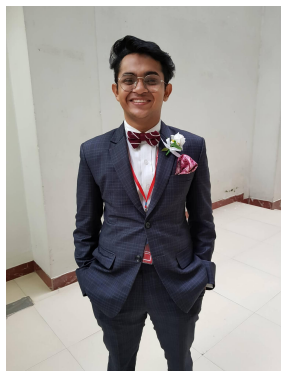
Please note: The study guide is not exhaustive and merely provides an overview of the Agenda of WHA. The guide is meant to give our distinguished delegates a basic idea of the scope and mandate of the discussion. You are requested to do ample research and prepare yourself thoroughly before the conference begins.

Please, put much emphasis on getting familiar with Rules & Procedures and Structure of MUN beforehand even though we will be having a brief workshop session. Note that we have the largest committee in the conference and with that being said, we are looking forward to a very engaging and constructive discussion amongst the delegates.

We hope together we will have a wonderful time and best learning experience from this prominent platform. If further questions arise, please do not hesitate to contact your DIAS.

- Your Executive Board Members

## Introduction to the Executive Board Members



An avid speaker, Md Muksetul Islam Alif is currently a Fourth Year Student at the University of Dhaka, pursuing his Bachelor's Degree in the Department of Criminology. With an inquisitive nature and being remarkably good at expressing his thoughts through his words, he has been doing MUNs since 2015 and has attended nearly 50+ conferences. Along with having a particular interest in the field of Social Sciences, he is a huge foodie who likes to explore different types of cuisine and binge watch TV shows and movies. He is also into Psychology, Religion, IR and Political Science and loves to watch Political Commentary and Debates! The pandemic has been a blessing in disguise for him professionally as he completed several prestigious internships with several renowned organisations such as BRAC, SNV, Yunus Center, Awareness 360 etc. He sees himself working in the development sector in the near future.

She is currently pursuing her M.A in English Literature in the University of Calcutta. Her journey in the circuit began in 2018 and since then her downright perfect skill and quality of debate secured her a position in every event she has attended. With a motivation to pursue a career apart from her academics, Manisha has also successfully organized Model UN events like the International Diplomatic Conclave 2019 as Deputy Secretary General.



Currently working in the partnerships domain at Safexpay, a fintech firm, Suravi has completed her Masters in Management Practices from Vedica Scholars Programme for Women. Her MUN journey is a mixture of participating in the conferences as an organiser, delegate, journalist, and an executive board member and as the Director Secretary General of Ravenshaw University Model United Nations 2015 and 2016 and has a cumulative experience of 65+ conferences. An avid reader, she is a highly enthusiastic follower of national affairs and is a strong believer in gender equality. Serving as the vice-chair for this committee, Suravi feels it is her duty to provide the committee with the best of her knowledge throughout the conference.

## Introduction to the World Health Assembly

The World Health Assembly is the sole and primary decision making body of the WHO (World Health Organization). All the 194 Member States of the WHO attend the World Health Assembly and focus on all the important and pressing global health agendas prepared by the Executive Board. The World Health Assembly is held every year in Geneva, Switzerland. The main functions of the World Health Assembly are:

1. To decide and determine the roles, functions & policies of the World Health Organization
2. Appoint the Director-General
3. Oversee and administer the financial policies
4. Analysis, evaluation and approval of proposed programme budget

## WHA & WHO structure

As per Article 9 of the WHO constitution, the organization has three members:

The World Health Assembly (WHA) is the world's highest decision-making body. All WHO member states appoint delegates, (usually their health ministers) who meet once a year in Geneva, which is the headquarters of the WHO. Together they are the platform on which the WHO is governed. The obligations of the WHA are:

- to appoint a Director-General every five years
- electing a 34-member Executive Board for 3 years
- voting on WHO policy and finance issues, including the proposed budget
- reviewing the reports of the Executive Board and determining whether there are areas that need further scrutiny.

The Board of Directors conducts the decisions and policies of the Forum. In addition, they advise the WHA and further its work. It can be summarized as the WHA executive council. Its 34 members were elected on the basis of their qualifications and reputation in the health sector but also in their country of origin, thereby creating an equal representation of territories.

The Office of the Secretary is made up of the Director-General and the technical or administrative staff of WHO. The Director-General is the chief technical and administrative officer of the Association but is under the authority of the Executive Board. According to the constitution, the Director-General is entitled to his office as Secretary of the WHA. At the regional level, WHO has established regional offices to meet local special needs. The regional divisions are: Africa (AFRO), Europe (EURO), America (AMRO), Eastern Mediterranean (EMRO), South-East Asia (SEARO) and Western Pacific (WPRO) . Many decisions have been made in advance at the regional level, which includes important discussions on WHO policy and budget. Environmental co-operation partners can therefore be found within the WHO regional category. Voting blocks in the WHA are also usually constructed according to regional interests.

### Procedures & Voting

KIITMUN 2021 will emulate the World Health Assembly (WHA), as the WHO's highest decision-making body. Governance takes place mainly in this forum of 194 member states and partners. Each team will have one vote in the WHA. To pass a decision is required a simple majority (1/2 of the votes) of the delegates present.

Procedures and voting within the WHA committee is MUN standard. You can find details about the voting process in the KIITMUN 2021 Rules of Procedure (RoP). The only place on the WHO committee is the IHR: International Health Regulations.

The IHR is the only legal binding instrument in the world without the decisions of the UN Security Council. This prompts delegates within the WHA to seek specific policy measures (within the IHR framework) in the international community. Visitors can apply this legal benefit to their health policy recommendations.

## Introduction to the Agenda: Emphasising and normalizing the issue of mental health in the wake of the pandemic

Globally, the public is informed of the physical effects of SARS-CoV-2 infection and the steps you should take to prevent coronavirus exposure and to control the symptoms of COVID-19 if they occur. However, the effects of this epidemic on human mental health have not been studied for a long time and are still unknown. As all efforts focused on understanding the epidemic, clinical features, infection patterns, and outbreak management of COVID-19, there has been very little concern about the effects on human mental health and stigma prevention strategies. Human behavior may have a profound effect on the evolution of this epidemic by changing the intensity, transmission, transmission of disease, and outcomes. The current situation needs to raise public awareness, which can be helpful in dealing with this crisis.

Pandemic is not just a medical condition; it affects individuals and communities and causes disruption, anxiety, stress, discrimination, and xenophobia. Human behavior as part of a community or community has significant implications for epidemic fluctuations that include severity, flow rate, and consequences. The isolation, social isolation, and closure of educational institutions, workplaces and recreation centers allowed people to stay in their homes to help break the chain of infection. .

As more people are forced to live at home alone to prevent the further spread of the pathogen at the community level, governments must take the necessary steps to provide mental health care as prescribed by specialists. The attitude that a person contributes to public health varies from person to person and depends on his or her background and work habits and social status.

Isolation and isolation can have a detrimental effect on a person's mental health. To overcome this, individual measures and community standards are needed. Under the current world conditions, both children and adults experience a mixture of emotions. They can be placed in a situation or environment that may be young and potentially dangerous to their health.

Currently, all of us are experiencing emotions, thoughts and situations we have never experienced before. It is not that there were no pandemics earlier. Pandemics, particularly plague outbreaks have been known since times immemorial. The Cholera pandemic followed by the flu pandemic were highlights of the nineteenth century. Another cholera epidemic and the “Spanish Flu”, ravaged the world in the early part of the twentieth century. Subsequently, while there have been outbreaks of Asian flu, SARS, MERS, Ebola, etc, the pandemic of COVID-19 is on a completely different scale. It has shaken the entire world

and created global panic. As COVID-19 initially creeps in and subsequently spreads at a galloping pace, it has been ravaging country after country. The pandemic has significant and variable psychological impacts in each country, depending on the stage of the pandemic.

### Definition of key terms

1. **Mental Health:** Mental health is a state of well-being in which an individual realizes his or her own potential, copes with the normal stresses of life and works productively.
2. **Mental Disorders:** Mental disorders comprise a broad range of problems, with different symptoms. Examples are depression, anxiety, conduct disorders in children, bipolar disorders and schizophrenia.
3. **Depression:** Depression is a common mental disorder, characterized by sadness, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, feelings of tiredness and poor concentration.
4. **Self-harm:** A broader term referring to intentional self-inflicted poisoning or injury, which may or may not have a fatal intent or outcome.
5. **Anxiety:** The fearful anticipation of danger or problem accompanied by intense unpleasant feelings or physical symptoms.
6. **Mental illness:** Disorder of thinking, feeling and behaving.
7. **Obsessive Compulsive Disorder:** An obsession refers to recurrent and persistent thoughts, impulses, or images that are intrusive and cause severe anxiety or distress. Compulsions refer to repetitive behaviors.
8. **Post Traumatic Stress Disorder:** PTSD can occur when a person experiences a shocking, unexpected event that is outside the range of usual human experience.



## Importance of Mental health

Mental health means keeping our mind healthy. Mankind is usually focused on keeping its physical body healthy. People often ignore the validity of their ideas. Man's superiority over other animals is in his higher mind. We have been able to control our life because of our highly advanced brain. Therefore, it is very important for a man to keep both his body and his mind healthy and healthy. Physical and mental health simultaneously are equally important for better performance and outcome.

He is emotionally fit and the person who is stable always feels energized and truly alive and can easily manage difficult emotional situations. To be emotionally strong, a person must be physically fit. Quite a few factors have a profound effect on our fitness level such as depression, anger, negative thinking, frustration and fear, etc. A physically fit person is always happy and can easily cope with stress and stress. in regular training that contributes to a good level of fitness.

Mental health means a state of mental well-being. It means having a good sense of how we feel, think, and act, which enhances one's ability to enjoy life. It affects a person's inner self of self-determination. It is a word that works, motivates and leaves negative thoughts that may come to mind. The term mental fitness is increasingly used by psychologists, psychiatrists, schools, organizations and the general public to express logical thinking, clear understanding and thinking ability.

## Mental Illness

The way we are physically ill, we can also be mentally ill. Mental illness is a disorder of the human body that involves changes in mood, thinking, and behavior. Mental illness can be caused by stress or a reaction to an event. It can also raise genetic factors, biological imbalances, child abuse or trauma, social ills, poor physical health etc. Mental illness is treatable. Seeking professional help in this regard or one can overcome this illness with good thinking and change your lifestyle.

Regular exercise such as morning walks, yoga, and meditation have been shown to be an excellent treatment for mental health. Apart from this, it is important to eat a healthy diet and get adequate sleep. One can stop mental illness by taking care of themselves through calming them by listening to cool music, socializing, setting realistic goals and taking care of their body.

## Expert Opinion

Many health experts have noted that mental, social, and emotional well-being are essential to the overall well-being of the body. In fact, physical fitness is a combination of physical, emotional, and mental strength. Emotional fitness has been recognized as a condition in which the mind can stay away from negative thoughts and can focus on artistic and creative works. This essentially translates into the person not having a thin skin or being too sensitive. He should not find himself full of stories, which are not that impactful anyways.

He ought not go overboard to circumstances. He ought not be vexed or upset obstacles, which are part of life. Those who do so are not emotionally healthy, although they may be physically fit and in good health. There are no fitness classes, but yoga, meditation, and reading books, which tell us how to be emotionally strong, help us to find emotional strength.

Mental illness is a growing phenomenon in the 21st century. Not everyone gets the help they need. Although mental illness is common these days and can affect anyone, there is still widespread prejudice. People are still reluctant to accept mental illness because of this stigma. They are embarrassed to admit it and seek medical attention.

Our society needs to change its mind about mental illness or disorder. People should get rid of the stigma associated with the disease and educate themselves about it. If mental illness is not treated in time, the consequences can be devastating.

To create more awareness about mental health, 10th October is considered World Mental Health. This day is dedicated to raising awareness about mental health problems around the world and to make every effort to support mental health.

## Conclusion

Physical and emotional well-being are the keys to success in all aspects of life. People should be aware of the effects of mental illness and should give greater importance to keeping the mind healthy the way the physical body is kept healthy. Mental and physical health cannot be separated from one another.

## Impact of the COVID-19 Pandemic on Children, Youth and Families

In spite of the fact that much has been composed of almost all the mental wellbeing suggestions of COVID-19, greater consideration has been given to high-income nations (HICs) than to low-income and middle-income nations (LMICs), where 83% of the worldwide populace live. LMICs have truly gotten a little division of worldwide wellbeing assets for mental wellbeing. Besides, COVID-19 is presently spreading quickly in numerous of these settings. The relationship between mental wellbeing and COVID-19 among the tremendous populace of LMICs is the center of this Review. Major chance components for mortality from COVID-19, such as restorative comorbidities counting diabetes or heart malady are progressively common in LMICs, particularly among people with lower instructive levels. In spite of the lower normal age of populaces in LMICs compared with that in HICs advertising a few potential security, the tall predominance of comorbidities, beside by and large moo levels of get to to widespread wellbeing scope, paint a stressing picture in terms of the potential for lives to be misplaced to the widespread. Taking off aside the coordinate wellbeing impacts of COVID-19, the knock-on impacts of endeavors to contain the widespread, such as lockdowns, closure of schools, moving assignment of wellbeing assets, and reduced vocation openings, have the potential to be annihilating and long-lasting. These measures are especially hindering for destitute and powerless individuals in nations with powerless social security nets and insufficient financial assets to buffer against misplaced jobs. Worldwide financial development is anticipated to contract by 5–8% amid and taking after the widespread, pushing up to 100 million individuals into extraordinary poverty.

The anticipated helplessness of LMICs to the negative mental wellbeing sequelae of COVID-19 can be compared with the amazing endeavors in numerous of these resource-limited nations to create across the country arrangements to address the widespread itself and its mental wellbeing results. A few LMICs have created demonstrate programs to address the pre-existing mental health-care needs and expanding trouble related to the widespread, and have actualized direction on psychosocial programs from WHO and worldwide associations. The affectability and comprehensiveness of these mental wellbeing reactions in a few LMICs can be a show for other nations, which are enduring from divided mental wellbeing reactions, negligible money related speculation, and rare outreach to the foremost defenseless populaces.

In this review, we look at the worldwide mental wellbeing suggestions of the COVID-19 widespread in four parts: to begin with, the affect of the widespread on mental wellbeing; moment, the reactions totally different nations; third, the opportunity that the widespread presents to reimagine worldwide mental wellbeing; and at last, a future vision for mental wellbeing frameworks. In spite of the fact that our concerns start with a center on LMICs, the widespread has appeared the significantly interconnected

nature of worldwide wellbeing and the openings for encounters and information to illuminate the mental wellbeing reaction in all countries. As the COVID-19 widespread is still unfurling at the time of composing, and much of the inquire about mental health concerns is ongoing, this Audit looks for to supply a story overview of a few noticeable discoveries to date. We too endeavor to see into the long run to expect the potential longer-term mental wellbeing impacts that will rise within the consequence of the wellbeing, financial, and social results of the pandemic.

### Impacts of the COVID-19 pandemic on mental health

The COVID-19 widespread has uncovered the as of now huge treatment crevice in mental wellbeing over LMICs, and debilitates to broaden it. Modern requests for mental wellbeing care in these nations meet with delicate wellbeing frameworks, Emerging reports on the impacts of the COVID-19 widespread on mental wellbeing have essentially archived the increment in side effects of mental wellbeing trouble, which might reflect a standardizing reaction to the uncommon vulnerabilities and challenges experienced by populaces. For illustration, reports have reported expanded predominance of mental trouble among health-care staff, associated with shame and fear of the disease.<sup>16</sup> That said, these reports seem moreover suggest a moving of the populace conveyance of trouble and a resulting increment within the predominance of clinically noteworthy mental wellbeing issues. This hypothesis is consistent with the few ponders on the predominance of mental wellbeing disarranged that we have recognized.

In LMICs around the world, population-wide trouble can be credited to proceeded vulnerabilities almost the spread of the infection, the viability of control techniques, and when and how existence will return to a few likeness of familiarity.<sup>18</sup> These encounters of trouble are exacerbated by activities pointed at moderating the spread of COVID-19, in which governments in numerous LMICs have actualized strict measures (eg, utilize of lockdowns). These measures and related approach choices have had phenomenal impacts on the financial and social divisions in nations where the tremendous lion's share of individuals are utilized within the casual work advertise and where dangers to their vocation are as of now driving to open resistance and, now and then, viciousness. For occasion, utilize of constrain by law authorization and the specialists has been detailed in a few countries. There have been reports of viciousness, captures, and the kidnapping of writers and activists archiving flawed government approaches, debasement, and fumble in reaction to COVID-19. The widespread is additionally uncovering the reality that specific helpless bunches, such as detainees, patients in psychiatric healing centers or social care homes, individuals with inabilities, or ladies encountering domestic violence or mishandle, could be at indeed more prominent chance of mental trouble since pre-existing disappointments in human rights security are worsened, further complicating other mental wellbeing results related to COVID-19. Threats of the

widespread towards mental wellbeing can be watched by systemic social disparities over statistic (eg, age, ethnicity, caste, religion, sexual orientation), financial (eg, wage, resources, unemployment), neighborhood (eg, lodging structure or packing), and sociocultural (eg, social bolster, social capital, instruction) characteristics. In high-income settings, too instructive levels and files of financial and social drawback, such as destitute or packed lodging and vagrancy, unemployment, social segregation, and forlornness, are vital hazard variables for contracting extreme intense respiratory disorder coronavirus 2 (SARS-CoV-2). As destitution and financial imbalances are unmistakable in LMICs, and with destitute scope of satisfactorily resourced health-care and social security nets, it is conceivable to anticipate mental wellbeing issues in expansive areas of communities over LMICs. For illustration, this design is as of now clear in Brazil where the most noteworthy hazard of malady transmission is among the poorest communities within the nation.

More seasoned populaces are among the foremost influenced by the COVID-19 widespread in terms of sickness seriousness and mortality. They are moreover more likely to endure mental impacts due to separation, which is complicated by pre-existing physical wellbeing issues and therapeutic comorbidities, and decreased get to to care. Additionally, lockdowns and the redirection of all health-care administrations to COVID-19 control and care influences individuals living with genuine mental sicknesses, for whom get to to mental wellbeing care has been prevented amid the pandemic. Therefore, COVID-19 is likely to lead to the repeat or compounding of disarranges among this bunch, who are moreover more likely to have other risk components. Another especially helpless bunch are front-line wellbeing workers who have been conveyed and redeployed for different errands to undertake to contain the pandemic. Risk variables incorporate settings where numerous wellbeing specialists have insufficient individual defensive gear, encountering shame and separation since of their calling, individual fears of contaminating their families and adored ones, confinement from family individuals, and being quarantined. Mental wellbeing impacts of the widespread among wellbeing laborers have moreover shown as encounters of trauma and perplexity, particularly within the setting of need of clarity on how to treat patients with COVID-19.

rare assets and workforce capacity, social distress and savagery in reaction to COVID-19 control methodologies, and generally rare and unjust get to to evidence-based interventions. It can be guessed that the long-term results on mental wellbeing will be especially serious within the most reduced resourced and most devastated districts of the globe, where there was essentially no get to to mental wellbeing administrations some time recently the widespread.

### Long-term impact -

Without gigantic worldwide activity, the COVID-19 widespread is anticipated to have around the world negative impacts on financial and other social determinants of wellbeing within the long term. Mental wellbeing conditions most helpless to negative social determinants incorporate uneasiness, temperament, and disarranges related to injury and push, which are as of now driving supporters to inability around the world, agreeing to the Worldwide Burden of Illness. The widespread is laying the establishments for a potential around the world suicide increment as a result of expanded introduction to known hazard components, such as financial stretch, work uncertainty and unemployment, social segregation, diminished get to to community back, obstructions to mental wellbeing treatment, and exacerbated physical wellbeing issues, particularly among more seasoned grown-ups. A model combining information from different nations, counting both HICs and LMICs, recommends that work misfortunes due to COVID-19 might result in up to 9570 extra suicides per year around the world. Time-trend relapse models taking after the widespread within the USA appeared a figure of 3235 abundance suicides over a long time inferable to the financial downturn (3.3% increment per year) in case the unemployment increment is directed, and an 8164 abundance suicides over a long time (8.4% increment per year) on the off chance that the increment is extraordinary.

No such models right now exist for LMICs. Be that as it may, given that LMICs bear the bulk of the worldwide burden of suicide and are particularly helpless to financial destruction from the widespread, it can be conjectured that suicide rates may increment uniquely in these nations. This hypothesis is upheld by a audit of Indian media on COVID-19 and suicide. One concern is that in numerous LMICs, suicides regularly go under-reported or are detailed as distinctive causes of passing due to the related shame, as well as other social or devout considerations. Therefore, it'll be basic to guarantee straightforward and thorough detailing and monitoring of suicides within the months and a long time ahead, not as it were to completely discover the impacts of the widespread but moreover to distinguish whether there are territorial contrasts in suicide rates and to create reactions to relieve these chance variables. Essentially, substances that utilize clutters speak to another major cause of mortality related with past worldwide subsidences, driving to a rise in so-called deaths of despair in affected communities.

Delayed school closures are likely to have a significant impact on the mental wellbeing of children, young people, and youthful grown-ups globally. Aside from the critical scholarly benefits of tutoring, schools have an basic part in forming the mental prosperity of youthful individuals by giving a organized and administered space for socioemotional improvement, fellowship and social back systems, security from risk-taking practices and exploitative work, delays to early marriage and childbearing, and guardian

administrations to identify and intercede early to diminish child manhandle. Moreover, schools frequently speak to a key get to point for nourishment for children in numerous LMICs. School supper and nourishing programs are basic for guaranteeing adequate sustenance whereas advancing scholarly execution and cognitive advancement. Therefore, the school closures in response to the pandemic might have the unintended consequence of increasing food insecurity among children, which negatively affects mental health.

## Stigma Around Mental Health

Mental health stigma refers to social stigma, or when the community puts people to shame by people with a mental illness or seeks help for emotional stress, such as anxiety, depression, bipolar disorder, or PTSD. The pressures of mental health discrimination can come from family, friends, colleagues, and the community at large. Parties can also politicize discrimination. That in turn can stop people suffering with mental illness from getting help, getting into a community, and living a happy and comfortable life.

Mental health stigma can arise from unfamiliar ideas, which are simple or common beliefs or representations of all groups of people who are often wrong, wrong, and offensive. They allow a person to make quick decisions about others based on a few defining traits, which in turn apply to anyone in the group. For example, people who suffer from depression are often viewed as lazy, while others judge those with anxiety as cowards. Many people are afraid to be called “crazy” simply because they want the help of a therapist. None of these symptoms work, and they are all misdiagnosed, causing pain, and preventing people from getting the help they need.

In the recent years, the issue mental health has emerged as a major issue around the world. However, the side effects of mental health problems are still underestimated compared to those of other health disorders. In many low- and middle-income countries, the role of mental health awareness is underestimated being played by most people, and that is where the basic problem lies. There are many factors that hinder progress in the delivery of mental health services in such countries. These include social stigma, lack of trained professionals in mental health care, challenges in the delivery of mental health care in primary care facilities, to name a few.

Discrimination can lead to discrimination, both of which are negative aspects of ignorance and misinformation. Social stigma often seeks to harass people who exhibit traits of mental illness and to exclude them from society. This kind of strong segregation can lead to discrimination among poor people. Discrimination is discrimination based on accountability of people with a mental illness. The general public does not usually allow people with mental disabilities. Unlike physical disabilities, people with a mental illness are seen by society as controlling their disability and are responsible for causing it. Phrases

such as 'Everything is in your head', 'You don't look depressed', 'You are lonely' - are consumed continuously, raising the concerns of people with mental health conditions. In some extreme cases, serious mental illness has also been compared to the crime and addiction of crime.



## Case study

### CASE STUDY OF A OLD LADY FROM PAKISTAN:-

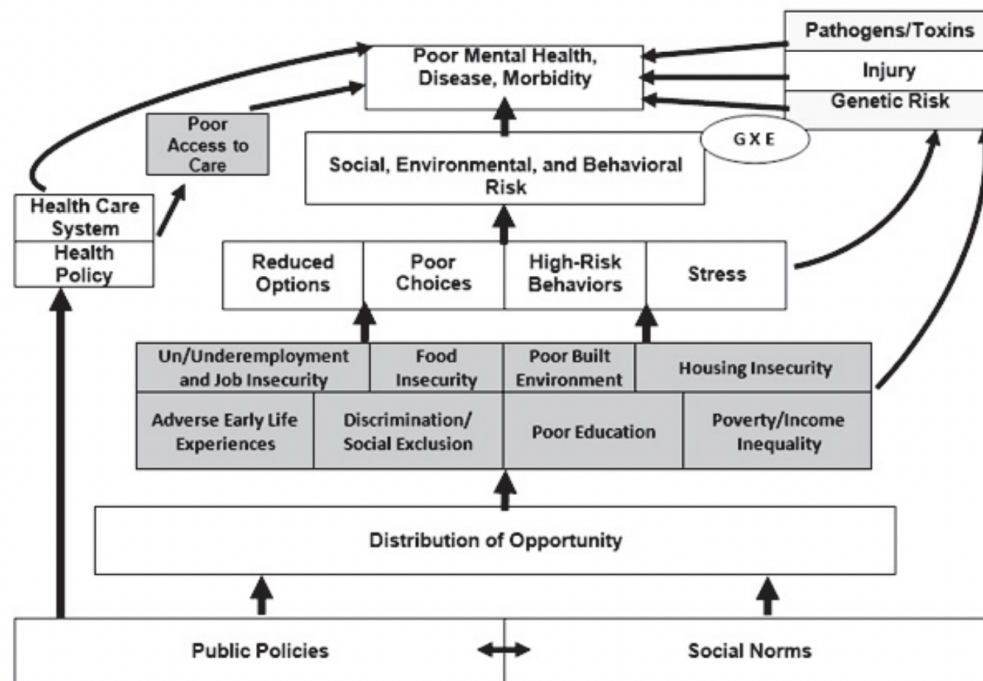
Abida, 55, a primary school teacher and mother of seven, suffered from depression. Her family believed that her illness was due to evil spirits and took her to various shrines, but she showed no signs of improvement. She felt like leaving her home and running away and attempted suicide several times. One of Abida's colleagues told her about a mental health outreach camp run by BasicNeeds Pakistan. There, a psychiatrist diagnosed severe depression. Abida started attending counselling sessions and taking medication. In six months, her condition started to improve. After three years of medication, the doctor advised that she could stop her medication.

### CASE STUDY OF INDIA :-

In India according to the National Crime Records Bureau (NCRB) data 1, 31,666 people committed suicide and out of this 12,360 were farmers committed in 2020. When the suicide rate increases in a particular group in society, it is often an indicator that there are factors in the general environment which are placing selective pressure on the group in question. Ever since the pandemic started a lot of issues arose in the farming sector. The mental health status of Farmers in different parts of India deteriorated with time. Few farmers even committed suicide because they could not deal with situation or crisis faced by their family.

## Social Determinants of Mental Health

FIGURE 1. Conceptualizing the Social Determinants of Mental Health<sup>a</sup>



<sup>a</sup> G × E, gene-by-environment interaction

Conceptualization of social determinants of mental health — presented in detail in some places is shown in Figure 1, which attempts to separate the driving force behind the social, environmental, and moral aspects of poor physical and mental health, and disease as well illness. It should be noted that our model is focused on conditions in the United States, although health care decisions are widely available (though varied) results in all countries. It could be called our model is about the individual, urban, Western perspective of Earth. In addition, we deliberately focus on social-environmental decisions, especially at the community level, rather than family. However we acknowledge that even in the Western world (and perhaps especially in so-called Asian “collections”), profitable or bad features from within the family also play a central role in mental health and risk of mental illness. Thus, some of the considerations and suggested interventions in this article refer specifically to the United States. Results and interventions to address potential public decisions are very different from other cultural or ethnic areas too between urban and rural areas within the same country. With those informative phrases about our concept aside, nine social and social factors in the shaded part of Figure 1 is what we take for granted “major” social

decisions for mental health (race social discrimination and discrimination; bad early life experiences; primary education; unemployment, unemployment, and insecurity in the workplace; poverty, income inequality, and the reduction of neighbors; wrong access to enough healthy eating; low housing levels and housing shortages; negative aspects of the built environment; and inaccessibility health care). These are nine community decisions that are reflected in Figure 1 serves as a starting point, because they already have it; it is known for its various forms of chronic illness health conditions. However there are other social aspects mental health risk, including limited or unequal access to transportation (5); exposure to violence, strife, and war in childhood or adulthood (6); mass arrests and poor relations between law enforcement and communities (7); natural air, water, or land pollution (8); climate change (9); sex and more forms of non-racial discrimination; and bad though unsupported features of the workplace.

## The response to mental health needs

To date, there's small proof of the effect of mental wellbeing programs for numerous reasons: the COVID-19 widespread is still advancing in numerous nations, most programs are being actualized beneath real-world open wellbeing crisis circumstances with no assets for assessment, and there has been inadequate time since the onset of the widespread to total and distribute comprehensive assessments. Hence, the reason for this is to highlight the assortment and innovativeness of programs that have been started. The activity and capacity of governments in LMICs to create COVID-19 mental Wellbeing plans is in itself a critical perception. Essentially, the capacity to dispatch and actualize different programs tending to population-level and person clinical needs offers lessons approximately execution, indeed in the event that claims almost adequacy cannot however be made for most of these activities. Going forward, it will be important to evaluate implementation processes and outcomes, not least to inform the mental health response to future public health emergencies, such as the extent to which the shift of care delivery from in-person to remote addresses individual clinical needs equitably or the extent to which low-cost positive psychology approaches adequately address population mental health needs.

## Population initiatives

Since the begin of the widespread, there have been developing endeavors to create worldwide direction, national arrangements, and assets for LMICs to address mental wellbeing and psychosocial bolster (MHPSS) needs. In February, 2020, the Inter-Agency Standing Committee, which arranges reactions to compassionate crises, issued one of the primary briefing notes with MHPSS suggestions for COVID-19. The brief highlighted approaches for particular populaces, such as more seasoned individuals, children, front-line laborers, and people in isolate, as well as direction on combating disgrace. Without further ado after this occasion, the Universal League of the Ruddy Cross and Ruddy Bow Social orders (IFRC) called for far reaching utilize of mental to begin with help, counting inaccessible conveyance to individuals in isolate, wellbeing laborers, and bunches with past vulnerabilities (eg, mental and substance utilize disorders). The Worldwide Organization for Relocation given rules for constrained and work migrants. The Africa Centres for Disease Control and Prevention also released guidelines on MHPSS for COVID-19. In May, 2020, the UN released a policy brief that synthesised and added political weight to these recommendations. Materials have been created in numerous LMICs to advance self-help for push administration amid the COVID-19 widespread and past. WHO created Doing what things in times of

push: an outlined guide. The push administration self-help procedures can be drilled with fair many minutes each day and incorporate going with sound works out. Discharged initially in English, with other interpretations underway, the direct is unreservedly accessible for utilize and adjustment, and can be advertised as guided or unguided self-help. In India, Firecracker, a short-format, 30-second, decentralized video stage that started in 2019, propelled #sparkthejoy, a social affect campaign that empowers individuals to do an “act of good”. Utilize of the stage multiplied amid the period between lockdowns in India from the starting of Walk to the conclusion of May, 2020. The Mental Health Innovation Network and WHO launched Stories from the field: providing mental health and psychosocial support during the COVID-19 pandemic to share MHPSS innovation and best practice through personal narratives from health-care workers worldwide. Information, education, and communication materials highlighting mental health and stigma have been produced by many institutions and organisations implementing or supporting responses in LMICs, such as the IFRC Reference Centre for Psychosocial Support. In China, mental health education materials were produced and disseminated through WeChat, Weibo, and TikTok.

### Detection and care

In numerous nations, individuals of the health-care framework, extending from community wellbeing specialists to mental wellbeing pros, have been prepared to assist distinguish people with mental sickness and mental trouble (figure 2). Phone-based programs in Kerala, India, and in-person activities in Pakistan and Uganda have been utilized to recognize and allude individuals in require of care. In China, people at hazard of suicide can be perceived by the fake insights program Tree Gaps Protect by examining the informing benefit Weibo. In Peru, Socios en Salud has spread data by means of mass media to lock in with a chatbot that gives free computerized misery screening and referral. Face-to-face administrations have been kept up in parts of a few LMICs, demonstrating significant inconstancy within the reaction of the mental health-care framework. For illustration, in Punjab, India, opioid sedate substitution treatment was effectively executed. In Brazil, a crossover demonstrate of in-person and farther administrations was foundations for people with insane disarranges, counting terminal antipsychotic infusions conveyed amid in-home visits, in which nourishment frailty was monitored. A comparable demonstrate of domestic visits for patients with serious mental ailment is progressing in Uganda in the midst of the widespread.

Moreover, governments, health-care suppliers, and other educate in numerous LMICs have adjusted to the challenges forced by physical removing, disturbed open transportation, and lockdowns by moving to inaccessible administrations, extending from suicide and mental wellbeing helplines, to voice-only phone-based administrations, to video administrations over smartphones or other computerized gadgets. To assist advance open mental wellbeing amid the COVID-19 widespread, the Indonesian Government,

through the Service of Wellbeing, propelled Sejiwa (ie, sound intellect) as a guiding hotline service. From its dispatch date on April 29 to May 28, 2020, Sejiwa given 14 916 hotline discussions with a workforce of 737 volunteer clinicians from the Indonesian Brain research Affiliation. Comparative helplines have experienced overwhelming utilize in India, Nigeria, the Philippines, and numerous other LMICs. Helplines have too been utilized for particular populaces, such as south Asian work transients in Inlet nations and other settings.

Within the Maldives and other nations, helplines have given mental to begin with help to front-line workers. In South Africa, recordings were created for health-care laborers highlighting indications of stretch, uneasiness, and sadness, with joins to look for help. These recordings were conveyed through social media. Non-governmental psychology and guiding bunches within the nation too advertised free guiding by means of phone or Zoom to health-care specialists amid the tallness of the outbreak. In China, WeChat-based resources have been broadly built up all through the nation to supply free administrations, counting cognitive behavioral therapy. Within the Philippines, health-care specialists and repatriated Filipino laborers can book arrangements for online or phone-based MHPSS services. These administrations overwhelmingly address common mental trouble and common mental clutters, such as discouragement and uneasiness, as well as suicidality.

A major activity has been building capacities among non-specialists to convey mental administrations remotely. Issue Administration Furthermore, a five-session mental mediation based on issue fathoming treatment and outlined for conveyance by non-specialists in helpful settings, has been adjusted for inaccessible preparing and conveyance (eg, voice-only phone or with video) by the IFRC in east African nations, Socios en Salud in Peru, and other associations. In Peru, people recognized to have sadness with the chatbot are alluded for inaccessible Issue Administration Also. Another problem-solving treatment, the Fellowship Seat, which is conveyed by non-specialists in Zimbabwe, is presently being adjusted for online conveyance. Based on the huge request for mental administrations to be conveyed remotely, WHO has adjusted the Guaranteeing Quality in Mental Back (Prepare) stage. The result, EQUIP-remote, incorporates direction on planning for inaccessible conveyance (eg, secrecy and innovation issues, delivering supervision for remote services, and managing suicidality in remote delivery, as well as a competency assessment tool to support safe delivery of psychological services. These recommendations are an extension of WHO's generally direction on guaranteeing quality and comprehensive care within the move from in-person to inaccessible conveyance of wellbeing administrations amid the COVID-19 pandemic. However, access to these mediations isn't evenhandedly disseminated. Settings with limited phone, power, or WiFi get to cannot lock in in all of these administrations. Individuals with inabilities

who, as well as being uncovered to other social determinants of mental sick wellbeing and introduction to COVID-19, frequently experience down to earth boundaries to getting to bolster, and numerous of the mediations conveyed are regularly not available to those with tangible disabilities. In connection to children and teenagers, mental wellbeing care that would have something else been conveyed by means of school advocates or understudy wellbeing administrations has been disturbed as a result of school and college closures. One advancement in Pakistan has been the dispatch of across the country, free, online preparing sessions in parent-mediated treatment to bolster rehabilitative care of children with disabilities by Aga Khan University, Karachi.

### Reimagining the principles of global mental health- Suravi

The COVID-19 widespread has disturbed numerous past certainties around the way that social orders are composed, and the relationship between governments and their citizens and between countries; be that as it may, it moreover offers a window of opportunity to reexamine ancient presumptions and to re-evaluate needs in and approaches to worldwide mental wellbeing. We contend that worldwide mental wellbeing can and must do way better to effectively react to the mental wellbeing challenges postured by COVID-19 all inclusive. These endeavors will include rushing the move from the treatment hole idea, with its verifiable biomedical accentuation, to a broader care crevice viewpoint, expanded acknowledgment of the pivotal commitment of gracious society and nearby authority, and activity past the wellbeing division, to form the settings in which individuals develop up, live, work, and age more advancing of mental wellbeing. In spite of the fact that the system move that we propose isn't unused, it has not however been achieved at scale. To achieve this objective, we set out key openings sorted out around three measurements for alter: setting (ie, where), partners (ie, who), and divisions (ie, what).

### Context: the where of global mental health

The COVID-19 widespread has appeared that fruitful open wellbeing reactions are not fundamentally related with national net household item. A few LMICs in Asia and Africa have appeared how the widespread can be overseen with negligible misfortune of life, while a few HICs in Europe and North America have had a few of the most elevated mortality rates within the world. The widespread shows that the time has come to desert the HIC versus LMIC division, which darkens important varieties inside and between settings, and as well regularly carries an understood presumption of unidirectional learning. Moving past these categories by considering in terms of in an unexpected way resourced settings, able to perceive the differences of assets counting, but not constrained to, money related assets that

recognize between settings all inclusive and can be tackled to confront emergencies and make strides wellbeing. For case, devout centres, community ties, family back structures, conventional healers, town pioneers, and youth bunches are all relevantly shifting assets that are fundamental to lock in with to overcome mental and physical wellbeing dangers, counting those of COVID-19. Compared with deficit-based appraisals of assets, regularly characterized in terms of cash and biomedical assets, strength-based evaluations give more nuanced viewpoints on the resources of heterogeneous settings and dodge the uprooting of successful nearby procedures by imported, context-free approaches. Much can be learned from execution investigate strategies that degree neighborhood conditions and assess context-dependent instruments of alter when assessing mediations and usage techniques for mental wellbeing care over settings.

A modern design of worldwide mental wellbeing is developing, which challenges the see that LMICs are basically information collection destinations or test beds for intercessions created in HICs, and advances impartial, commonly useful organizations with HICs. Bits of knowledge from LMICs will be imperative for advancing mental wellbeing amid the COVID-19 widespread. Amid the brief history of worldwide mental wellbeing, there has as of now been an speculation in building capacity in LMICs for inquire about within the field. Moreover, there has been a considerable increment in investigations led by LMICs, and this is often presently affecting the way in which mental wellbeing care is imagined in HICs. In any case, inquire about needs and programs in worldwide mental wellbeing are still as well regularly driven by funders and scholastics from HICs. Inquire about from LMICs is esteemed less in terms of quality of prove and potential worldwide affect, indeed when equitably evaluated as having comparable quality. Tending to this inclination requires HIC analysts, funders, and diary editors to grasp a position of lowliness, nearby challenging persevering colonial demeanors built into the instruction of LMIC experts. Within the confront of the COVID-19 widespread, the unused standard must be shared learning between all nations since indeed HICs are a long way from coming to widespread and even handed scope of mental wellbeing care.



## Stakeholders: the who of global mental health

For both infectious disease and mental health, public health strategies fail when communities are not engaged with or are treated as passive recipients. Communities, including families of people with mental health conditions, local leadership, community health workers, and traditional and religious healers, must be empowered as active partners in delivering public health initiatives that are grounded in local realities and that recognise the interdependence of mental health, physical health, and social and economic context. Protecting mental health in the face of COVID-19 will be contingent on strategic coalitions and the development of collective pressure groups.

There have been some positive steps towards increased collaboration in global mental health, including evidence of effective collaboration between primary care workers and traditional and faith healers. However, global mental health advocates should become much firmer in demanding participatory action to implement community-led responses to the mental health impact of COVID-19, by taking advantage of a global climate where power structures are challenged, linking in with collective movements such as MeToo, Black Lives Matter, and student-led movements against environmental degradation.<sup>137</sup> Young people's voices must be central to this endeavour, particularly given the potential long-term impact of the pandemic on their life chances. Similarly, the role of people with lived experience of mental ill health, their families and caregivers, and other groups at risk in shaping the systems that exist to serve their needs must go beyond nominal participation, recognising their unique perspective as experts by experience. Setting policy without meaningful engagement of individuals with lived experience as key stakeholders risks, at best, wasting resources on ineffective strategies and, at worst, causing harm. People with lived experience have a key role in leading social contact anti-stigma interventions, which is of particular relevance to efforts addressing intersecting the stigma related to COVID-19 and mental health. As the COVID-19 pandemic strains trust in authorities, localism becomes more important than ever as an effective approach to scaling up interventions.

The potential of peer support and further collaboration with people with lived experience of mental illness needs to be recognised within mental health-care systems, building on emerging initiatives. Key lessons are to invest in capacity building for service users and to support peer workers to bring relational values to work (ie, offering equal, reciprocal relationships and taking a whole-of-life approach rather than one focused on illness). Currently, both LMICs and HICs have a long way to go in ensuring involvement of service users in research, policy, and programme implementation and evaluation. For system change, there

needs to be a conscious effort, backed by investment and policy, to equip and enable service users to be actively involved in all aspects of the system of care.

## Conclusions

The COVID-19 widespread has disturbed each perspective of life in all nations nearly at the same time and, in this regard, speaks to a worldwide wonder not at all like any other in human history. Developing prove demonstrates that the mental wellbeing impacts will be expansive, long-lasting, and most noteworthy in under-resourced settings and impeded populaces. Unless tended to heartily and critically, these impacts will contribute to gigantic human enduring, untimely mortality, and social breakdown, and will moderate down financial recuperation. In spite of the fact that there was as of now an gigantic emergency relating to mental wellbeing some time recently the widespread, COVID-19 presents an notable opportunity for all nations and worldwide offices to reassess how human society composes itself to recoup from these impacts. We know what this ought to see like; not as it were ought to we contribute in building mental wellbeing frameworks presently but we ought to too guarantee that these speculations grasp the differences of encounters and activities that characterise mental sick wellbeing, well past the contract biomedical center on specialists, analyze, and drugs that has overwhelmed mental wellbeing arrangements all inclusive. Hence, we call for a adjusted approach that addresses the social determinants of mental wellbeing and the person clinical needs for individuals with mental wellbeing clutters. Mental wellbeing mediations that come up short to require account of social determinants of mental sick wellbeing, particularly those exacerbated by COVID-19, will fall flat to attain their planning impacts. With a adjusted approach, able to not as it were reimagine mental wellbeing care in LMICs, but too reframe mental wellbeing as a common and organized desire in all nations around the world.

### Questions A Resolution Must Answer

1. Why does mental health continue to be an antagonized issue even in the 21st century?
2. Does mental health vary across geography and other social factors? If so, how can we deal with and address those specific factors?
3. How can we promote mental health in zealous and conservative communities?
4. How do we normalize the issue of mental health among men in particular?
5. What global effort should be undertaken to address mental health?
6. What are the primary reasons why people are afraid or ashamed to speak up about mental health?
7. How has the pandemic served as a wake up call in not trivialising mental health?
8. What role should family and friends play in helping someone overcome their mental health issues?
9. From bullying culture at school to toxic workplace culture, how should mental health be addressed amongst such a non-linear group of victims?
10. What impact does mental health have on physical health?

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## Annexure I: MUN Research Guidelines I

Researching can be a challenging task for anyone be it a first timer or a professional MUNer. Given that there are infinite amount of information on the internet, it is might be overwhelming to filter out the main content from that pile. This part is mainly concerned with providing a guide as to how to research. Although there are various approaches of researching depending on the individual, it all comes down to simple techniques. The following points can be followed to research more comprehensively.

- Start with watching Youtube videos of the topic cause chances are you will find something on any topic. Watching the videos will help you get a basic idea of topic and thus help you to analyse better when you are researching in depth. Good youtube channels for researching are: Vox, TRT World, Reuters, Vice, BBC, CNN, The Economist, AJ+ ( Do keep in mind that some of these channels maybe biased)
- Start your research from the official UN website and the official website of your respective committee. This is to get the most verified and authentic information on the topic and also will help you understand your committee's role and functions.
- Know your committee's **MANDATE** which means the roles and the functions of your committee. Know what your committee can do and cannot do and also know to which mother committee they are accountable to if your committee is sub- committee.
- Start researching in depth on the issue from widely accepted verified source. Do understand the definition of "**verified**" is highly subjective. Because many countries outright deny the news of many international organizations even if they are totally legitimate. What constitutes verified news is highly debatable but inside the committee it is under the discretion of the chair. But some generally good news sources to research on are: BBC, CNN, Al Jazeera, The Guardian, The Daily Mail, Reuters, **Council on Foreign Relations (CFR)**. **NEVER EVER USE WIKIPEDIA TO RESEARCH IT IS NOT A VERIFIED AND ACCEPTED SOURCE.**
- Note down the key points as you research in your notepad, make speeches if you come across something very informative, try to understand and analyse the topic inside out and find the answer to the main issue of the topic. UPTO THIS POINT YOUR RESEARCH SHOULD BE IN A GENERAL CONTEXT.
- From this point onwards when you have a clear understanding of the topic, start researching from your country's perspective. Research on YOUR COUNTRY'S STANCE ON THE TOPIC, WHAT YOUR COUNTRY HAS DONE ON IT IN THE PAST, WHAT DOES YOUR COUNTRY PROPOSE.

- You have to understand your country's **FOREIGN POLICY** really well. Knowing your country's foreign policy is the most important part of any conference. There is no concrete definition of foreign policy as it differs from the institutions of each country. In layman terms, it is basically what relations your country shares with other countries and what views and stances it has on one issue with respect to other countries. For example: USA might not agree with Iran on any geopolitical issue cause their policies differ but if it is a humanitarian or developmental issues they might agree on it. Another example would be Saudi Arabia will never speak in favour of a agenda promoting LGBTQ rights cause their country do not support it. **NEVER EVER UNDER ANY CONDITION BREACH YOUR FOREIGN POLICY.**
- You will never find a site that explicitly states a country's foreign policy no matter how much one googles. In order to understand your country's foreign policy you have to carry out extensive research and only then you will understand the stance of your country on that issue.
- Lastly do a very comprehensive holistic research on the topic with deeper analysis of the core issues and think about what questions you would have asked your own country if you could and think of the possible replies and justifications as to why your country carried out those actions. Try to come up with innovative solutions that are actually practical and can be implemented rather than over ambitious ones.
- **ALWAYS REMEMBER YOU ARE REPRESENTING A COUNTRY SO DO NOT USE PERSONAL EMOTIONS TO TACKLE THE ISSUE BUT RATHER THINK LIKE THE ACTUAL REPRESENTATIVE OF THAT COUNTRY IF YOU REALLY WANNA MAKE ALL YOUR HARD WORK WORTH IT.**

In order to be an actual good researcher and a good MUNer, always stay up to date with news by following different sites and pages. So that every time the burden of researching decreases.

## Annexure II: MUN Research Guidelines II

The following is another constructive and suggested method for researching (if required):

- Understanding the mandate of the United Nations as a whole and of the Committee / Council acting in their respective ways, including understanding the historical work done on the agenda.
- Research of the assigned country - understanding of its politics, economy, culture, history, etc.
- Understanding the Foreign Policy of the assigned country. It involves understanding the ideas and principles adopted by the country on the agenda. It also involves studying past actions taken by the country on the agenda and other related issues - especially analyzing the causes and their effects.
- Read the background guide carefully and build on it instead of relying solely on it.
- Ongoing research on the program using footnotes and links provided in the guide and other sources such as academic papers, institutional reports, national reports, newsletters, blogs etc. and the Continuing Learning phase.
- Understand the policies adopted by the various blocs of countries (for example: the Arab League, NATO, the EU etc.) and the major countries involved in the agenda. It includes their position, ideas and past accepted actions.
- Setting the agenda in the headlines and preparing speeches and statements about it. It is the same with the preparation of rated caucus titles and their content.
- Prepare a list of possible solutions and measures that the delegated committee can apply to the matter in accordance with the policies of your country.
- Gather evidence / evidence of any important piece of information / allegations that you will use in the committee. (Reuters, Government, UN and UN Authorized Reports)
- Keep your research updated using various media until the last day.

Key questions that should guide your research:

- What are the key issues for your agenda items?
- Why are these stories important?
- What possible solutions?
- What hinders such solutions?
- What has the UN (or other international agencies) done so far to address these issues?
- What should be done in harmony with the idea of your Kingdom as a solution?
- What other provinces have your views, which are against your position?



Research reports will be a good start for you to find information about your committee and topics on your agenda. However, your research should go beyond what is written in the report. For further research we strongly recommend:

- United Nations homepage
- Non-governmental organizations (especially UN-authorized) Country reports and data published by international or regional organizations such as the World Bank, WHO, OECD, APEC, etc.
- General social and economic data: e.g. The CIA World Factbook has served delegates over the years in research
- Getting an initial view of your member country:
- Government website of your country
- Search for topics in your country
- Search for important decisions about your topic

## Annexure III: Position Paper Guidelines

### **Format for the Position Paper**

Position Paper is one of the many paperwork involved in MUN conferences. The point of a position paper as the name suggests is to state the country's position on the topic i.e. the stance of the country on the topic. The format of the position paper varies widely from chair to chair so there are no fixed formats. Following are some of the general accepted guidelines for any position paper:

- Length of any position paper should be 1-1.5 pages max
- Font: Times New Roman/ Calibri
- Font size: 12
- Cover pages are not mandatory
- ***Do include valid references at the end***

A position paper contains three paragraphs. There may be more than three paragraphs but the structural content should remain in chronological manner as written below.

1. The first paragraph is a general overview of the problem. Laying out the core issues and discussing and giving a worldly perspective should be the goal of this paragraph. It should be written in such a way that a person who has no idea on the topic should at least be able to get a vague idea on the topic.
2. The second paragraph should be all about your country's perspective on the topic. What does your country think about the issue and how its view differs from the other country? Is it in support or in opposition of the topic? In either case why so? If your country is neutral and has no say on the issue, give out a general neutral statement on the issue. You may make non neutral statements too based on what your country thinks should be done about it as long as it is WITHIN YOUR FOREIGN POLICY.
3. The last paragraph is only about solutions for the topic. The solutions should be innovative but also practical in the real world and not too overly ambitious. The solutions cannot be taken from the past resolutions as it will be considered plagiarism and any trace of plagiarism will result in immediate nullification of the paper. Also the solutions mentioned in the position paper should be consistent with the solutions mentioned in the speeches during the committee sessions.

Once again, do not forget to include the references after the solutions at the end of the paper.

In the following page there is a sample position paper given so that the delegates have a clear understanding of what a position paper is like.

### **Further tips and Position Paper Guidelines**

An ideal position paper should include the following:

- A concise and succinct introduction to your country and its history regarding the topic and committee;
- How the issue affects your country;
- Your country's policies on the matter and your country 's forgiveness for these policies;
- Excerpts from leaders of your country on the matter;
- Statistics to support your country's position on the issue;
- What your country has done to address these concerns regard;
- Agreements and resolutions that your country has signed or ratified;
- UN actions that your country supports or opposes;
- Your country's plans or future plans to solve and mitigate the problem;
- What your country would like to achieve in a committee decision; and
- How foreign positions affect your country's position.

### **Source Authentication**

• Valid and binding:

1. all reports published by the United Nations and its agencies. 2. Reports by Governments and its agencies. (With respect to their country only)

• Valid but not binding, in the order of precedence: 1. Reuters 2. Al Jazeera 3. Amnesty International

• Not Valid but can be used for reference purposes: 1. Any report published by a recognized news agency or NGO.

• Not accepted under any condition 1. Wikipedia 2. Wikileaks 3. Blog Articles

## Annexure IV: Important MUN Paperworks

### 1. Sample Position Paper

**Committee:** United Nations Human Rights Council

**Topic:** Capital Punishment in light of present Human Rights Philosophy

**Country:** United States of America

The United States of America is the largest economy of the world. In the United States the capital punishment is been in use in the United States of America since 1608 till now. The capital punishment is given for murder, rape, treason, aggravated kidnapping, drug trafficking, aircraft hijacking, placing a bomb near bus terminal and espionage. In all of the four resolutions of the General Assembly passed on abolishing death penalty throughout the world in 2008, 2009, 2011 and 2013 United States of America did vote 'no'. We do believe in the Article 3 and Article 5 of the Universal Declaration of Human Rights but still our ideology says that if one person seizes other's right, that person should also be deprived for their right.

Each States of the United States of America have its own criminal law. Among 50 States, 19 States have already abolished death penalties. Executions are mostly carried out by lethal injection. Death penalty is now less common in the United States; an average of 71.1 executions was carried out each year between 1997 and 2005; between 2006 and 2013 that number dropped to 44.3 executions per year.

The United Nations sat with all the Member States for 4 times to discuss on the removal of death penalty from the law. But hence many countries disagreed. Large nations and regions like USA, India, China, Pakistan, Middle East, Thailand, Horn of Africa and more supports death penalty. The event launched in Geneva also marked the European release of a new publication produced by the Office of the High Commissioner for Human Rights (OHCHR), entitled Moving Away from the Death Penalty: Arguments, Trends and Perspectives, which places particular focus on the political leadership required to move away from capital punishment. The European Union has a strong and unequivocal opposition to the death penalty in all times and in all circumstances. Therefore, and encouraged by the growing momentum towards abolition of the death penalty worldwide, the EU will continue its long-standing campaign against the death penalty. As the United States of America, do follow different criminal law for different States. Already, it is successful in abolishing capital punishment in 19 States. As soon as the United States of America will be successful in abolishing death penalty in the remaining 31 States, it will vote 'yes' on the Moratorium.

References:

[www.cia.gov](http://www.cia.gov) Death Penalty Information Centre Universal Declaration of Human Rights

The Washington Post

[www.un.org](http://www.un.org)

Amnesty International

EU/Council of Europe Joint Declaration on World Day against the Death Penalty 10 October 2012.

## 2. Sample Draft Resolution

### Draft Resolution 1.3

**Committee:** Security Council

**Topic Area:** Situation in North Korea

**Sponsor:** France, Nigeria

**Signatory:** Austria, Brazil, Bosnia, China, Gabon, Japan, Lebanon, Russia, Turkey, UK, Uganda

The Security Council,

*Emphasizing* the need for the United Nations and the international community to support consolidation of mutual trust between the two parties,

*Reaffirming* Resolution 1927 of the United Nations Security Council (UNSC), which tackle the explosion incident in Pyongyang on 5th June 2010,

*Noting with deep concern* the ongoing violence and consequent deterioration of the humanitarian aid situation and humanitarian access to populations in need, and reiterating its deep concern about the security of civilians and humanitarian aid workers, and calling upon both parties in Korea Peninsula to cease offensive actions immediately and to refrain from further violent attacks,

*Recalling* relevant resolutions that has been made, including Resolution 825(1993), Resolution 1540 (2004) and Resolution 1695 (2006) and Resolution 1874(2009), especially with the part that recalls Statement underlined the need for all Member States to resolve peacefully in accordance with the Charter any problems in that context threatening or disrupting the maintenance of regional and global stability,

*Bearing in mind* the collective support of the NPT and the commitment given in the Treaty, DPRK cannot have a status as a nuclear-weapon state in all aspects in accordance to the NPT,

*Reaffirming* its commitment to the sovereignty, unity, independence, and territorial integrity of the DPRK and to the cause of peace, stability, and security throughout the region,

1. Stresses its deep concern, condolence and denunciation of the recent security event concerning the attacks of the Cheonan naval ship of the Republic of Korea (RoK) navy, and that the attack has brutally violated the United Nations Convention on the Law of the Sea, and the party in charge of the hustle movement shall be strictly condemned by the international society;

2. Authorizes neutral surveillance team to survey inspection report of several national governments on the Cheonan naval ship incident, as well as the obligation clarification and negotiation of the incident, which:

- a. be directly responsible to the Security Council (UNSC) by reports every 10 days to the council about the incident,
- b. includes representatives of the Security Council,

- c. includes representatives of the Special Political and Decolonization Committee of the General Assembly (SPECPOL) and other relevant committees of the UN,
  - d. includes professionals from International Maritime Organization (IMO) and other responsible UN agencies,
  - e. includes representatives of relevant states including RoK, Democratic People Republic of Korea (DPRK), Russian Federation (RF), People Republic of China (PRC), Japan and the United States of America (USA),
  - f. invites concerning NGOs as consultants and witnesses such as the Council for Security Cooperation in the Asia Pacific (CSCAP);
3. Demands the government of DPRK and ROK to comply with the resolution 1927 of the UNSC on solving the dispute and tension caused by the explosion incident in Pyongyang on 5th June 2010;
4. Reiterates the demand stressed in previous resolution 1874 to DPRK to return to the Six Party Talks immediately without preconditions;
5. Decides to remain actively seized of the matter.

### 3. Individual Action Order

Saturday, May 19, 2012

*The Republic of India is a nation of law and justice. General Singh has capitalized on sentiment that is in easy supply in these trying times: fear. Citizens of our country have many rights; they have the right to criticize their government for instance. What they do not have the right to do is launch military campaigns of their own volition. General Singh is using our country's current state to further his own political career. For all those troops who have been misled: your country is with you. Kashmir is an inseparable part of India and when the time comes for it to be defended, we will do so to ensure the well-being of our citizens. The people responsible for this terrorism will be brought to justice.*

- Pranab Mukherjee  
President  
Republic of India

### 4. Sample Communiqué

To the Chancellor of Germany:

We demand an immediate, unconditional surrender by all forces within 48 hours, or we shall be forced to unleash unimaginable devastation upon your cities.

From: USA, UK, France and Japan

## 5. Sample Directive

### Directive 1.1

Authors / Submitted by: USA, UK, France

1. Arm 50% of missiles in silos within 100 miles of the United States Eastern seaboard
2. No fire unless fired upon
3. Scramble 35 B-2 Spirit stealth bombers for additional stealth reconnaissance missions over Russian airspace.

**Tip:** *It is always better to draft a directive like the operative clauses of a Draft Resolution.*

### Sample Preambulatory Clauses

#### SAMPLE PREAMBULATORY AND OPERATIVE PHRASES

##### Preambulatory Phrases

Affirming	Expecting	Having examined
Alarmed by	Emphasizing	Having received
Approving	Expecting	Keeping in min
Bearing in mind	Expressing it's appreciation	Noting with deep concern
Believing	Fulfilling	Nothing with satisfaction
Confident	Fully aware	Noting further
Contemplating	Emphasizing	Observing
Convinced	Expecting	Reaffirming
Declaring	Expressing it's appreciation	Realizing
Deeply concerned	Fulfilling	Recalling
Deeply conscious	Fully aware	Recognizing
Deeply convinced	Further deploring	Referring
Deeply Disturbed	Further recalling	Seeking
Deeply Regretting	Guided by	Taking into consideration
Desiring	Having adopted	Taking note
Emphasizing	Having considered	Viewing with appreciation
		Welcoming

## **Sample Operative Clauses**

Accepts	Encourages	Further recommends
Affirms	Endorses	Further requests
Approves	Expresses its appreciation	Further resolves
Authorizes	Expresses its hope	Has resolved
Calls	Further invites	Notes
Calls upon	Deplores	Proclaims
Condemns	Designates	Reaffirms
Confirms	Draws the attention	Recommends
Congratulates	Emphasizes	Regrets
Considers	Encourages	Reminds
Declares accordingly	Endorses	Requests
Deplores	Expresses its appreciation	Solemnly affirms
Designates	Expresses its hope	Strongly condemns
Draws the attention	Further invites	Supports
Emphasizes	Further proclaims	Takes note of
	Further reminds	Transmits
		Trusts