



Social Stigma and
Insanity: The exclusion
of the mentally ill from
society and perpetuation
of discrimination against
this population through
infrastructural weakness,
social prejudices, and
international ignorance.





Introduction:

Many people looking at this background guide and topics for this socially cognizant committee might ask, why mental health? Aren't there more important things to deal with? People are dying worldwide of much more palpable diseases, disasters, and various other calamities. Mental health is not tangible, it is a state of being, one which will here be defined as a state of being in which the human components of a group or a society are allowed equal opportunities for self-growth, personal expression, and simple existence while also being provided with opportunities for adjustment and personal support. Obviously mental health extends beyond these components but we shall limit ourselves for the sake of being concise. A society without a general existence of mental health cannot and will not function well; interpersonal interactions will be disrupted, resulting in a loss of peace and stability; intrapersonal acceptance will be stunted, leaving people under-motivated and poorly equipped to deal with an ever-globalizing world. Such strains upon the human psyche can lead to the deterioration of mental health and the results of this are far more serious than society perceives. The ugly truth is that mental health is not considered a priority on the list of issues to be corrected, remedied, or deliberated upon in the international forum to improve worldwide quality of life. The UN is completely cognizant that without visceral health, a mentally healthful person is unsustainable and practically unnecessary. An individual must be breathing, well-fed, sheltered, and safe before their mental health can become a priority. There are countless places on this earth

where people do not enjoy this security and the UN has a responsibility to end these conflicts, misunderstandings, and lack of attention. However, we must examine other subsidiaries to overall human well-being, and mental health is certainly one of those. Sadly, our world is too encumbered with conflict and deprivations to allow mental health to become a high priority. For this reason we will devote part of our short time at UCBMUN to deliberating on the importance of mental health and the need to socially integrate a group that faces discrimination and exclusion in all societies.

Statement of the Problem:

In many places of the world there is less than one psychiatrist or psychologist for every 300,000 people! However, nearly every one in four people who go to see a doctor are there for issues pertaining to mental health ("Mental Health Problems: the Undefined and Hidden Burden.") Obviously there is a discrepancy between the focus on mental health and the actual prevalence of mental illness. However, mental health awareness is not the only issue at hand here, the stigma that is associated with mental illness is another problem that must be dispelled before true effective action can be taken toward integrating the mentally ill into society. The issue of mental health awareness is multi-pronged:

- What needs to be changed on an infrastructural level in the ECOSOC to facilitate open communication and correct action concerning mental health?
- How should ECOSOC and CSocD educate national and international public policy outlooks on the importance and meaning





of mental health?

- What is the best way to ensure that there is a global recognition of mental health stigmatization and how can CSocD work to dispel these stigmas?
- How do stigma and misinformation serve to alienate the mentally ill from social inclusion?
- How can ECOSOC and CSocD define, facilitate, and guarantee the fair and equitable treatment of the mentally ill?
- Which sectors of local, national, and international society exclude the mentally ill and how can this committee encourage the social integration of this group?

History of the Problem:

The best introduction to the topic of mental health is to look at the numbers. It is a common belief that mental illness is an isolated problem that does not affect a large proportion of any population, except perhaps the mentally weak- those defined as “crazy”, undesirable, and out of touch with reality. In every society there is a section of society that is defined as “crazy”; this often includes those who are different or outside of social norms. Mental illness is arguably considered one of the most undesirable traits that any citizen of any society can possess. However as discovered by WHO itself, one in four patients in the average hospital is there for issues pertaining to mental health. The idea that mental illness affects a small and undesirable part of society is obviously a fabricated one; mental health permeates our global society. The following

illuminating statistics have been compiled by the World Health Organization for the United Nations:

- “Hundreds of millions of people worldwide are affected by mental, behavioural, neurological and substance use disorders. For example, estimates made by WHO in 2002 showed that 154 million people globally suffer from depression and 25 million people from schizophrenia; 91 million people are affected by alcohol use disorders and 15 million by drug use disorders. A recently published WHO report shows that 50 million people suffer from epilepsy and 24 million from Alzheimer and other dementias.
- About 877,000 people die by suicide every year.
- One in four patients visiting a health service has at least one mental, neurological or behavioural disorder but most of these disorders are neither diagnosed nor treated.
- Mental illnesses affect and are affected by chronic conditions such as cancer, heart and cardiovascular diseases, diabetes and HIV/AIDS. Untreated, they bring about unhealthy behaviour, non-compliance with prescribed medical regimens, diminished immune functioning, and poor prognosis.
- Cost-effective treatments exist for most disorders and, if correctly applied, could enable most of those affected to become functioning members of society.
- Barriers to effective treatment of mental illness include lack of recognition of the





seriousness of mental illness and lack of understanding about the benefits of services. Policy makers, insurance companies, health and labour policies, and the public at large – all discriminate between physical and mental problems.

- Most middle and low-income countries devote less than 1% of their health expenditure to mental health. Consequently mental health policies, legislation, community care facilities, and treatments for people with mental illness are not given the priority they deserve.” (“Mental Health: Denied Citizens, the Bare Facts.”)

We must recognize the seriousness of the situation and the fact that mental illness is not just an illness of the weak, nor is it an isolated or small epidemic. In fact, mental illnesses afflict a huge portion of all societies, yet those affected by them are spurned from access to “normal society” and considered deviant and undesirable.

Mental illness is not merely the result of simple personal weakness or the choices and mistakes of a select few . Additionally, although mental health is not an issue that permeates what is considered “topical”, mental illness affects more people than any organization can accurately measure. Thus, the question is how do we take the knowledge we have concerning the vast numbers of people affected by mental illness and translate that into action that will ensure the social integration and acceptance of this population? We must keep in mind that mental health is not merely protected by a vaccine. Rather, it is nurtured by a healthy living environment, an accepting and educated society, opportunities for self-fulfillment,

and medication and medical attention whenever necessary. Unlike the discussion of the rights of the disabled, where almost all nation states agree that the population requires equal rights and attention, the discussion for rights of mentally ill populations has not been as well addressed because not only is it a more taboo topic but it carries with it much more stigma. Therefore, the task before CSocD is a daunting one- to promote the integration and acceptance of the mentally ill population, we must battle a deeply entrenched stigma and lack of accurate information. While researching for the UN’s Women’s Watch, DelVecchio Good came up with several recommendations for the improvement of the UN’s legislation and policies involving mental health. These recommendations, when followed and enforced by member states, can help decrease stigma and create an atmosphere of social acceptance for the mentally ill:

1. Define mental health.
2. Designate the best ways to support general mental health.
3. Update current facilities and resources for treating mental illness.
4. Increase training for physicians, nurses, and other practitioners that work to treat mental illness.
5. Improve gender inequalities especially in state policies.
6. Attend to the causes and consequences of violence.
7. Work on putting resources into preventing mental illness of all kinds (Delvecchio).





It is important to note that mental health awareness is also so difficult to achieve because internationally it is approached in many different ways; certain nations have more restrictive or punishing policies towards the mentally ill than others. CSocD must work to take these varying legislative differences into account but overall to work for the promotion of equality and acceptance for the mentally ill, rather than stigma and fear. The question then, is how does CSocD encourage nations and the UN to implement new regulations and standards for the mentally ill in an effort to preserve the basic human rights of the mentally ill?

Past and Current UN Action:

For this topic it is important to note the history of UN action concerning mental health. First, it is key to realize that mental health has only in the last half century been considered a human right, and society has still not perfected acceptance and treatment of the mentally ill. An international body is therefore perfectly positioned to implement and exemplify an effective system of just treatment. However, because a large number of people are not educated about the rights of the mentally ill, the ill are often blamed for their illness rather than approached with compassion, acceptance, or even options for treatment. A stigma surrounds the mentally ill community and this stigma has led to a fear of the “crazy” that permeates the rest of society. Social fears have also twisted the merits of psychiatric treatment. For example, in the Diagnostic Statistical Manual, a manual set forth by the American Psychiatric Association that forms the cornerstone of most psychiatric diagnosis, homosexuality was defined

as a psychiatric disease! Past action concerning the mentally ill has also been swayed by lack of knowledge, social stereotypes, and misconceptions. Another example is the common knowledge about cruel treatment of the mentally ill in institutions in every industrialized nation. In the United States, Great Britain, and many other nations, the lobotomy became a form of “treatment” for those with debilitating mental illness. Even the U.S.’s famed Kennedy family had a mentally ill daughter lobotomized to keep her sweet and docile. And let's not disregard Hitler who had policies of persecuting the Jewish people, people of African descent, the physically disabled or deformed, and the mentally ill. Not until the last half century did more decisive action occur concerning the mentally ill. In the 1970s United States mental hospitals began a policy of deinstitutionalization, where mentally ill patients were released and encouraged to live on their own. Sadly enough, this plan more than backfired for although many of the mentally ill were no longer under the cruel treatment of many institutions, most were unable to cope on their own. This led to a surge in homelessness and a rise in the number of mentally ill living on the streets. This led to image of the psychotic and dangerous homeless person that has caused fear and hatred of the mentally ill.

Current action has drastically changed the treatment of the mentally ill. Barbaric treatments are no longer used as prominently nor as easily as various other medical treatments, including effective medication, are available. However, the lives of the mentally ill are still seriously impeded by social misconceptions, prejudices, and the inaction of governments and international bodies. Even the UN has not implemented specific





regulations. The problem is not that the UN does not realize the importance of mental health. Rather, the issue is the intangibility of the problem. WHO legislation splits the mental health problem into two parts: “the undefined burden” and “the hidden burden”. According to the World Health Organization’s Fact sheet N°218,

“the undefined burden of mental problems refers to the economic and social burden for families, communities and countries. Although obviously substantial, this burden has not been efficiently measured. This is because of the lack of quantitative data and difficulties in measuring and evaluating.” (“Mental Health, Human Rights and Legislation: WHO's Framework")

This fact sheet also defines the hidden burden, stating that it

“refers to the burden associated with stigma and violations of human rights and freedoms. Again, this burden is difficult to quantify. This is a major problem throughout the world, as many cases remain concealed and unreported.” (“Mental Health, Human Rights and Legislation: WHO's Framework.")

According to the World Health Organization, the undefined burden has economic and social costs while the hidden burden often has detrimental effects on individual psyches. The task before this committee is daunting; the effects of mental illness and mistreatment are immeasurable but vast. Current UN action has not proceeded beyond posting regulations and recommendations.

Effectively, the UN has been working to promote an international recognition that mental health is an important issue. Working within the frame of reference of past and current mistreatment of the mentally ill, current UN and WHO education initiatives involving mental health, and the goal of social acceptance, what new regulations and actions should this committee take in the hopes of facilitating international and sustainable integration and acceptance of the mentally ill? This committee must approach removing misinformation, lack of education, and baseless fears that ensure that the mentally ill are sidelined from mainstream society. To integrate them into a society that embraces them and understands their limitations and concerns, we must promote their basic human rights.

Bloc Positions:

African Bloc:

This bloc is united by geography but separated by vast expanses of land and massive differences in culture. Unifying concerns are mass poverty, lack of resources, widespread diseases, and environments of violence. Mental illness cannot take a very prominent place on a list of concerns because it is overshadowed by a dire need for fiscal aid, reliable infrastructure, and mass humanitarian aid. However, it is important to note that there is no better place to encourage the growth of a mentally healthy society than in one that is still in its primarily stages or infrastructural development. Historically, the societies in Africa have embraced a belief that mental illness is a punishment for sins and a reflection of personal corruption. This has slowed the ability to spread grassroots understanding of the true basis of





mental illness and the basic human rights that the mentally ill deserve.

Asian Bloc:

Extremely focused on national development and economic growth, this bloc made of many developing nations will also not be able to focus primarily on mental illness. However, as described above, this bloc is perhaps more viable than even the African bloc as an effective place to plant the seeds for a future mentally healthy society and social outlook. Strong family connections can be used as a support system for the mentally ill.

Eastern European Bloc:

Poverty and continued Western opposition has led to less focus on such westernized ideas as “mental health” within this bloc. However, developing nations with the hopes of making amends for past humanitarian atrocities may have a propensity towards developing a more accepting outlook on the mentally ill and on creating societies with more accepting environments for mental health.

Latin America and the Caribbean:

In addition to facing the problem of poverty, this bloc also faces pressures created by mass city sprawling and separation of rural and urban areas. As a result, this bloc, much like the African bloc, find implementing reformation or universal education difficult. However, as in several of the other blocs, the developing nature of many nation states here may allow this bloc to develop more accepting societies and outlooks based on mentally healthful standards. Also, strong family connections like those found in the Asian bloc will

make for a powerful support system for the mentally ill.

Western Europeans and Others:

Although this bloc has perhaps the most action towards encouraging mental health, historically it also played a huge part in the spread of stigma, mistreatment, and cruel institutionalization against the mentally ill in its own nation states and colonies. This makes it a prime leader in the reformation of legal systems and social outlooks on the importance of mental health. An increase in advocacy groups and legislation working to protect the rights of the mentally ill is a positive step in the right direction, but there are still gaping inequalities between the rights given to the mentally ill on paper and the treatment and opportunities they receive and experience in everyday life.

Conclusion for Topic B: This committee faces a daunting task when working toward the social inclusion of the mentally ill in contemporary society. CSocD must evaluate the legacy of social and historical trends of discrimination and abuse that have formed a global society that refuses to allow the integration of the mentally ill. This committee must also examine the social stigma that retards (no pun intended) the acceptance of the mentally ill as a functioning aspect of what we think of as a “normal” society. How can this committee encourage the integration of the mentally ill population into society through education, recommendations, and reformations of social systems? As a committee whose focus is the social integration of marginalized groups, we must discuss the continued discrimination of the





mentally ill, one of the most sidelined and stigmatized groups in most societies. By discussing the basis and root of the stigma against the mentally ill and working to make reparations in the areas where the mentally ill are most commonly discriminated against, CSocD can work towards a more integrated and open global society.





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