

Forum: Youth Assembly Sub-Commission 2 (YA2)

Issue: Promoting Mental Health Support to Prevent Self-Harming Behaviors

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PERSONAL INTRODUCTION

Dear delegates of the Youth Assembly,

My name is Foteini Mathioudaki, I am 16 years old and currently attending the 11th grade of Leonteios School of Athens. In the 12th annual session of the PSMUN conference, I have the utmost honor to serve as a Co-Head of the Youth Assembly's Sub-Commission 2.

Participating in the Youth Assembly can be a lovely experience and a great introduction to the world of MUN. As a delegate in the Youth Assembly, you will have the opportunity to connect with the MUN world for the first time, fruitfully debate on global issues while also trying to find functional and realistic solutions to them. For a few days you can take the role of a young leader and a changemaker. In the course of the conference, you will learn that issues can be approached in many different ways, and you will familiarize yourself with their different aspects. I hope that through your participation in this year's YA, you will feel empowered to become the best delegate you can as you progress with your MUN journey!

In this year's Youth Assembly, you will find a variety of topics that highlight many critical issues around the globe. The second sub-commission, specifically, will work on topics concerning "The Promotion of Mental Health Support to Prevent Self-Harming Behaviors" and "Addressing Freedom of Expression in the Music Industry". This study-guide will introduce you to the first topic of the Agenda and will provide you with some background knowledge, acting as a stepping stone for your further research.

If you have any questions or face any issues, I am always available at fotiniathiodaki88@gmail.com. I look forward to reading your innovative and effective solutions to this issue.

I can't wait to meet you all in person and hope for a fruitful debate and a productive, learning experience.

Best regards,

Foteini Mathioudaki

TOPIC INTRODUCTION

“People say things meant to rip you in half, but you hold the power to not turn their words into a knife and cut yourself” - Rupi Kaur, Milk and Honey

Self-harm is a frequent phenomenon, ascertained in various ways amongst mostly adolescents and teens. Although it is considered important not to stereotype the mental and inner torment of an individual, self-mutilating behaviors are widely misinterpreted by many, as a means of approval-seeking while also being associated exclusively with suicidal intentions.

Despite its commonness, “victims” of this phenomenon cannot be detected easily, as the act itself is often kept a secret. Additionally, it can be perceived as an immediate way to temporarily relieve themselves of stress and cope with traumatic experiences, often leaving permanent physical damage to their bodies. Except for body damage, mental trauma can also be caused and/or amplified. Those who do confess their experiences with self-injury and self-punishment often overcome it with pharmaceutical treatment and different methods of therapy.

Within the past decade and alongside the appearance of the COVID-19 Pandemic, the deteriorating mental state of young adults has deeply concerned society. After continuous investigation, researchers detected a noticeable increase in the number of victims of self-mutilation, suicide, and drug overdose within the first 15 months of the pandemic. It is, thus, critically important for societies to create conditions and environments allowing people to maintain a healthier lifestyle, reducing the factors that can lead to the development or perpetuation of mental issues, if the self-harming crisis is to be resolved. It is important to review and promote the role of mental health support in everyday life and understand that, to be effective, changes are necessary in most aspects of everyday life, and in the context of the workplace, educational institutions and even private environments.

DEFINITION OF KEY TERMS

Mental Health Promotion

“Mental health promotion attempts to encourage and increase protective factors and healthy behaviors that can help prevent the onset of a diagnosable mental disorder and reduce risk factors that can lead to the development of a mental disorder.”¹

¹Mental Health Promotion and Prevention | Youth.gov'. youth.gov, <https://youth.gov/youth-topics/youth-mental-health/mental-health-promotion-prevention>.

Mental Disorders

“A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behavior. It is usually associated with distress or impairment in important areas of functioning.”²

Coping Mechanism

“Coping mechanisms are the strategies people often use in the face of stress and/or trauma to help manage painful or difficult emotions. Coping mechanisms can help people adjust to stressful events while helping them maintain their emotional well-being.”³

Self-Harm

“The act of purposely hurting oneself (as by cutting or burning the skin) as an emotional coping mechanism. This is most regarded as direct injury of one's own skin tissues usually without a suicidal intention.”⁴

Self-Mutilation

“Pathological self-mutilation is the deliberate alteration or destruction of body tissue without conscious suicidal intent.”⁵

Overdose

“A drug overdose is taking too much of a substance, whether its prescription, over the counter, is legal, or illegal. Drug overdoses may be accidental or intentional. Though, it is considered a method of self-harm, as it hurts the individual by choice.”⁶

Self-Poisoning

“The intentional ingestion of more than the prescribed amount of any drug, whether there is evidence that the act was intended to result in death. People who self-poison are more likely to seek help than those who self-injure.”⁷

Eating Disorders

“Eating disorders are behavioral conditions characterized by severe and persistent disturbance in eating behaviors and associated distressing thoughts and emotions. They can be very serious conditions affecting physical, psychological, and social function. Types of eating disorders include anorexia nervosa, bulimia nervosa, binge

² ‘Mental Disorders’. Who.Int, 8 June 2022, <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.

³ ‘Coping Mechanisms’. GoodTherapy.Org Therapy Blog, <https://www.goodtherapy.org/blog/psychpedia/coping-mechanisms>.

⁴ Definition of SELF-HARM. <https://www.merriam-webster.com/dictionary/self-harm>.

⁵ ‘Self-Injury/Cutting - Symptoms and Causes’. Mayo Clinic, <https://www.mayoclinic.org/diseases-conditions/self-injury/symptoms-causes/syc-20350950>.

⁶ Spiegel, Alix. ‘The History and Mentality of Self-Mutilation’. NPR, NPR, <https://www.npr.org/2005/06/10/4697319/the-history-and-mentality-of-self-mutilation>.

⁷ Understanding Drug Overdoses and Deaths | Drug Overdose | CDC Injury Center. 19 Οκτώβριος 2022, <https://www.cdc.gov/drugoverdose/epidemic/index.html>.

eating disorder, avoidant restrictive food intake disorder, other specified feeding and eating disorders, pica, and rumination disorder.”

Anorexia nervosa

“Anorexia is an eating disorder characterized by an abnormally low body weight, an intense fear of gaining weight and a distorted perception of weight.”⁸

Bulimia nervosa

“Bulimia nervosa, also known simply as bulimia, is an eating disorder characterized by binge eating followed by purging or fasting, and excessive concern with body shape and weight. The aim of this activity is to expel the body of calories eaten from the beginning phase of the process.”⁹

Psychodynamic (psycho)therapy

“Psychodynamic therapy focuses on the psychological roots of emotional suffering. Its hallmarks are self-reflection and self-examination, and the use of the relationship between therapist and patient as a window into problematic relationship patterns in the patient's life.”¹⁰

Cognitive Behavioral Therapy (CBT)

“Cognitive behavioral therapy (CBT) entails talking therapies that can help you manage your problems by changing the way you think and behave. It is mostly used to treat anxiety and depression but can be useful for other mental and physical health problems.”¹¹

Dialectical Behavior Therapy (DBT)

“Dialectical behavior therapy (DBT) is a type of talking therapy. It is based on cognitive behavioral therapy (CBT), but it is specially adapted for people who feel emotions very intensely. The aim of DBT is to help you understand and accept your difficult feelings.”¹²

Borderline Personality Disorder (BPD)

“Borderline personality disorder is a mental health disorder that impacts the way you think and feel about yourself and others, causing problems functioning in everyday

⁸ ‘Anorexia Nervosa - Symptoms and Causes’. Mayo Clinic, <https://www.mayoclinic.org/diseases-conditions/anorexia-nervosa/symptoms-causes/syc-20353591>

⁹ ‘Bulimia Nervosa’. Wikipedia. Wikipedia, https://en.wikipedia.org/w/index.php?title=Bulimia_nervosa&oldid=1130897333.

¹⁰ ‘Psychodynamic Psychotherapy Brings Lasting Benefits through Self-Knowledge’. <https://www.apa.org/news/press/releases/2010/01/psychodynamic-therapy>.

¹¹ ‘Overview - Cognitive Behavioural Therapy (CBT)’. Nhs.Uk, <https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/>.

¹² ‘Dialectical Behavior Therapy (DBT): What It Is & Purpose’. Cleveland Clinic, <https://my.clevelandclinic.org/health/treatments/22838-dialectical-behavior-therapy-dbt>.

life. It includes self-image issues, difficulty managing emotions and behavior, and a pattern of unstable relationships.”¹³

Non-suicidal Self-Injury (NSSI)

“NSSI refers to the intentional destruction of one's own body tissue without suicidal intent and for purposes not socially sanctioned. Common examples include cutting, burning, scratching, and banging or hitting, and most people who self-injure have used multiple methods.”¹⁴

Psychopharmacology

“Psychopharmacology is the study of the use of medications in treating mental disorders. The complexity of this field requires continuous study in order to keep current with new advances.”¹⁵

Mood disorders

“A mood disorder is a mental health condition that primarily affects your emotional state. They can cause persistent and intense sadness, elation and/or anger. Mood disorders are treatable, usually with a combination of medication and psychotherapy”.¹⁶

Less Economically Developed Countries (LEDCs)

“Less economically developed countries (LEDCs) are low-income countries confronting severe structural impediments to sustainable development. They are highly vulnerable to economic and environmental shocks and have low levels of human assets.”¹⁷

BACKGROUND INFORMATION

The History of Self Harm

First documented in the late 19th century by researchers George Gould and Walter Pyle, the medical phenomenon of self-mutilation was reported amongst many women

¹³ ‘Borderline Personality Disorder - Symptoms and Causes’. Mayo Clinic, <https://www.mayoclinic.org/diseases-conditions/borderline-personality-disorder/symptoms-causes/syc-20370237>.

¹⁴ Klonsky, E. David, κ.ά. ‘Nonsuicidal Self-Injury: What We Know, and What We Need to Know’. Canadian Journal of Psychiatry. Revue Canadienne de Psychiatrie, τ. 59, τχ., σσ. 565–68. PubMed Central, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4244874/>.

¹⁵ What Is Psychopharmacology - ASCP - American Society of Clinical Psychopharmacology. 29 Νοέμβριος 2012, <https://ascpp.org/resources/information-for-patients/what-is-psychopharmacology/>.

¹⁶ ‘Mood Disorders: What They Are, Symptoms & Treatment’. Cleveland Clinic, <https://my.clevelandclinic.org/health/diseases/17843-mood-disorders>.

¹⁷ Least Developed Countries (LDCs) | Department of Economic and Social Affairs. <https://www.un.org/development/desa/dpad/least-developed-country-category.html>.

in Europe. These women were widely addressed as “needle girls”, as they coped with everyday distresses by puncturing themselves with sewing needles.

However, the “needle girls” were not the first case of self-mutilating behavior in the world. Armando Favazza, a certified psychiatry professor, after a long period of research has found evidence of self-harm in extracts of the ancient Greek historian Herodotus, where a Spartan leader appeared to throw himself against a wooden structure after displaying erratic behavior.

Although the history of self-injury can be considered vague to almost unexplored, it is accepted that, through the ages, different forms of self-harm have been employed, especially by young adults and teens.

Impact of the pandemic on mental health

When asked about the pandemic, individuals mostly think of its significant socioeconomic and political implications. Arguably though, the COVID-19 pandemic affected people’s mental health to an equal, and even greater, extent.

The impact of COVID-19 can be felt across most aspects of every day, having financial, social, and even democratic implications. To add to this legitimacy crisis, after people were deprived of socialization opportunities in conjunction with often severe financial issues, a mental health crisis arose.

The younger generations were the ones mostly struggling to handle their deteriorating mental health, and they were the social group most likely to resort to self-harming as a coping mechanism. Overall, the anxiety levels of all ages have been rising ever since the start of the pandemic, leaving more people in need of urgent medical care as regards mental health.

Defining Self-Harming Behaviors

Self-Harming behaviors can include any type of behavior where an individual injures themselves intentionally as a coping mechanism, either to manage possible occurring distressing thoughts or negative feelings. Such individual habits can be expressed, between other things, in the form of drug overdosing, skin burning or cutting. Any form of self-injuring conduct can be perceived as self-harming, irrespectively of the method and the harm caused.

Although self-harming habits are not generally considered independently of suicidal behaviors, there is a huge distinctive factor which can help an individual better understand both. This differentiating point is intention; individuals with suicidal tendencies will act with the conceived end goal of ceasing their life permanently. On the other hand, individuals who engage in self-harm often see it as a temporary way to cope with their overwhelming feelings or to feel anything apart from their emotional numbness.

Common Characteristics of Individuals who engage in Self-Harming Behaviors

The characteristics of people who engage in self-harm generally can vary greatly, but a few common characteristics have been noted in studies. Many people who display self-harming behaviors tend to suffer from chronic anxiety or eating disorders. Notably, other mental illnesses that have been associated with self-harming behaviors, albeit to a more limited extent, include borderline personality disorder, depression and post-traumatic stress disorder.

Self-harming behavior has been commonly associated with middle to upper class adolescent girls or young women. Nevertheless, studies have concluded that self-harming behaviors may occur irrespective of the level of intelligence, social status or financial stability of an individual.

Overall, all these characteristics reinforce the theory that self-harming behaviors develop as a method for coping with continuous and unreleased stress and/or mental and physical pain.

Treatments and other forms of support

There is no universally defined and agreed method to treat self-harming behaviors, as challenges and needs vary across patients. On a first level, awareness of the nature and possible causes of self-harm can help people who suffer better understand their situation and empower them to seek support from professionals and or their familiar circle. Persistent emotional support can help reduce the risk of severe injury and can prove helpful in tackling any possible underlying mental health illnesses that fuel or simply coexist with self-harming behavior. Moreover, professional assistance can help individuals identify and manage the issues that trigger self-harming behaviors and develop healthy problem-solving skills to handle everyday matters. More specifically, professionals may prescribe daily exercises and methods to cope with distressing situations and thoughts.

In the long term, therapy can be employed to support individuals overcome their tendency to harm themselves, but to be effective this requires some level of expertise. Throughout the years, many types of therapy have been applied, with Cognitive Behavioral Therapy (CBT) and Dialectical Behavior Therapy (DBT) being the most effective. CBT focuses more on one's emotions, cognition and behavior and expands the idea of their actions as consequences of their thoughts and feelings. DBT is a structured individual and group treatment that is based on mindfulness, interpersonal effectiveness, emotional regulation and distress tolerance. Overall, CBT and DBT have proven helpful to victims of self-harm, helping them redevelop their social and self-management skills over time.

More methods have been suggested and used in order to treat self-harming behaviors while avoiding medical treatment. In cases when an existing mental illness does not affect the daily life of an individual, then, alternative treatment methods such as art

therapy, activity therapy, anti-discrimination programs, meditation and group counseling have proven effective if attended consistently over long periods of time.

Access to medical assistance and medication can protect the life and basic wellbeing of individuals who harm themselves. In severe cases of self-harm, immediate access to emergency medical treatment can prevent the loss of life. Meanwhile, access to medication can assist in treating other mental illnesses that might be reinforcing self-harming behaviors, but also may help individuals face overwhelming emotions, thoughts and situations in their organized attempt to overcome their tendency to harm themselves.

Recognition of the issue by governments

In the World Health Report published in 2001, the World Health Organization (WHO) claimed that the rise in the number of people suffering from mental disorders could amongst other reasons be attributed to the failure of national governments to act on the matter. It was reported that more than 40% of Member States did not maintain any mental health policies, and that 30% of Member States did not run any mental health programs at a national level. To add to that, in over half of them, there was only one psychiatrist per 100,000 citizens and in more than 40% of hospitals did not have dedicated infrastructure for mental health related issues. Finally, 25% did not import at least one of the three most common medicines prescribed to treat conditions such as depression, epilepsy and schizophrenia. All these statistics painted a clear picture of how ignorant governments across the globe were to the importance and the challenges of supporting their citizens' mental health.

MAJOR COUNTRIES AND ORGANIZATIONS INVOLVED

United States of America (USA)

The effort that has been put into tackling this matter by the USA has been significant, as researchers and educational trainers have been targeting mostly preteens and young adults. Additionally, the USA is working to combat a significant number of prescription drug addiction cases, which are frequently linked to mental diseases, while also disseminating information through educational channels. Notwithstanding, the USA holds the biggest rates of deaths caused by suicide and/or self-harming behavior.

United Kingdom (UK)

The UK government has announced it is investing an additional £2.3 billion a year to expand and transform services in England, which will enable 2 million more people to access mental health services by 2023 and 2024. This is part of a larger effort by the government to meet the growing demand for these services. In England, at least 1 in 4 people experience mental health problems. In May of 2022, a 6% decrease was noted amongst the country's self-harm rates, lowering the number to 11,292

individuals. Concerningly, however, the acts of self-injury per individual have increased from 4.6 to 4.8 per year.

Denmark

Denmark has faced a severe increase of self-harm cases, even though it was one of the first countries to provide free and equitable access to mental health to everyone. While the financial issues the country is facing have been noted as the most important factor behind this increase, social media and cyber activity related pressures and bullying were also considered critical.

Germany

Germany has been taking significant action to handle its high rates of self-harming behaviors. The German city of Munich recently launched a four-level community-based intervention to enhance the treatment of depression and deter self-harming behavior, displaying the importance of tailored community based support systems.

Romania

The likelihood of dying by suicide is directly correlated with suicidal thoughts and self-harming behaviors. Increased suicide rates have recently been noted in Romania and around the world, particularly so in the wake of the COVID-19 outbreak. In 2014, research had shown that suicide was the most common way of death in Romania outside of natural causes. Since then, Romania has had 9.04 suicides per 10,000 habitants while also maintaining a stable rate of 9.35 cases of self-harming behaviors in 10,000 citizens.

World Federation for Mental Health (WFMH)

The World Federation for Mental Health is a Non-Governmental Organization that collaborates with educational centers, hosting amongst others, virtual informal courses and publishing useful handbooks on mental health and mental disorders. This Non-Governmental Organization (NGO), which was established in 1948 also proposed the World Mental Health Day.¹⁸

United for Global Mental Health

Their 2021–2023 strategy describes a vision for a society in which mental health assistance is available to everyone, everywhere, without stigma or limitations. They focus on four strategic impact areas i.e., rights, education, systems, and finance to deliver progress by utilizing their skills in advocacy, financing, and campaigning. Their website provides information and selected data about global mental health and offers support via Helpline over phone or virtual chats.¹⁹

¹⁸World Federation for Mental Health. <https://wfmh.global/>.

¹⁹'Home'. United for Global Mental Health, <https://unitedgmh.org/>.

United Nations Children's Fund (UNICEF)

This organization has worked with experts for over 70 years in total, decreasing the number of deaths of children and offering special helplines to adolescents in need. UNICEF's main goal is helping children in all nations claim their rights and express their abilities freely. As regards adolescent development and involvement, UNICEF adopts a life-course perspective, identifying crucial risks and opportunities that have an impact on the fulfillment of children's rights across their pre-adulthood years. UNICEF suggests giving adolescents the tools they need to actively engage in and express their thoughts to increase the opportunity for them to take part in their communities and the political processes that have an impact on them. Along with challenging social norms that impede such goals, they collaborate with partner organizations to create forums where teenagers may talk about their experiences.²⁰

The International Association for Suicide Prevention (IASP)

Dedicated to preventing suicide and suicidal behavior and alleviating its effects, IASP is considered to be a global leader in suicide prevention. It is strategically developing an effective global forum to discuss self-harm prevention, forming strong regional collaborative partnerships and promoting evidence-based action to reduce the incidence of suicide and suicidal behavior.²¹

World Health Organization (WHO)

The World Health Organization holds an important role in the promotion of mental health support, as it hosts informal campaigns and programs to raise the awareness of the general public. Some other actions include annual advocacy days.

The World Health Organization (WHO) defines mental health as “a state of wellbeing in which the individual realizes his or her abilities, can cope with the normal stresses of life, work productively and fruitfully, and is able to make a contribution to his or her community.”²² To advance both individual and societal mental health, WHO collaborates with Member States and partners to execute various strategies.

²⁰UNICEF. <https://www.unicef.org/>.

²¹International Association for Suicide Prevention'. IASP, <https://www.iasp.info/>.

²²Wellbeing and Mental Health: Applying All Our Health'. GOV.UK, <https://www.gov.uk/government/publications/wellbeing-in-mental-health-applying-all-our-health/wellbeing-in-mental-health-applying-all-our-health>

TIMELINE OF EVENTS

DATE	DESCRIPTION OF EVENT
1948	WFMH is established.
10 October, 1992	“World Mental Health Day” is celebrated for the first time.
1 October, 2001	WHO publishes its first Report addressing mental health, entitled “Mental Health: New Understanding, New Hope”.
2009-2010	Hotlines are established in many LEDCs.
March 2016	73 countries release a statement on the importance of mental health and its connection to human rights.
28 September 2017	The Human Rights Council (HRC) approves the Resolution on Mental Health and Human Rights.
1 July 2020	The Human Rights Council (HRC) calls for the promotion of a paradigmatic shift in mental health support mainly through strengthening of legal systems.

PREVIOUS ATTEMPTS TO SOLVE THE ISSUE

Declaration of the “World Mental Health Day”

On October 10th of the year 1992, the “World Mental Health Day” was declared and celebrated for the very first time by nations worldwide. The day serves the purpose of raising the public’s awareness, its effectiveness, however, has been judged as limited since many people until now choose to ignore it or not participate in any informational activities.

World Health Report 2001

On October 1st 2001, a World Health Report entitled “Mental Health: New Understanding, New Hope” was released. The main purpose of the report was to increase public and professional awareness on the true burden of mental disorders and the human, social, and economic costs associated with them, as well as to assist in removing obstacles such as stigma, discrimination, and insufficient services that prevent people all over the world from receiving the care they need and deserve. Its structure goes, firstly, by looking at the reach of prevention, the accessibility of

therapy and the barriers placed to it. It covers service delivery and planning in detail, and it finishes with the list of the aforementioned recommendations that each country can modify based on its needs and resources. This Health Report has been proven successful, as it established a point of departure for upcoming studies and development to use while also raising awareness of mental health worldwide.

[Supportive hotline in LEDCs](#)

Between the years 2009 and 2010, the establishment of supportive mental health hotlines was funded in LEDCs. This measure has proven successful, as there is a great number of people, nowadays, who receive help, remotely and regularly from experts that are working in these hotline centers, to an extent and level of quality that would have otherwise been impossible in rural and disconnected areas.

[World Health Organisation \(WHO\) Mental Health Action Plan](#)

The World Health Organization proposed a mental health action plan which was adopted by the World Health Assembly in May 2013. The action plan itself strives to advance human rights, promote mental health, prevent mental illness, offer care, aid in rehabilitation, and lower the mortality rates of those suffering from suicidal tendencies and self-harming behaviors. All of the WHO's Member States have vowed to commit to improving mental health in their nation and helping to achieve six global targets by 2020 as part of the organization's first mental health action plan. For obvious reasons, this plan was not fully successful with the unexpected appearance of the pandemic.

[Resolutions by the Human Rights Council \(HRC\) concerning mental health and human rights](#)

On June 29th, 2016 the first resolution combining mental health and human rights was passed by the Human Rights Council. In an effort to connect mental health with human rights, HRC had acknowledged the issue and proposed actions to be taken. Most More Economically Developed Countries (MEDCs) and LEDCs would, arguably, experience significant improvements if these proposed actions were executed fully and efficiently.

However, the goals set in the resolution were never reached prompting the passing of another landmark resolution in July of 2020. This resolution urged Member States to promote a paradigmatic shift in mental health through strengthening all policies and practices that can affect mental health.

POSSIBLE SOLUTIONS

Creating functional educational programs for students to address stigma and eliminate embedded prejudices.

In order for young adolescents to be informed correctly about the different types of self-harming behaviors, the formulation of educational programs is strongly suggested. Promoting knowledge and understanding will not only be crucial to each one but it will also help people feel more confident about seeking professional assistance since they will be able to better come to terms with their situation and effectively determine whether they need assistance.

Creating apps focusing on mental health support which will provide information and advice for people who engage in self-harm

It is true that, nowadays, technology plays a vital role in our lives. The creation of informational apps with free access to everyone will be not only useful, but also foundational for the mental uplift of victims of mental disorders. Even a little message or a notification on the individual's screen is proven to be very promising in the change of their mood. These apps will need supervisors, which could be mainly provided by NGOs that will employ their expertise in data management and psychology accordingly to update the apps according to the evolving needs of their user base.

Enhancement of legislations and policies concerning mental health services and the quality of life of people in distress

People who suffer from mental disorders can not only be assisted by more aware and accommodating societies, but also by the provision of better medical and psychological services. And the aforementioned two goals can be reached through strengthening a nation's policies. With the prices of psychopharmacological treatments rising in the past few years, people with lower incomes are not able to afford their or their family's medication. Therefore, this is a very important matter to address. By enhancing policies concerning mental health services, citizens in distress will have the opportunity to be provided with the right type of treatment, based on their conditions. Governments could also provide incentives to pharmaceutical companies to cooperate and assist with their programs.

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