Mental health is becoming a core public health area in complex emergencies. A complex emergency is a social catastrophe marked by the destruction of the affected population’s political, economic, sociocultural, and health care infrastructures. In World War II, psychological casualties were exceeded physical casualties by two to one in World War I and in World War II, and thirty-three percent of all medical casualties were attributable to psychiatric causes. Ten years after the Vietnam war, fifteen percent of US veterans were still affected by post-traumatic stress disorder. These findings were eventually applied to war-affected civilian populations. In the late 1980s, the humanitarian relief community acknowledged the mental health crisis in their efforts to help more than 300,000 Cambodian displaced people who had been living on the Thai-Cambodian border for over a decade after the Khmer Rouge genocide of 1975–79. Deteriorating social conditions in the camps led to a meeting in July, 1988, where UN, Thai, and voluntary relief organisations discussed the refugee’s declining mental health. The first on-site refugee mental health survey was undertaken in the largest Thai border camp in 1988, which led to the UN’s acceptance of a plan to relieve the mental health crisis. The next milestone was the implementation of hundreds of psychosocial programmes during the Balkan conflict. Evidence-based and culturally competent mental health practices are needed for complex emergencies, and a mental health action plan and an agenda for future research must be developed.

Large scale devastation can create health and mental health impairments and barriers to mental health service delivery, but they can also be used to foster resilience and mental health recovery. For example, access to mental health care in general health care
facilities is better in many areas of the Syrian Arab Republic in 2017 than before the war. Mental health care was only available in the large cities before the war. During the war, over 500 primary health care staff were trained and are providing mental health care in primary care settings.

The Global Burden of Disease Study established for the first time the substantial burden of mortality and disability associated with mental illnesses. Depression, the fourth leading disease burden in 1990, is predicted to move to second place in 2020. Of the ten leading causes of disability worldwide, five were psychiatric conditions. The absence of accurate population estimates and culturally validated screening instruments needs to be overcome before culturally valid mental health assessments can be made. However, valid measures of economic and social productivity and social capital in emergencies are still not available. A study of Bosnian refugees revealed, for the first time, the serious disability associated with the mental health effects of mass violence. 45% of the refugees studied met DSM-IV criteria for depression or post-traumatic stress disorder or both, and when both were diagnosed there was a high rate of physical disability (45.5%). Other studies support these results, suggesting that suffering continues long after the crisis has ended.

Complex emergencies are accompanied by serious violations of rights. Sex-based violence is common and has serious mental health effects. The primary objective of a mental health action plan, therefore, is to address the human suffering associated with mental ill-health from the perspective of patient, community, and service provider. Mental health
symptoms, which are signs of emotional distress, should be distinguished from psychiatric illnesses and disabilities. In resource-poor environments characterised by high levels of emotional distress, thresholds should be set for identifying those individuals in need of mental health services. Emotional distress and impairment in social and physical functioning creates a reasonable clinical standard for eligibility, but input from the local community is necessary for determining the cultural norms needed for establishing the standard.

Scientists have recently focused on elaborating the mental health problems of children exposed to extreme violence. Post-traumatic stress disorder and depression are especially prevalent in children and adolescents affected by complex emergencies. Two studies revealed high rates of emotional distress in Cambodian refugee adolescents and Palestinian children, respectively. In contrast to the studies in adults, the generalisability of these results is limited because few of the studies sampled a general population of children involved in a complex emergency, or compared the findings with those in comparable, non-traumatised controls.

The economic collapse that characterises complex emergencies may be associated with the destruction of businesses and hospitals and the displacement of populations to camps where work opportunities are few. The inability of the affected populations to be economically self-sufficient has a major effect on psychological well-being. Social capital refers to the “features of social organization, such as trust . . . and networks (of civil engagement), that can improve the efficiency of society by facilitating coordinated actions.” Restoring social capital, and reducing hatred and revenge, is central to post-conflict
reconciliation. The mental health sequelae of mass violence has been directly linked to the destruction of social capital. The rebuilding of social capital can provide a framework for recovery and economic development.

Questions to consider:

1. Has your country experienced recently experienced any emergencies? How has the government and the public responded?
2. Does your country provide psychological first aid? If so, is it effective?
3. When should mental health services be provided for victims when dealing with the aftermath of an emergency?
4. If your country provides mental health services during emergencies, how does your country fund this?

Helpful Links:

3. [http://apps.who.int/iris/bitstream/10665/44615/1/9789241548205_eng.pdf](http://apps.who.int/iris/bitstream/10665/44615/1/9789241548205_eng.pdf)
Blood is a vital health care resource used in a broad range of clinical services. In developed countries, transfusion is most commonly used for supportive care in cardiovascular and transplant surgery, massive trauma, and therapy for solid and haematological malignancies; in developing countries, it is more often used to treat pregnancy-related complications and severe childhood anaemia. Countries need to ensure that blood and blood products are free from HIV and other infectious diseases that can be transmitted through transfusions. Of the 112.5 million blood donations collected globally, approximately half of these are collected in high-income countries, which contain only 19% of the world’s population. Only 51 of 180 reporting countries produce plasma-derived medicinal products (PDMP) through the fractionation of plasma collected in the reporting country. There is a significant difference in the level of access to blood between low- and high-income countries. The whole blood donation rate is an indicator for the general availability of blood in a country, and 67 low/middle-income countries report collecting fewer than 10 donations per 1000 people.
Access to sufficient, secure supplies of blood and blood products and safe transfusion services is an essential part of any strong health system, and is an important component of efforts towards achieving the goal of universal health coverage. Blood can save lives, but can also transfer disease. As new pathogens evolve and pose additional threats to the safety and availability of blood supply, the importance of an effective surveillance and vigilance system for blood and transfusion safety at global and national levels rises. Ensuring sufficient supplies of safe blood and blood products, and prevention of transmission of HIV, hepatitis and other transfusion-transmissible infections, are major public health responsibilities of every national government.

The World Health Organization (WHO) Global Database on Blood Safety (GDBS) was established in 1998 to address global concerns about the availability, safety and accessibility of blood for transfusion. The GDBS found that blood and transfusion safety is a matter of continuing concern. The problem is particularly acute in developing and low-resource countries, where a high risk of transfusion-transmitted infections and an insufficient blood supply have a negative impact on the effective delivery and safety of
key health services and interventions. It is essential to ensure timely access to safe and sufficient supplies of blood and blood products for the development of a nationally coordinated blood transfusion service based on voluntary blood donations. This service should be governed by quality management in all its aspects, have sufficient and continuous funding, and be fully integrated into the national health system. Based on the information that Member States have provided to WHO, much more still needs to be done to establish such a service in Member States, particular in developing countries. As the world embarks on achieving the goal of universal health coverage, no country should be left behind in securing sufficient and safe blood supply for its health system. Governments, WHO and international partners need to increase their efforts in implementing the WHO blood safety strategies and improving the safe and sufficient supply of blood and blood products throughout the world.
Questions:

1. How can agencies, like WHO, aid in combating blood shortages and breeches in blood safety? Does your country’s government work with any NGOs to collect and store blood?

2. Is your country facing a blood shortage? If so, how can your country increase blood donations?

3. Does your country have a national policy on blood screening? What regulations can be put in place to ensure global blood safety?

4. Has your country had issues with blood transfusion safety?

Helpful Links:

5. https://books.google.com/books?hl=en&lr=&id=7rPxPejaK24C&oi=fnd&pg=PA1&dq=blood,+world+health+organization&ots=7DONBQlFZ_&sig=ibgJVS2xLnGbVFkF87XDg823-M8#v=onepage&q=&f=false

**WHO: Infectious Diseases Background Guide**

Infectious diseases are caused by pathogenic microorganisms, such as bacteria, viruses, parasites or fungi; the diseases can be spread, directly or indirectly, from one person to another. There are different infectious diseases that affect different regions of the, but the main issues are
diseases that affect more than just one region. In other words, diseases that affect the world on a global scale. There are countless examples of these diseases, and the main goal is not to handle each and every one of these diseases. That unfortunately is not possible, because these diseases have different causes and cures. There are certain diseases that aren’t even curable in today’s world. In order for us to combat these diseases, there are a variety of things that everyone should be doing in their daily lives. We are losing the fight to these diseases and no one really takes them seriously. This is a serious issue that needs to be recognized and handled properly. That is why we are so excited to hear the many different approaches and viewpoints of you guys, our delegates. Delegates should do simple research on the most catastrophic diseases and the cause, effects, and any possible cures for the disease. Delegates can also decide to research some diseases that aren’t recognized and could be a possible issue in the near future. This is important, because we should work on not only curing current diseases, but also preventing new ones. This topic is not meant to tackle an specific disease, the research is only so that delegates can use specific diseases as examples when discussing the bigger picture. While there is being extensive research done by different scientists on certain diseases. It is important to know how the common person can combat these diseases in their everyday lives. That is sort of a sub issue that is within Infectious Diseases and should definitely be part of the debate. Not a lot of people are aware of what they can do, so some research on that portion of the debate may prove to be most useful. There are different approaches delegates can take, and I want to leave that up to all of you. Just to touch upon it a little bit; it would be helpful for delegates to be aware of organizations already in existence that are meant to combat infectious diseases.
This is merely an example of how an infectious disease can affect multiple places. This is scary to realize how this is only the beginning of what diseases are with us today. I hope all delegates find their research to be insightful and maybe surprising. The research you decide to do, if any should not be extremely extensive. Delegates are allowed to do whatever amount of research they’d like. This is included, because we know its difficult to do extensive research for three different topics, especially since many of us are so busy. We hope that delegates understand that this should not be stressful, but enjoyable.

Points to Consider:

1. Delegates should be able to discuss how to combat infectious diseases in multiple ways.
2. Delegates should be able to use disease(s) as an example to further explain their points.

3. Delegates should find effective ways to help regions that suffer from infectious diseases more than others.

4. Delegates should be able to (through debate) find a global resolution or a way to help all of us together.

**Helpful Links:**

https://www.cdc.gov/

http://www.idsociety.org/Index.aspx

https://www.gideononline.com/blog/

Welcome delegates to the 2018 PrepMUNC World Health Organization! I’m Christina Lino, and I’m looking forward to working with everyone as your chair. Since its creation in 1945, the World Health Organization has provided guidance and supplied resources to help assist in dealing with the many health related problems marrying the world in issues ranging from eradicating certain diseases to maternal and infant health. We will be taking a look at three issues: “Blood Safety and Availability,” “Emerging Infectious Diseases,” and “Mental Health in Emergencies.” Hopefully these topics will provide a fun learning experience and an engaging debate.

I am currently a senior at Prep. I got involved in Model UN during my junior year, and this will be my first time chairing. In addition to Model UN, I am involved in my school’s science research program.

I hope this conference will be conducive to your learning and engagement in Model United Nations. Please contact me if you have any questions or concerns.

Christina Lino
christina.lino@stfrancisprep.org