UNITED NATIONS
WOMEN

Agenda: Mental Health Of Women With Special Reference To Victims Of Traumatic Incidents
LETTER FROM THE EXECUTIVE BOARD:

Dear Delegates,

Welcome to the Christ Junior College Model United Nations conference 2017 and welcome to our committee, the UN Women. As members of the executive board, we are excited to serve as Directors over the course of the conference. Our committee’s main focus is to discuss the mental health of women across the world.

The UN Women may be a challenging committee for many delegates as you will be pushed to ponder upon topics such as the role of economics with regard to mental health, the mental health of women who have suffered from traumatic incidents, societal studies and loopholes in conventions. You will have the opportunity to formulate a resolution that will impact the lives of women across the world. With gender inequality still prevalent in today’s world, we not only hope to remove hindrances that come in the way of a woman and her mental health, but also move one step closer to achieving gender equality. We believe that mental health, with specific reference to women, has been neglected since time immemorial and we want this committee to understand the importance of addressing this issue in a respectful manner. This agenda plays a crucial role in strengthening not only women’s rights but human rights as a whole. We expect you to be respectful to your fellow delegates and address the issue with utmost diplomacy and in an objective manner.

We look forward to a great learning experience. Please feel free to contact us in case you have any queries.

We wish you all the best for the conference!

Sincerely,

DIRECTORS:
Shruti Doss
Simran Gupta

ASSISTANT DIRECTOR:
Joel Jacob

MODERATOR:
Irene Sara
ABOUT UN WOMEN

UN Women is a UN organisation devoted to gender equality as well as empowering women. We help member nations to make one of the most crucial Sustainable Development Goals a reality. Being a man or a woman has a significant impact on health, as a result of both biological and gender-related differences. UN Women advocates for States to provide and better coordinate health services for women survivors of violence, and help support non-governmental partners providing services for survivors.

We work to end practices that bring danger to mother and child, including child marriage, female genital cutting, dietary restrictions, and all other forms of violence and discrimination against women and girls.

As one of the most important platforms for women, we set global standards that countries are expected to accomplish, not just for the betterment of society but for the upcoming generations as well. The importance of receiving quality mental healthcare should surpass any difference, whether male or female, rich or poor.

AGENDA : MENTAL HEALTH OF WOMEN WITH SPECIAL REFERENCE TO VICTIMS OF TRAUMATIC INCIDENTS

This is an important topic to be discussed because at least one in five women has faced rape or an attempted rape in their lifetime. The high incidence of sexual violence against girls and women has prompted researchers to suggest that female victims make up the single largest group of those suffering from Post-Traumatic Stress Disorder (PTSD). The lifetime prevalence rate of mental disorders in women who have suffered from violence of any form ranges from 16% to 50%. Not only this, gender itself is a critical determinant of mental health and mental illness. Gender determines the control that men and women have over socio economic determinants of their mental health, exposure and susceptibility to specific mental health risks, their position in society and their treatment in society.

Depression, Organic brain syndrome and dementias are the leading mental health problems of adults which are a majority among women.

Depression, eating disorders, somatic disorders, anxiety, psychological distress, natural disasters, sexual violence, escalating
rates of substance use and domestic violence affect women to a large extent. An estimated 80% of 50 million women are affected by violent conflicts, civil wars, disasters. Women are impacted by these forms of trauma to a greater extent than men across different countries and varied settings.

**INTRODUCTION TO MENTAL HEALTH**

Mental health is an integral, important and essential component of health. Mental health is defined as a state of well-being in which an individual realizes his or her own abilities, can cope with normal stresses of life and can work properly and contribute to his or her community.

The WHO constitution states, “Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.” From this definition, we can infer that mental health is more than the absence of mental disorders and is a very important component of the overall health and well-being of an individual.

Today, more than 450 million people suffer from mental illnesses worldwide. Premature death is also a huge problem that needs to be addressed. Over 800,000 people die due to suicide every year and suicide is the second leading cause of death in 15–29-year-olds. Mental disorders are a key contributor to the high suicide rates prevalent around the world. Despite these alarming incidents, the Stigma and discrimination against patients and families often prevent people from seeking out mental health care. The misunderstanding and ignorance that surrounds mental health are widespread. Despite the existence of effective treatments for mental disorders, widespread ignorance often cause people to believe that all people with mental disorders are unintelligent and incapable of making decisions throughout their lives. This stigma can lead to issues like abuse, rejection and isolation which further exclude people with mental disorders from health care and support. Even within the health system, there are several discrepancies present that prevent people from seeking out treatment to these mental disorders.

**MENTAL HEALTH OF WOMEN**

Gender is a critical determinant of health, including mental health. It influences the power and control men and women have over determinants of their mental health, including their socioeconomic position, roles, rank and social status, access to resources and treatment in society.
As such, gender is important in defining susceptibility and exposure to a number of mental health risks. Additionally, gender can be conceptualized as a structural determinant of mental health and mental illness that runs like a fault line, interconnecting with and deepening the disparities associated with other important socioeconomic determinants such as income, employment and social position.

While examining the role of gender in mental illness, a distinction needs to be made between the low-prevalence and severe mental disorders such as schizophrenia and bipolar disorder, where there are no consistent gender differences in prevalence rates and the high prevalence disorders of depression and anxiety where large gender differences in rates of prevalence is present. General studies indicate that the lifetime prevalence rates for Schizophrenia and Bipolar disorder range from 0.1% to 3% and from 0.2% to 1.6% respectively. In the cases of these disorders, no significant gender differences have been reported. However, differences in the rates of disorder are merely one dimension of the role played by gender with regard to mental health and illness. Beyond the rates of prevalence, gender is also related to differences in risk and susceptibility, diagnosis, time of onset and course of disorders, treatment and adjustment to a mental disorder. A comprehensive review of schizophrenia research found that women often experience a higher frequency of hallucinations and more positive psychotic symptoms than their male counterparts. Additionally, women are more likely to develop the rapid cycling form of the illness, exhibit more comorbidity (the presence of one or more additional diseases or disorders co-occurring with a primary disease) and run a greater risk of being hospitalized during the manic stage of the disorder. Gender specific exposure to risk also complicates the type and range of adverse outcomes associated with mental disorders.

**Gender and Depression**

Depression contributes most significantly to the global burden of disease and it is the most frequently encountered women’s health problems. Unipolar depression occurs approximately twice as often in women as in men, and is predicted to be the second leading cause of global disease burden by 2020. Depression and anxiety are the most common comorbid disorders. Significant gender differences exist in the rate of comorbidity.
contributes significantly to the burden of disability caused by psychological disorders.

The gender difference in depression is one of the most astonishing findings in the surveys and reports. A comprehensive review of almost all general population studies conducted to date reported that women predominated over men in lifetime prevalence rates of major depression. Depression may also be more persistent in women and the female gender is a significant predictor of relapse. Several surveys and other studies found that women had a higher prevalence of most affective disorders and non-affective psychosis. The most common disorders were major depression and alcohol dependence.

Pregnancy, the post-partum period, perimenopause and the menstrual cycle are all associated with dramatic physical and hormonal changes in a woman’s body. Thus, there are certain types of depression that are unique to women that pertain to these aforementioned subjects such as Premenstrual Dysphoric Disorder (PMDD), Perinatal Depression, Perimenopausal Depression and so on.

**Gender and Comorbidity**

Depression and Anxiety are common comorbid diagnoses and women have higher prevalence than men for these disorders. Almost half of the patients with at least one psychiatric disorder have a disorder from at least one other cluster of psychiatric disorders. These clusters include most disorders such as agoraphobia, panic disorder, generalized anxiety, somatization and others. Psychiatric comorbidity, with depression as the central factor, is a common finding in several studies on women’s mental health and is a recurrent theme from studies on mental health effects of violence on the individual. Further data from the National Comorbidity Survey reported strong associations between panic attacks, panic disorder and major depression, with panic attacks being predictive of the first stages of major depression and primary depression predicting the first onset of subsequent panic attacks. Women predominate in all three disorders – panic attacks, panic disorder and depressive disorder. The combination of these disorders resulted in severe and long lasting disorders that were linked to higher rates of suicidal tendencies.

**Eating Disorders**

Eating Disorders refer to disorders wherein there are serious disturbances in one’s eating behavior and weight regulation methods. They are associated with a wide
range of adverse physical, psychological and social consequences. Severe distress or concern about body weight or shape, or extreme efforts to manage weight or food intake, also may characterize an eating disorder. Eating disorders such as Anorexia nervosa, Bulimia nervosa and binge–eating disorder and their variants have negative implications on the individual’s health and well-being. Genetics, environmental factors and personality traits are all involved in the development of an eating disorder. 33–50% of anorexia patients have a comorbid mood disorder, such as depression. Eating disorders primarily affect girls and women. Many studies reveal and several scientists believe that eating disorders are solely driven by the myth that they are caused only by external factors. Even medical definitions have focused on external factors that include cultural pressures, parents' attitude towards weight and diet and stressful and traumatic incidents that might have triggered or caused eating disorders. However, as a committee, we expect you to address the biological causes of eating disorders and focus on defining and discussing treatments for eating disorders.

SOCIO–ECONOMIC ASPECTS OF MENTAL HEALTH

The 1978 declaration and subsequent global conferences of WHO, have made very clear the following facts. Health and development mutually impact each other. Health contributes to and results from social and economic development. Mental, Emotional and Behavioral disorders (MEBs) are a serious threat. The impact of mental illnesses on the nation's/world economy is huge. Despite it being a proven point, the investment on mental health continues to be substantially low.

Health inequalities also derive from other sources including differences related to age, marital status, genetic factors, ethnic background and access to health care and health related information and not just their Socio–Economic status.

For women in general and especially for those who are members of ethnic minorities and indigenous groups, a critical issue is how income, opportunities and resources are distributed within countries. Economic growth alone does not guarantee improvements in health, poverty or social justice; however it would take us one step closer to achieving our goals.

1. Loss of productivity

Illness would mean decreased activity and performance or being absent from work. In
many developed countries 35-45% of absenteeism is due to mental health problems. Also poor mental health is negatively associated with wages. Severe mental illness (SMI) in US was estimated to be associated with a $193.2 billion reduction in personal earnings in the total US in 2002. The success of the labour market appears to be related to the mental health of its work force.

2. Low Investment

Current investment in mental health services is far lower than what is needed. According to WHO’s “Mental Health Atlas 2014” survey, governments spend on average 3% of their health budgets on mental health, ranging from less than 1% in low-income countries to 5% in high-income countries. Mental health services in most societies are inadequate. Well-trained practitioners are scarce, drugs and psychosocial interventions are unavailable or of poor quality, and even where expertise and resources exist, they do not reach into the communities where the needs are greatest.

3. Economic policies

The weakening of worker protection laws to attract foreign investment and the employment of girls and women as ‘outworkers’ or sweated labour in garment and footwear industries and in export processing zones (EPZ), as well as their overrepresentation amongst sex workers, represent significant threats to mental and physical health and violations of women’s human rights. Economic policies that cause sudden, disruptive and severe changes to the income, employment and living conditions of large numbers of people affects mental health as well.

4. Depending on the way mental health care is funded, medical insurance status can significantly predict access to specialty care. One US study reported that those with insurance were six times more likely to have access to care than those without.

5. There is increasing evidence supporting the link between lower Socio-Economic Status (SES) and negative psychological health outcomes for women:

- At 2 and 3 months postpartum, women with low income have been found to experience significantly more depressive symptoms than women with high-income.
- Women with insecure, low-status jobs with little to no decision-making authority experience higher levels of negative life events, insecure housing tenure, more chronic stressors, and
reduced social support. Low employment rank is a strong predictor of depression.

- Rates of depression and anxiety have increased significantly for poor women in developing countries undergoing restructuring.
- Women with low income are more likely to develop problems with drinking and drug addiction, which are significantly influenced by the social stressors linked to poverty.
- Lack of safe, affordable housing puts women and children at greater risk for violent victimization.
- Domestic and sexual violence against women can often lead to a cycle of poverty through job loss, poor health, and homelessness.

POLICIES REGARDING MENTAL HEALTH

Many development policies, and most recently in Asia, monetary policies to ease the debts of the rich and the consequent monetary crises, have hit women in traditional marketing, agricultural, and even in governmental and commercial sectors hard.

Health policies that incorporate mental health into public health and address women's needs and concerns from childhood to old age should be developed in numerous ways to further add to the mainstreaming of gender perspectives.

Ethical considerations and competence of practitioners are central to the formulation of integrated health programs capable of redressing the trauma of rape, the stigma of sexual or domestic violence, the depression of isolation or gender oppression, and the anxiety of scarcity.

For example, Brazil has developed a psychosocial care network. Ethiopia is rapidly scaling-up training and provision of mental health care across the country and in South Africa, mental health care and treatment forms an integral component of the country’s re-engineered primary health care system.

Promotion efforts to improve state gender policies, toward interdicting violence against women, and toward empowering women economically, and to make women central in policy planning and implementation of mental health services is essential. Research should evaluate the mental health consequences of these programs for women, for children, and for men.
MENTAL HEALTH OF WOMEN WHO HAVE SUFFERED FROM TRAUMATIC INCIDENTS

Trauma is an emotional response to an event like an accident, natural disaster, sexual assault etc. Most often, immediately after the event, shock and denial are typical. Long term reactions include unpredictable emotions, flashback, strained relationships and physical symptoms such as headache or nausea. While these feelings may be normal, some people find it difficult to move on with their lives for months after the event takes place.

The prevalence of violence against women is alarmingly high and women, compared to men are at an increased risk of being assaulted by an intimate. This violence, irrespective of whether it’s physical, sexual or psychological, is related to high rates of depression and co-morbid psychopathy, including PTSD, dissociative disorders, phobias, substance abuse etc.

Violent victimization increases women’s risk for unemployment, reduced income and divorce. Hence, gender based violence is a particularly important cause of poor mental health as it weakens a woman’s social position. This is because it operates on the structural determinants of health at the same time; it increases the vulnerability of a woman to depression and other disorders.

QUESTIONS A RESOLUTION MUST ANSWER

Delegates, it is important for you to understand the various factors that lead to depression amongst women and the treatment given for the same. It is necessary for all of you to know how your countries are trying to tackle depression and put forth your countries achievements to the committee. The socio-economic effects of depression should be an important part of the discussion during committee. As a committee, you will have to come to a consensus as to whether the existing definition and other legislations that exist hold good, and if deemed necessary, formulate legislations that will benefit women suffering from depression.

The committee is expected to discuss about trauma, its definition, various traumatic incidents that can cause disorders among women and ways to curb or reduce these traumatic incidents from taking place. It is important for countries where gender inequality and violence is prevalent to share their countries contributions towards
ensuring sound mental health or curbing mental disorders among the women.

It is essential for the mental health of women to be addressed as an important issue across the global community in order to build evidence on the prevalence and causes of mental health problems in women, the mediating factors and promote the formulation and implementation of policies and frameworks that addresses women's needs with respect to mental health to improve the ethical and interpretative dimensions of research, mental health care and policy.

Effective strategies for risk factor reduction in mental health cannot be gender neutral while the risks themselves are gender specific.

How does mental health of women affect the economy? How does an individual’s position in society relate to mental health? What steps should be taken by a nation in order to form a comprehensive mental health policy, taking into account all the external factors.

Delegates do note that this guide should merely serve as the starting point of your research. We expect individuality and in-depth research to move committee forward.