

Forum: Youth Assembly - Action Paper I

Issue: Social Acceptance of mental illness

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INTRODUCTION

Mental illnesses have been an issue for the past decades and especially after the COVID 19-pandemic. They have been more common since one in three people in most nations has reported symptoms of mental disorders at some point in their lives. There are a variety of mental illnesses such as mood disorders, anxiety disorders, psychotic disorders, personality disorders, et cetera.

Before we start to elaborate on this issue, it is vital to analyze and research what the causes of mental illnesses are and why they are illnesses. The main factor in characterizing someone's symptoms as a disorder is when these symptoms cause dysfunction when they affect the person in their everyday life for an extended period of time. Furthermore, there are some risk factors that can cause a mental illness, such as genetics. High heritability is associated with some disorders but more studies should take place in order to find out the exact connection with genetics. Another vital factor is the environment one has grown up in.



The journey of mental illness

Traumatic events that someone has experienced cause stress, which affects the brain, and as a result, mental illnesses may be formed. Currently, approximately 10,7% of the global population has a mental disorder.¹

There are different treatments for mental illnesses. Depends on many factors such as what stage the mental illness is at. Someone can choose the combination of treatments and find the best solution for themselves. But because of the issue of social acceptance, so many people have been stigmatized. For this reason, they do not research treatment and that can end up even to death. The search for treatment is the main reason that we should tackle this issue.

¹CocoVedaTeam. "Mental Health is a Journey, let's walk it together", Cocoveda, 11th May 2021, <https://cocoveda.de/mental-health-is-a-journey-lets-walk-it-together/>

DEFINITION OF KEY-TERMS

Mental illness

A clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. It affects someone's daily livelihood and is associated with distress.²

Social Acceptance

The formal or the informal admission of an individual into a group, or in society. At the same time, social disapproval does not exist.³

Heritability

Heritability is defined as a scale where there is measured the differences between one generation to another in people's genes. This difference explains the difference in their traits, which can also be characteristics such as height, eye color, skin color, or even disorders such as schizophrenia.⁴

Discrimination

Discrimination is the unfair, not equal treatment of a person because he/she is "different" to characteristics such as the belief, region, belongs to a minority, age, sex, status, etcetera. Their human rights are not fulfilled due to an unjustified distinction.⁵

Stigma

The lack of respect for a person or a group, from society because of something that is disapproval. Society has a "bad opinion" about this person or group⁶.

² World Health Organisation (WHO). "Mental Disorders", 8 June 2022,
<https://www.who.int/news-room/fact-sheets/detail/mental-disorders>

³ American Psychological Association. "social acceptance", APA Dictionary
<https://dictionary.apa.org/social-acceptance>

⁴ Medline Plus. "What is heritability", National Library of Medicine,
<https://medlineplus.gov/genetics/understanding/inheritance/heritability/>

⁵ Amnesty International. "Discrimination", Amnesty International,
<https://www.amnesty.org/en/what-we-do/discrimination/>

⁶ "Stigma", Cambridge Dictionary, <https://dictionary.cambridge.org/dictionary/english/stigma>

Life stage

The life stages are the stages, which every individual goes through in their life from infancy to adulthood.⁷

Diagnostic and Statistical Manual of Mental Disorders (DSM)

The Diagnostic and Statistical Manual of Mental Disorders is a handbook published by the American Psychiatric Association (APA), and it covers all categories of mental disorders both for children and adults including symptoms and it is commonly used by psychiatrists.⁸

International Classification of Diseases (ICD)

It is a globally used diagnostic tool for epidemiology and clinical purposes. It is maintained by the World Health Organization (WHO) and it remains the main basis for health recording and statistics. International Classification of Diseases enables a large research and the latest version came into effect on 1st January 2022.⁹

⁷ "Life stages", Disability Hub MN,

<https://www.disabilityhubmn.org/for-families/charting-the-lifecourse-for-families/life-stages>

⁸ Kendra Cherry. "Diagnostic and Statistical Manual of Mental Disorders (DSM), Overview", verywellmind checked by Adah Chung, 30 May 2022,

<https://www.verywellmind.com/the-diagnostic-and-statistical-manual-dsm-2795758>

⁹ International Statistical Classification of Diseases and Related Health Problems (ICD), World Health Organization, <https://www.who.int/standards/classifications/classification-of-diseases>

BACKGROUND INFORMATION

History of mental illness

Mental illnesses have already existed since ancient times. In many countries, there have been reported cases and symptoms of mental illnesses. For instance in Egypt, Ebers Papyrus, which was a document for medical conditions, informed about symptoms that affect an individual's ability to concentrate. In China, the first documented case of mental illness was 1100 B.C. For the Chinese, a mental disorder was thought to be an imbalance of the yin and yang. It is important to say also that in Greece madness was associated with violence and in many playwrights such as Euripides, madmen were described. Until then, people had believed that the main cause was associated with God. The Greek physician Galen opened the door for a psychogenic explanation but most of his theories were ignored. Galen believed that there was no sharp distinction between physical and mental illnesses. He supported that an interconnection existed, although this theory was not acceptable since Greek philosophical schools taught that body and mind are not separate faculties. He developed a theory of personality based on fluid circulation in humans.

In the middle ages, due to many physical disasters, plagues and famines because of overpopulation, people started to believe in superstitions again. Many women who struggled with mental illnesses were characterized as witches, and witch hunting quickly turned into a tradition. Witch-hunting continued up until the 17th to 18th century. Treatments involved atonement, confessions, and prayer rites. For this reason, many theories have been developed. More specifically, three categories of theories: supernatural, somatogenic, and psychogenic. Supernatural theories include the belief that mental illnesses are caused by demonic spirits, the anger of gods, planetary gravitation, curses and sin. Somatogenic theories mean that mental disorders are caused by brain damage and they are associated with the body. At last but not least, psychogenic theories are associated with traumatic and stressful experiences and distorted perceptions. Depending on the theory that was more believable, the corresponding treatment followed. For the first theory, prayers and other techniques that could "make the devil get away", were granted as treatment. The treatments that followed in the next years were more associated with the second and third categories of theories.

The establishment of mental institutions began in the 16th century. The name of such institutions was "madhouse", and harsh treatment, such as restraint in chains, were seen as a therapeutic way of ridding someone of their illness. A monopoly had started and the madhouses would profit a lot. In the 18th century, a moral treatment movement started. The movement was a reaction against the inhuman madhouses and it was very important for the reforms of the 19th century. Throughout the 19th century, an approach examining psychogenic and somatogenic theories started. Many people

argued that both approaches were necessary due to physical problems. An example for this is the mental hygiene treatment, which includes self-care activities keeping your mind busy by doing small tasks in combination with medication treatments.

The term psychiatry had been developed at that point, but psychiatrists were called “alienists”, since they had to deal with people alienated from society. During the Second World War, it is estimated that more than 200,000 mentally ill individuals were killed since they were part of the Nazi party’s target group. In the United States, the first manual for categorizing mental disorders was created. That led to the creation of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Classification of Diseases (ICD).

Discrimination and stigma of people with mental illnesses

People with mental illnesses often experience discrimination and are stigmatized. According to a study in the journal of Psychological Medicine, stigma remains a barrier for mentally ill people. Researchers at the Institute of Psychiatry at King’s College London examined data from 144 different studies, in which more than 90,000 people all over the globe have participated. “We now have clear evidence that stigma has a toxic effect by preventing people seeking help for mental health problems”¹⁰ has quoted senior author Prof. Graham Thornicroft. The stigma does not only damage the relations of mentally ill people with society but also with themselves. Almost 12% stated that receiving treatment would have a negative impact on their jobs. A 2019 national poll of the American Psychiatric Association (APA) showed that only one in five workers was comfortable talking about mental illness. Many employers may not hire them due to their illness. They were concerned that the affected person would not be able to handle the amount of work, would not fit in with the team or would need to take a lot of time off. Even landlords may not accept to let them rent a house, and the health care system may have a lower standard of care for them. These obstacles influence their self-image and probability of them ensuring a good life standard for themselves.

Due to such low esteem, targeted individuals may think that they will destroy other people’s lives if they do not isolate themselves, hence becoming loners. They feel misunderstood by the people close to them, such as friends and relatives, as well as by society as a whole. Such people oftentimes end up being bullied and experiencing physical violence or harassment. The belief that this situation will never end and there is no way out becomes stronger, as asking for treatment becomes more difficult and a vicious cycle is created.

¹⁰ King’s London College, “Stigma 'key deterrent' in accessing mental health care”, Science Daily, 25th February 2014, <https://www.sciencedaily.com/releases/2014/02/140225193406.htm>

Mental disorders associated with coping mechanisms, a vicious cycle

The question that rises is what causes mental illness to an individual. The answer is that, usually, when somebody lives in a stressful environment or has experienced traumatic events,, for instance with an abusive family - in which case childhood trauma is caused - or in poverty, where they fight for basic commodities every day, that puts a lot more stress on the brain. This stress can trigger a mental illness to occur as a defense mechanism. Moreover, unhealthy habits like the excessive consumption of alcohol or drugs, much more for adolescents, contribute to the damaging of the brain and therefore cause the trigger of mental illnesses. Drugs and alcohol provide an escape from the oftentimes gruesome reality and everyday life.

A coping mechanism is a way to escape from the unhappiness or stress one is experiencing, and it is whatever a person does to handle negative emotions. An unhealthy coping mechanism can be an addiction, which is maladaptive and destructive. Another common addiction is also self-harm. It most frequently takes the form of patients slitting and burning parts of their body, e.g. wrists, arms and thighs. However, self harm is considered as any action that injures the individual and is undertaken in order to deal with negative emotions. The reason why mentally ill individuals indulge in self harm is because when humans are exposed to pain or shocking stimuli, it is a quick way to reset our nervous system, and that stops negative emotions or leads to more positive ones.

But when an individual uses any coping mechanism, especially drugs and alcohol as a relief of their mental illness, therapy becomes more difficult, since a dual-diagnosis is needed because the individual struggles with mental illness and an addiction. This is why, most of the time a vicious cycle is created. That means a negative series of events that build on and reinforce each other.

The main causes of stigma and discrimination

Stereotypes

The main cause of stigma and discrimination are stereotypes. The belief is that mentally ill people are dangerous, when in fact the risk of hurting themselves is higher than the risk of them hurting other people. Other common stereotypes are that they have brought this situation onto themselves because they are psychologically weak, do not have a strong character, or are not intelligent enough. For this reason, physical illnesses are more acceptable than mental illnesses. People think that side effects of mental illness are "a lack of motivation" and refer to them as "lazy". Another stereotype is the lack of credibility. Mentally ill people can not decide for their own lives and they are not trustworthy since they are unstable. Under the guise of protection, their experiences, their thoughts,

and their doubts are looked down upon and not taken seriously. They cannot advocate and protest for their rights because everything is attributed to their disorders. In fact, they are no longer seen as an individual with complete personalities but what is left is only mental illness. Their every thought is related to it and their problems are not given the attention they deserve.

Media

Media oftentimes outlines mentally ill people as dangerous, criminal, evil, and unable to live a normal life. They're always on the sidelines and their thoughts don't make sense. Media portraits also overgeneralize mentally ill people, as they showcase the same symptoms for every single character or person appearing on live TV. For instance, it is common in media that all people with depression are suicidal or that all people with schizophrenia experience hallucinations, although only 60-80% of patients experience it. Or the media present situations, where everybody knows about the mental condition of a specific person. Instead most of the time a mental illness remains unrecognized. A mentally ill person may stigmatize themselves due to the media's influence. Because the mentally ill are never included in society and it appears as something negative. We can take the movie "Joker" as an example. In this movie, there is a hackneyed association between mental illness and violence, leaving negative stigma on mentally ill people. Another strong example are reality TV shows. Reality TV shows are filmed to show fighting, drama and fun and not for education information. This is why reality TV shows include people with mental disorders and they demonize them so the show can profit from them. As a consequence, it represents them as persons who can not hold down a job and draws the attention only to their mental illness in a negative way and not an informative one. For instance, the reality TV show "Dr Phil" seems to be about displaying people's difficulties in their crudest forms and instead of promoting the idea of treatment and educating the audience about it, Dr. Phil gives "psychological" advice to the person and acts like he is an expert, when in reality he does not have a license. Hence, the conclusion can be drawn that the media oftentimes takes advantage of mentally ill individuals and exposes them purely for entertainment purposes.

Lack of awareness and education

Another important aspect of the problem is that people are not aware of mental illnesses. The lack of awareness is caused by the media and very few people are comfortable sharing their experiences with mental illness. Furthermore, they are not aware of the symptoms of mental illnesses, the wide range of mental illnesses that exist, or even how they may be caused. Many are uneducated as to how to behave towards a mentally ill person. They may feel uncomfortable and do not know what they should not say in order not to trigger somebody. Due to the lack of representation, even people who suffer from mental illnesses feel that they are alone and they are too scared to step forward and receive treatment.

Anti-discriminology legislation

The Anti-Discriminology legislation is a legislation designed against discrimination for people who struggle with mental health issues. Many countries have already started to develop such policies. For

instance, the main piece of similar legislation for the United Kingdom is the Mental Health Act, 1983. The legislation was the first movement made in order to change the situation. Some previous attempts to solve the issue, such as the Mental Health Action Plan 2013-2020 have included policy-making and it is a vital step to solving the problem.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

USA (United States of America)

After the COVID-19 pandemic, the number of people who suffer from symptoms of mental illnesses has increased. From August 2020 to February 2021, the number of adults who reported symptoms of anxiety disorder and depression increased from 36,4% to 41,5% in the United States. Anxiety disorders are the most common concern in the USA. Despite this, half of Americans who struggle with mental health issues do not receive any treatment due to lack of health care, because many Americans have not the physical and financial resources to afford the healthcare they need, since the USA does not have a public healthcare system, or due to lack of knowledge, because they do not know how to address their symptoms. Current statistics show trouble for most people from minorities, low-income, and youth populations. Some organizations tackling the issue are the Anxiety and Depression Association of America (ADDA), which is focused on treatments for depression and anxiety disorders, with more than 1,500 professionals. A similar organization is American Foundation for suicide prevention.

China

On the subject of mental health issues, China still has a long way to go. It ranks second in countries in which citizens struggle with mental health the most. The stigma remains higher, especially in Asia. And this stigma stems from the role of supernatural, religious approaches and from traditional and patriarchal ways of life. Family reputation is still a very important value in Chinese society, and it's believed that mental disorders prevent someone from achieving academic, career, and other expected goals. Nevertheless one of the main goals of the first National Mental Health Plan 2002-2010, was to spread awareness about mental health issues to the citizens and to improve their knowledge about it. This would be done through basic and clinical research. This plan was formed according to the World Health Organization's Global Action Plan but it has been focused on the needs of Chinese citizens.

India

India currently has a population of approximately 1,39 billion people, 14% of whom have a mental

health disorder, and only 10%-12% of whom are receiving treatment because of negative stigma. The problem is that family and parents refuse to acknowledge that an individual may face mental illness. Despite the positive impact of organizations like Live Laugh Love, the biggest threat in India remains the deeply-rooted negative stigmas associated with mental illness due to the lack of awareness, sensitivity and the stereotypes.

Japan

In Japanese society, mentally ill people are expected to be taken care of by their families and as a result, they do not receive medical treatment. The loss of mental self-control seems like something a person is unable to handle. Japanese people are socially programmed to feel shame when they do not have this willpower. Japan tries to change that. For instance, the Japanese psychiatric society decided to change the Japanese name of schizophrenia from *eishi bunretsu byo* (split-mind disorder) to *togo shiccho sho* (loss of coordination disorder) at the World Congress of Psychiatry in August, 2002, Yokohama, Japan instead of the translation of schizophrenia, which comes from the ancient Greek and means split mind to avoid prejudice.

TIMELINE OF EVENTS

DATE	DESCRIPTION OF EVENT
17th-18th century	Mental illnesses are categorized as religious or personal problems, leading to stigmatization.
1883	The German Psychiatrist Emil Kraepelin publishes his textbook, "Compendium der Psychiatrie", which describes mental syndromes and later on becomes the basis for the first Diagnostic and Statistical Manual of Mental disorders (DSM)

1908	Clifford Beers publishes his book "A mind that found itself", in which he describes his struggle with bipolar disorder. His story causes sympathy and lead him to found the National Committee for Mental Hygiene
1952	Creation of the first edition of Diagnostic Statistical Manual of Mental Disorders (DSM)
1980	The third edition of the Diagnostic and Statistical Manual for Mental Disorders is published.
1954	The first antipsychotic drug enters the global market.
17 December 1991	The resolution A/RES/46/119/General Assembly 75th plenary meeting is passed.
17 December 2006	Establishment of the "Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care" by the United Nations.
2013	The fifth and last edition of Diagnostic Manual for Mental Disorders (DSM) was published.
28 September 2017	United Nations Human Rights Council (UNHRC) Resolution on Mental Health and Human Rights is approved.

RELEVANT UN RESOLUTIONS, TREATIES AND EVENTS

[A/RES/46/119/General Assembly 75th plenary meeting, 17 December 1991](#)

¹¹“The protection of persons with mental illness and the improvement of mental health care”. This resolution demonstrates the adoption of principles for the protection of mentally-ill people and the amelioration of mental health care. Also calls the Secretary-General to take care of the immediate adoption of the resolution by member states.

UN Convention on the Rights of Persons with Disabilities and Optional Protocol (A/RES/61/106) , 13 September 2006, UN Department of Economic and Social Affairs Division for Social Inclusion Development ¹²

The convention categorizes different disabilities and has the purpose to ensure, promote and protect equal rights and fundamental freedoms by all persons with disabilities, since mental illnesses are considered a disability by the Social Security Administration (SSA).

A/HRC/32/L.26 Human Rights Council (HRC) Resolution on Mental Health and Human Rights, 28 September 2017 ¹³

The resolution calls for the protection of all human rights, especially for mental patients, and the development of strategies in each member state in order to eradicate discrimination and violence against mentally ill individuals. That would be done for example when the resolution calls on member states to promote effective participation of all individuals, by the implementation and monitoring of the law, or by providing technical support and capacity-building through international cooperation to countries.

¹¹ "The Protection of Persons with Mental Illness and the Improvement of Mental Health Care :." United Nations Digital Library System, www.digitallibrary.un.org/record/135851.

¹² "Convention on the Rights of Persons with Disabilities [A/RES/61/106] | United Nations Enable." Welcome to the United Nations, www.un.org/development/desa/disabilities/resources/general-assembly/convention-on-the-rights-of-persons-with-disabilities-ares61106.html.

¹³ "Mental Health and Human Rights :." United Nations Digital Library System, www.digitallibrary.un.org/record/845623.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

World Health Organization (WHO) Ministerial Conference on Mental Health: Facing the Challenges, Building solutions, Helsinki, Finland 12-15 January 2005

In this conference the member states of the European Region created an action plan and a Declaration for the following 5-10 years. Governments, policy-makers, and non-governmental organizations (NGOs) together with the World Health Organisation (WHO) have tried to find solutions to improve the mental health issues of the citizens. The purposes of the action plan were to spread awareness of the importance of well-being, to tackle stigma and discrimination and to empower and support mentally-ill people and their families and last but not least, to improve their health systems and especially to prevention, treatment and rehabilitation, care and recovery.

Countries should have adapted their policies or adopted new ones according to these goals. This plan also included special programmes for minorities, different life stages of the individuals, and prisons.

Mental Health Action Plan 2013-2020, 66th World Health Assembly, May 2013

Another essential solution proposed by the World Health Organization (WHO) was the Action Plan between 2013 to 2020. This plan, which consisted of the Health Ministers of 194 member states, was an overview of the global situation concerning mental disorders. There were six different approaches, such as universal health coverage and the life course approach. The proposed actions included policy-making, adapting and law, so all legislations and laws must accord to the Convention on the Rights of Persons with Disabilities and other international and regional human rights instruments. In addition to that was the Budget Plan, stating every country should have evidence-based mental health plans and actions.

In 2019, this plan was extended until 2030 under the name "Comprehensive Mental Health Action Plan 2013-2030"¹⁴. In 2021, the 74th World Health Assembly updated the action plan and included options for implementation and indicators. 80% of the countries should develop/update their policies/plans for mental health in line with international and regional human rights instruments. The updating of the four main objectives, which are strengthening leadership and governance for mental

¹⁴ "Comprehensive Mental Health Action Plan 2013-2030", World Health Organization, file:///C:/Users/Dell/Downloads/9789240031029-eng.pdf, <https://www.who.int/publications/i/item/9789240031029>

health, providing social care services in community based settings, implementing strategies for promoting and prevention of mental health and strengthening information systems, evidence and research for mental health, remain the same

World Federation of Mental Health

World Federation for Mental Health is an international, non-governmental organization (NGO). It was founded in 1948 in the same era as the United Nations (UN) and World Health Organization (WHO). The main goals of this organization are the prevention and the proper treatment of mental illnesses, as well as the promotion of mental health. Together with the World Health Organization (WHO), they have established Mental Health Day and Mental Illness Awareness Week (MIAW).

POSSIBLE SOLUTIONS

Education

There are many types of education, such as seminars and campaigns. But it is vital for these campaigns to be properly evaluated and to be effective. Otherwise, it will cost an amount of money, without any results. Raising awareness in schools is also very important. It will raise a generation which will not have the negative stigma about mentally ill people in mind. Some examples for educational additions accommodating mental health may include art exhibitions, cinema events, and lectures at education centers. But not only for the general population but for professionals as well. Target professionals may include police, teachers and social care professionals.

Legislation

Anti Discriminatory legislation is an effective measure as well if the legislation could be improved, having also in mind the previous attempts to solve the issue. The improvement could be due international cooperation, or taking as an standart another legislation, which have worked in a state.

Measures in labour market

In order to tackle the discrimination in the labour market, changes need to be made. If we want to have successful efforts to reintegrate people with mental health problems into the workforce, except for understanding, we should create favorable circumstances, accommodating those with the additional difficulties posed by mental health issues. In order to ensure the function of these favorable circumstances, and to not create more stigma and financial problems to the company, these circumstances should be created by the state.

In conclusion, we should highlight the fact that solutions are needed now. Now after two years of COVID-19 in quarantine, two strange and difficult years, where more and more people have realized they are suffering from mental health issues. If member nations do not succeed in social acceptance,

the improvement in reducing child and maternal mortality, increasing life expectancy, and lowering the burden of infectious diseases made in the past 40 years will be offset by the growth of mental and behavioral disorders.

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