

The background of the page is a photograph of a brick building with a brown door and a window with white blinds. In the foreground, a shopping cart is filled with various items, including a bag and some papers. The cart is parked on a paved surface. A blue semi-transparent rectangle is overlaid on the left side of the image, containing the text for the committee and topic.

# SOCHUM

Social, Cultural, and Humanitarian  
Committee

**Topic:** Addressing mental health  
inequalities in vulnerable communities



**Committee:** Social, Humanitarian and Cultural Committee (SOCHUM)

**Topic:** Addressing Mental Health Inequalities in Vulnerable Communities

**Director:** Roberto Madrigal Hernández

**Moderator:** David Méndez Nolasco

## **I. Committee Background**

The Social, Humanitarian, and Cultural Committee, was founded in 1945 as a reaction to the establishment of the Universal Declaration on Human Rights. SOCHUM, being officially known as one of the six United Nations' main bodies, the third one of the UN General Assembly. SOCHUM focuses on a wide range of social, humanitarian, and human rights issues. In the Committee, all 193 member states can participate and decisions are typically made by a simple majority, member states engage in discussions, present their solutions, and debate resolutions.

SOCHUM collaborates with other UN bodies, and civil society organizations to gather input and enhance its work. This committee has many purposes and mandates. Some of them include: the promotion of human rights, the protection of children, the consideration of issues regarding indigenous people and the prevention and control of crimes, drugs and justice, enhancing global cooperation, and addressing humanitarian rights. The Social Humanitarian and Cultural Committee cannot force nations to make promises or realize actions, but it may establish international agreements and recommend actions to the countries in the United Nations. Otherwise, SOCHUM can make direct recommendations to the UN General Assembly.



## **II. Topic Information**

In a world where mental health access is often neglected in low-income communities, the United Nations' third Sustainable Development Goal (good health and well-being) faces significant delays. Mental health is a vital component of overall health, and addressing these disparities is crucial for progress. To tackle the issue effectively, we must first understand the nature of these inequalities.

Mental health inequalities refer to disparities in mental health outcomes and access to care. Vulnerable communities—such as racial or ethnic groups, women, immigrants, and those living in rural areas—often encounter significant challenges that exacerbate mental health issues.

The root causes of these inequalities include:

- **Socioeconomic Status:** Financial instability limits access to quality mental health resources, creating significant barriers for those in need.
- **Stigma:** Cultural stigma around mental health—such as the belief that depression is something one can simply "snap out of"—discourages individuals from disclosing their struggles and seeking help.
- **Access:** Limited availability of mental health facilities and professionals in vulnerable communities further restricts access to proper care.
- **Language Barriers:** Non-native speakers often face difficulties finding mental health providers who can communicate in their language, hindering effective treatment.
- **Systemic Policies:** Insufficient investment in mental health infrastructure, combined with a lack of education on mental health issues, perpetuates these disparities and slows progress toward achieving equity.

### **a. History of the Topic**

Through the years humans have created a social hierarchy in which people with higher economic opportunities have the greatest social status, this



system devalued people with low social or economic status, marginalizing them from society. As a result of it a division happened, perpetuating inequality, and shaping society's perception regarding both socioeconomic frameworks.

Slavery began between the seventeenth century, and it is defined as "the ownership of a person as property". Most cases of slavery involved forced labor of women in domestic roles such as households and cleaning tasks, while men were exploited in the workforce without any salary. Racial and ethnic minorities had always fought against stereotypes, for example in the 1960's years racial frameworks began to take shape in the United States, starting a racial issue in which black people fought arduously for their basic human rights. The endurance of discriminatory practices against racial minorities characterized this period, culminating thanks to legislative protests and cultural changes, establishing a national agreement.

In ancient civilizations mental health was often viewed as something spiritual, and mental illness were related to supernatural forces or God's anger. The way society approaches mental health has changed considerably, over the time mental health began to emerge as a moral treatment. In the 19th century with the birth of psychiatry as a medical speciality, famous psychiatrists contributed for a deeper understanding of what mental illnesses were. Around the mid-20th century, psychiatrists discovered psychiatric medications such as: antidepressants, antipsychotics, and mood stabilizers, having a better understanding and management of mental health issues. Modern psychiatry has brought numerous innovations helping our daily lives, starting from mindful techniques to complex medicinal substances that help people who struggle with mental illnesses.

Nowadays, access to mental health is officially a human right, declared by the Universal Declaration of Human Rights. Mental health is crucial for well-being, influencing how we think, feel, and interact with each other. Besides all,





people should have access to these rights, which in many rural communities is not the reality. This often happens due to many facts: their location, language, beliefs, etc. It is known that global tragedies affect vulnerable communities; the most marginalized groups often bear the brunt of disasters due to limited access to resources and information. It is concerning to see how people who must be protected are most of the time not provided with the appropriate healthcare services.

#### **b. Current Issues**

- Limited access to rural areas: Due to the distance and a shortage of specialists near them, people in rural communities are having trouble when accessing mental health treatments. When it comes to mental crisis situations, and immediate assistance is required, services located far away from the community would not be effective.
- Problems with digital mental health services: While digital mental health services can help by increasing access, underdeveloped communities and rural places' systems run the risk of falling because of their inadequate or in many cases nonexistent technology. The implementation of digital tools has been very useful when talking about long distance mental assistance, but besides, digital tools are not always effective and their implementation is not that easy, specifically in communities with zero access to modern technology.
- Inequality in emergency services: Vulnerable communities do not always receive the proper care for racial discriminatory reasons. Even though initiatives are already in place for enhancing and leveling these systemic barriers, pharmaceutical personnel often perpetuate communities' rights.
- Stigma and confidence issue: Searching for mental health care can mean a stigmatizing experience for a great variety of vulnerable groups, particularly those from low-income backgrounds and immigrant

communities. For these groups, the process of seeking aid often comes with a deep uncertainty. Negative past experiences, such as discrimination, feeling misunderstood, or receiving not worth enough care, contribute to their reluctance to engage with mental health services. These groups may also face additional barriers, such as language difficulties, cultural insensitivity, and a lack of trust in the healthcare system, all of which increases their fear of being judged or marginalized.

- **Incomprehension of rural ways of communication:** Many of the rural communities have uncommon ways of communication, sings or languages only spoken by them being some examples. Without fundamental communication methods, understanding their needs would be challenging, and learning every single language would be complex and time consuming.

### **c. Bloc Positions**

- **Saudi Arabia:** In this country, seeking mental health aid has been very difficult, because of the several barriers regarding the latter. Here cultural stigma, lack of awareness, and religious beliefs significantly stunt the development of mental health. However Saudi Arabia's government has been launching initiatives to integrate mental health services into primary health facilities.
- **Pakistan:** Pakistan has a growing mental crisis, where most of its population deals with mental health issues, the main cause for it, is that there are very few psychologists and psychiatrists, making it very hard for people to have access to quality care, which leads to an even bigger crisis. In light of this crisis, the country has been developing some projects and campaigns, like: "Working Together for Systematic and Policy Changes for Better Mental Health". Which aims to help with dissolving Pakistan's mental health crisis.



- United Kingdom: In Spite of the UK's considerable investment in mental health treatment, current good mental health levels are disturbingly low according to several surveys. In the UK it is often the older people, fifty-five years old and above, who reportedly have a higher percentage of good mental health, however, still the majority of people have experienced a mental health problem. The UK has now started to care more about mental health, educating kids on the subject, and even starting workplace mental health initiatives.
- Sweden: In contrast with others, Sweden's system emphasizes prevention, support and targeted support for vulnerable groups. It allows people to seek out care through county councils and municipal social services. The Young Health Programme, is one of Sweden's campaigns, which is aimed at people from the ages 10 to 24, raises mental health awareness and provides treatment for young individuals.

### **III. Conclusion**

In order to keep moving forward with the UN's objectives it is crucial to prioritize mental health in vulnerable communities, since it directly impacts the overall well-being and development of societies.

While several initiatives like remote mental health support and others are underway, a more comprehensive approach is needed, one that includes investing in mental health infrastructure, as well as, training culturally competent professionals and recognizing mental health as a primary care, encouraging countries to take part in improving their communities' overall mental health.

The committee's main objective is to come up with competent solutions that align with the UN's third health goal, making sure that quality mental health is accessible to all.



#### **IV. Essential Questions**

1. Are there any organizations or agencies regarding international diplomacy that can or are already monitoring or enforcing health equality within economic and social frameworks? How are they managing this?
2. What type of challenges do most low-income communities face by the time they access basic health aid? And what specific measurements can be implemented to counteract these barriers ensuring mental health for vulnerable and low-income communities?
3. In what way can the committee address cultural, economic and social values seen as hinders of socioeconomic equality?
4. How can actual technology be implemented to enhance mental health access in vulnerable communities?
5. How can people with political positions ensure mental health resources? How can we address that they are properly distributed to underserved areas and what measurements can be implemented for ensuring their effectiveness?
6. In which aspects both private and public partnerships can be used for improving mental health aid talking into economic aspects?

#### **V. References**

Alhumaidan, N. I., Alotaibi, T. A., Aloufi, K. S., Althobaiti, A. A., Althobaiti, N. S. A., Althobaiti, K., Almutiri, W. A., Alhaqbani, K., Alboqami, T., Albeheiri, L., & Alfaisal, N. F. (2024). Barriers to seeking mental health help in Saudi Arabia: A systematic review. *Cureus*. <https://doi.org/10.7759/cureus.60363>

Centre for Mental Health. (2024, January 25). *Mental health inequalities: Factsheet*. Centre for Mental Health.





<https://www.centreformentalhealth.org.uk/publications/mental-health-inequalities-factsheet>

English Heritage. (n.d.). *Black people in late 18th-century Britain*.

<https://www.english-heritage.org.uk/visit/places/portchester-castle/history-and-stories/black-people-in-late-18th-century-britain/>

Farreras, I. G. (n.d.). *History of mental illness*. Noba.

<https://nobaproject.com/modules/history-of-mental-illness>

George Washington's Mount Vernon. (n.d.). *18th-century Atlantic economy*. <https://www.mountvernon.org/george-washington/slavery/18th-century-atlantic-economy#:~:text=On%20plantations%20in%20the%20Caribbean,lost%20limbs%2C%20and%20fatal%20accidents>

Home. (n.d.). *PubMed Central (PMC)*.

<https://www.ncbi.nlm.nih.gov/pmc/>

Jnr, J. E. H. (2024, January 3). Exploring mental health in vulnerable populations in developing countries. *Frontiers*.

<https://www.frontiersin.org/research-topics/62045/exploring-mental-health-in-vulnerable-populations-in-developing-countries>

Mental health in Pakistan. (n.d.). *British Asian Trust*.

<https://www.britishasiantrust.org/our-work/mental-health/mental-health-in-pakistan/>

Mind, V. (2024, May 3). *The evolution of mental health treatment throughout history*. Medium. <https://thevexmind.medium.com/title-the-evolution-of-mental-health-treatment-throughout-history-758d9b0957ef>

Philipp, J. (2023, June 25). Strengthening mental health initiatives in Sweden. *The Borgen Project*. <https://borgenproject.org/mental-health-initiatives-in-sweden/>

Ramírez, A. P. (2021, October 7). ¿Cuál ha sido el camino que ha recorrido la salud mental? *La Vanguardia*.



<https://www.lavanguardia.com/vida/junior-report/20211007/7523365/cual-sido-camino-recorrido-salud-mental.html>

Rising inequality affecting more than two-thirds of the globe, but it's not inevitable: New UN report. (2020, January 24). *UN News*.

<https://news.un.org/en/story/2020/01/1055681>

SOCHUM: Social, Humanitarian & Cultural Committee | IMUNA | NHSMUN | Model UN. (n.d.). <https://imuna.org/nhsmun/nyc/committees/sochum-social-humanitarian-cultural-committee/>

Surviving or Thriving? The state of the UK's mental health. (n.d.). *Mental Health Foundation*. <https://www.mentalhealth.org.uk/explore-mental-health/publications/surviving-or-thriving-state-uks-mental-health>

United Nations. (n.d.). *UN General Assembly - Third Committee - Social, Humanitarian & Cultural*. <https://www.un.org/en/ga/third/>

Vulnerability and vulnerable populations. (2024, October 7). *World Health Organization*. <https://wkc.who.int/our-work/health-emergencies/knowledge-hub/community-disaster-risk-management/vulnerability-and-vulnerable-populations>

<https://www.ohchr.org/en/health/mental-health-and-human-rights>