GA

General Assembly

Topic: Establishing a global framework for care and rehabilitation based on a humanist attention

Committee: General Assembly (GA)
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I.   Committee Background

The UN General Assembly's mission is to debate, discuss, and find ways to expand international peace and security, as well as work on the development of international law, and human rights, promoting disarmament, and also cooperation among nations. The General Assembly Committee was created in 1945 in New York, United States.

The UN General Assembly is the only universal representative body of the United Nations, the other major entities are the Security Council, Economic and Social Council, Secretariat, and International Court of Justice.

The president is the one in charge of the procedure, he is the one that sets the agenda, opens the debate, limits speaking time, etc.

At the end of each session, the 193 Member States need to vote, and those votes are given to make their opinion on important topics like peace and security along with electing members to various UN bodies, such as the Security Council. To get into GA you need a membership.

Reports are saying that Taiwan has been trying to get a membership for over two decades. The current assembly's president is Philemon Yang, former prime minister of Cameroon, the president changes annually.

In recent years the presidents have created a new procedural role to invite UN officials to brief the assembly, this has caused opposition from member states. For example, in 2011 Nassir Abdulaziz Al-Nasser brought a high commissioner of human rights to make the member states brief on the Syrian

war despite the opposition Syria's backers. This happens because China holds a permanent seat on the Security Council and keeps stating that Taiwan is a part of its sovereign territory.

II.   Topic Information

Addiction is often perceived as an individual issue; however, it profoundly impacts friends, family, and society at large. This interconnectedness highlights the necessity for comprehensive support systems that address the needs of not just the individual, but also their social networks. Current estimates suggest that millions around the world struggle with substance use disorders, underscoring the urgency for effective rehabilitation and care solutions.

Even though rehabilitation is a complex and needed process, practices that promote dehumanization should not be endorsed. Practices such as placing the patients under different studies without their consent, using their information publicly and not paying attention to any other health problems such as chronic illness are the most common ways people get dehumanized.

Since the creation of many rehabilitation and care centers, the priority has been one: help those who need it. Rehabilitation centers were created to help people who are commonly addicted to work on their unhealthy habits and reintegrate them into society. Care centers are often used to let people who have many needs in the care of nurses who can ensure their needs are taken care of in the correct way. In developed countries, the use and existence of rehabilitation and care centers is common and is considered an important part of their developed health quality. In developed countries such as the U.S.A., about 73% of rehabilitation centers use faith or religion as a recovery method and they show that it works. Research shows.

For many people, the development of new guidelines including humanism is important to ensure the quality care of people. Different techniques involving focusing more on the patient should be endorsed. To achieve this, rehabilitation or care centers should focus on encouraging communication and promoting emotional and psychological support. By embracing humanism in guidelines, we lead the centers to higher quality of care, and we make sure it is ethical, compassionate, and accessible to the different needs of patients.

Many research efforts fail to account for diverse ethical values and social determinants, such as socioeconomic status and cultural background, which can significantly influence treatment outcomes. A comprehensive understanding of recovery must integrate these factors to create effective, tailored rehabilitation strategies. In conclusion, even though opinions are divided, the development of new techniques of rehabilitation and care is surely needed.

Although less prevalent than rehabilitation centers for substance use, mental health care centers have increasingly been established as vital institutions for treating individuals with mental health disorders. These facilities aim not only to address acute mental health needs but also to support ongoing rehabilitation and reintegration into society. The development of these centers reflects a growing recognition of mental health as a critical component of overall well-being, emphasizing the importance of compassionate and individualized care.

a. History of the Topic

Early Understandings of Mental Health

During the late 18th, 19th, and 20th centuries, people started to understand and question things about mental health. The treatments that were given in the mental health institutions were pretty dangerous, some of the treatments

given were isolation, drugging, lobotomies, bleedings, purges, etc. Mental illness was treated as a weakness or as a character flaw. Most of the patients died because of bad living conditions, the methods used, or by disease. Patients were treated horribly, they were treated as freaks, and some of the patients were not even mentally ill instead they just had different mental needs. The patients were kept for long hours in a room with no windows or fresh air, having barely any human contact. It is also known that once you entered these clinics your life was never going to be the same, people would stare at you, make comments about you, and treat you as insane, or as empty.

Late 20th Century: Emergence of Global Mental Health Frameworks

- Human Rights Movement in Mental Health: In the 1980s and 1990s, mental health began to be framed more explicitly as a human rights issue. Reports from international organizations like the World Health Organization (WHO) and Human Rights Watch brought attention to the systemic abuse and neglect faced by people with mental illnesses around the world. This led to calls for better treatment frameworks that prioritize human dignity, equity, and inclusivity.
- Community-Based Mental Health Programs: WHO and other international bodies started promoting Community-Based Rehabilitation (CBR) programs for mental health, which emphasized reintegration into society, community support, and access to psychosocial services. These programs were designed to replace large institutions with smaller, community-focused services.
- Global Mental Health Movement: The rise of global mental health as a field in the late 20th century helped frame mental health care as a global public health issue. Initiatives like the World Mental Health Report by WHO and Global Mental Health Action Plans called for global collaboration to ensure

that mental health care was accessible, affordable, and aligned with humanist values of empathy and individual care.

21st Century: The Humanist Approach to Global Mental Health

- Mental Health Action Plans (2013-2030): WHO's Comprehensive Mental Health Action Plan (2013-2030) emphasized the need for person-centered care, integrating mental health services into primary care, and ensuring human rights protections. It focuses on empowering individuals with mental illness, reducing stigma, and ensuring equal access to care.

- The United Nations Convention on the Rights of Persons with Disabilities (CRPD): Adopted in 2006, the CRPD was a turning point in recognizing the rights of people with mental and physical disabilities. It calls for mental health care that respects individual autonomy and dignity, highlighting the need for rehabilitation services that go beyond medical treatment to include social and psychological support.

- Sustainable Development Goals (SDGs): The SDGs, particularly Goal 3, emphasize mental health as integral to overall well-being. This aligns with a humanist approach, recognizing that access to mental health care is a fundamental right and crucial for achieving global health equity.

- Global Mental Health Research and Advocacy: Ongoing research and advocacy efforts focus on integrating humanist principles into mental health care, and promoting inclusive, person-centered services. Organizations like Mental Health Europe and Global Mental Health Action Network push for mental health services that respect human dignity and prioritize empathy and compassion.

b. Current Issues

The global landscape of mental health care and rehabilitation is marked by significant disparities and challenges. One of the most pressing issues is

the lack of access to mental health services, particularly in low- and middle-income countries (LMICs), where up to 85% of people with mental health conditions receive no treatment. Even in high-income countries, mental health systems frequently face underfunding, leading to inadequate resources for comprehensive care and rehabilitation. This scarcity often results in long wait times for treatment and subpar services, highlighting the critical need for increased investment in mental health infrastructure. Addressing these disparities is essential for ensuring equitable access to quality care, regardless of geographical or economic barriers.

This lack of access is compounded by stigma and discrimination, both within communities and health care systems. Individuals with mental health conditions often face societal stigma, leading them to avoid seeking care, while those who do seek help frequently encounter discriminatory practices within health systems, where their needs may be minimized or ignored.

Additionally, in many regions, there is still an over-reliance on institutionalization, where people with mental illnesses are placed in psychiatric hospitals that can be overcrowded and inhuman. Despite global efforts to promote community-based rehabilitation, institutionalization remains a common practice, particularly in countries with limited mental health infrastructure. This prevents the development of more humane, community-focused care that prioritizes autonomy and dignity. Furthermore, many health systems around the world still fail to integrate mental health into primary health care, leaving mental health services siloed and inaccessible to those who need them most. The lack of training for primary care providers also contributes to the limited availability of holistic, humanist mental health care.

A critical issue facing global mental health care is the persistent violation of human rights within treatment settings. In many regions, coercive practices such as involuntary admissions and forced treatments are still commonplace, undermining patients' autonomy and dignity. Strengthening legal protections

for individuals with mental health conditions is crucial to prevent abuses and ensure that their rights are upheld in all aspects of care.

In some regions, coercive practices, such as involuntary admission and forced treatment, remain common, violating patients' autonomy and dignity. Many countries also lack the legal protections needed to safeguard the rights of individuals with mental health conditions, leaving them vulnerable to abuses and neglect. Moreover, in humanitarian crises—such as conflicts, disasters, and forced displacement—mental health services are severely under-resourced. Populations affected by these crises face heightened risks of trauma, anxiety, and depression, yet mental health care is rarely prioritized in humanitarian responses, further exacerbating the mental health crisis among vulnerable populations.

Globally, mental health care often focuses heavily on pharmacological treatments, while psychosocial rehabilitation—a key component of a humanist approach—remains underdeveloped. Holistic care that addresses the social, emotional, and psychological needs of individuals is limited, especially in resource-poor settings. Additionally, mental health care systems frequently fail to address the social determinants of mental health, such as poverty, education, and housing, which are critical to achieving long-term recovery and well-being. These gaps are further compounded by inequalities in mental health research and innovation, where much of the research is centered in high-income countries, leaving LMICs with inadequate data on effective interventions tailored to their specific needs. Culturally appropriate care models, which are essential for humanist mental health care, are often lacking, as many mental health interventions are based on Western frameworks that may not align with local traditions and values.

c. Bloc Positions

- United States: The United States of America is a country well known for the use of addictive substances by its citizens. In this year, 48.5 million citizens battled with the use of substances. Updated research from 2023 shows that there are 50,516 Physical Therapy Rehabilitation Centers in the United States of America. Studies including the whole country, show that the creation and use of rehabilitation and care centers have increased considerably in the last few years. For the USA, religion remains an indispensable method in the rehabilitation of patients. The USA relies on religious practices as the main source of care and rehabilitation methods. In public health facilities, religions are highly respected. Humanism is not a common idea or practice in rehabilitation centers since letting themselves find a solution to their addiction could mean the patient could relapse.

- United Kingdom: In the United Kingdom you can find affordable and helpful rehabilitation and care centers in the country. Rehabilitation centers are either publicly or privately funded. The National Health Service (NHS) provides many rehabilitation and care services. Those who require a much more specific care service may assist a private residential clinic which is a commonly used method to ensure the patient gets a good quality service that helps them. Even though religions are well respected, they are not a usual rehabilitation practice anymore. Ideas of humanism are rather mainly followed by different health facilities.

- Norway: Norway is considered to be the country with the best rehabilitation facilities, methods, and results. Studies have shown that people who are rehabilitated do not commonly relapse into their past bad habits. Considering that Norway has one of the lowest rates of crime and is a very safe country. We can say that Norway has successfully taken action on its addiction and crime problems. Humanism is a much more common practice and belief in Norway. Although religious practices are encouraged,

and common, among citizens, most healthcare facilities do not use religion as their main method of rehabilitation and care.

- Portugal: Portugal is considered a role model in their rehabilitation and care methods. Even though in the past, Portugal was a country that struggled with the high rates of substance abuse by their citizens (even considered an epidemic issue), the effort they made to stop this, paid off and now Portugal has become one of the countries that counts with a great rehabilitation program. The methadone clinics and clean needle handouts led to a massive decrease in addicts. In Portugal, there are 170 recovery facilities for citizens that provide mental health treatment and education about the effects of drugs, something that makes them a well-known country in this matter. These facilities are not focused on including religious practices, nevertheless, they are not discriminated against if they do so.

- Switzerland: Switzerland's rehabilitation programs are considered a role model since their programs offer more individualized attention. The treatment sessions are often given to the patient individually to ensure the entire rehabilitation of the patient. In Switzerland, group therapy is not provided. Many studies may indicate that Switzerland's method of rehabilitation is more effective than other countries. Switzerland has made a significant impact in decreasing the citizen's use of alcohol or drugs without the huge use of religion as the main method of recovery.

- Thailand: The usual rehabilitation program is considered to be one of the best in the world but it is also considered harsh by Thailand citizens. This is because most people who attend these programs feel forced to do so. This is an actual problem since even though the rates of people attending this type of program have gone up, the rate of people relapsing has gone up too. Religion is used as an actual method to rehabilitate patients but is not often considered the best by them. Despite this, most clinics have changed their guidelines to other non-religious methods.

III.   Conclusion

In conclusion, the issue of care and rehabilitation, particularly regarding addiction and mental health, is multifaceted and requires a comprehensive approach grounded in human rights and evidence-based practices. While traditional methods, including religious frameworks, have shown effectiveness in specific contexts, there is a growing consensus advocating for humanist approaches that prioritize dignity, autonomy, and rational problem-solving. By recognizing the prevalence of various mental health conditions—such as substance use disorders affecting millions globally—we underscore the urgency of developing a global framework that addresses these challenges.

Historically, mental health care has evolved from inhumane institutionalization to more compassionate, community-based models, driven by significant reforms like the deinstitutionalization movement and the promotion of community mental health services. Member States demonstrate varying approaches to rehabilitation, from faith-based models prevalent in the United States to more secular, humanist-oriented care in countries like Norway and Portugal.

Despite these advances, significant disparities remain, particularly in low- and middle-income countries, where access to mental health services is often limited, and human rights violations persist. Statistics indicate that up to 85% of individuals with mental health conditions in these regions do not receive treatment. Therefore, a global framework must focus on inclusivity, human rights protections, and the integration of social determinants of health into mental health strategies, ensuring that care extends beyond mere medical treatment to encompass the social and emotional needs of individuals.

As the global community moves forward in addressing addiction and mental health challenges, it is essential to embrace a holistic approach that integrates evidence-based practices while promoting individual dignity and

respect. This framework will ensure that individuals receive the support they need not only to overcome addiction but also to reintegrate into society as empowered members, embodying the true spirit of humanist attention in care and rehabilitation.

IV. Essential Questions

1. What are the primary barriers to access mental health care in low- and middle-income countries (LMICs), and how do they differ from those in high-income countries?

2. How do global disparities in mental health resources and infrastructure impact the ability to provide equitable care across different regions?

3. How do cultural beliefs and stigma surrounding mental health conditions affect an individual's willingness to seek care in various countries?

4. In what ways are human rights violated in mental health care systems worldwide, and how do international frameworks like the United Nations Convention on the Rights of Persons with Disabilities (CRPD) address these violations?

5. What are the main differences between institutionalized mental health care and community-based services and what are the challenges in transitioning from one to the other?

6. How do factors such as poverty, education, and housing influence the prevalence and treatment of mental health conditions globally?

7. What are the obstacles to integrating mental health services into primary health care systems, and why is this integration important for improving access to care?

8. What legal protection safeguards the rights of individuals with mental health conditions, and where do current mental health policies fall short?

9. How do conflict, displacement, and natural disasters exacerbate mental health conditions, and what are the challenges in providing mental health care in humanitarian settings?
10. What is the role of pharmacological treatments versus psychosocial rehabilitation in mental health care, and how can they be balanced to provide holistic, person-centered care?

V. References

Alcohol and drug abuse statistics (facts about addiction). (2016, May 3). American Addiction Centers. https://americanaddictioncenters.org/rehab-guide/addiction-statistics-demographics

CFR.org Editors. (2007, May 30). What is the UN General Assembly? Council on Foreign Relations. https://www.cfr.org/backgrounder/un-general-assembly-unga-role

Drug rehabilitation in Thailand: Treatment or punishment? (n.d.). IDPC. Retrieved October 6, 2024, from https://idpc.net/blog/2021/04/drug-rehabilitation-in-thailand-treatment-or-punishment

Faith-based recovery: Stigmas & reasons for turning to religion. (2018, November 5). American Addiction Centers. https://americanaddictioncenters.org/faith-based-addiction-recovery

Functions and powers of the General Assembly. (n.d.). Retrieved October 6, 2024, from https://www.un.org/en/ga/about/background.shtml

Henken, W. (2021, August 25). Rehab in Switzerland. Addiction Center. https://www.addictioncenter.com/addiction/rehab-in-switzerland/

How Portugal tackled its addiction epidemic to become a world model. (n.d.). CBC. Retrieved October 6, 2024, from https://www.cbc.ca/radio/ideas/how-portugal-tackled-its-addiction-epidemic-to-become-a-world-model-1.5178848

Jang, S. J., & Johnson, B. R. (2022). Religion and rehabilitation as moral reform: Conceptualization and preliminary evidence. American Journal of Criminal Justice: AJCJ, 1–27. https://doi.org/10.1007/s12103-022-09707-3

Rehabilitation. (2024, April 22). World Health Organization: WHO. https://www.who.int/news-room/fact-sheets/detail/rehabilitation

United Nations Development Programme. (n.d.). Convention on the Rights of Persons with Disabilities. Retrieved October 6, 2024, from https://www.un.org/development/desa/disabilities/es/convention-on-the-rights-of-persons-with-disabilities.html

World Health Organization. (2024). Rehabilitation: Key considerations. https://www.who.int/publications/i/item/9789240031029