



KING'S ACADEMY MODEL UNITED NATIONS 2026

# The World Health Organization

**PRESIDENT RESEARCH PACKET**

PRESIDENT: Hamza Sboul

**Addressing the Rising Mental Health Crisis in  
Post-Pandemic Southeast Asia**



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## President's Letter:

Dear Delegates of The World Health Organization,

It is a privilege to welcome you to KAMUN'26, and specifically, the World Health Organization committee. These next few days are filled with numerous debate sessions and endless opportunities for advocacy regarding global health challenges that require clear and logical thinking from passionate delegates. The WHO is a place where solutions must be feasible, supported with evidence, and aim to help a specific set of people.

I am Hamza Sboul, a current eleventh-grader at King's Academy, and I am this year's president of the World Health Organization. This committee is rather unique because it includes a combination of science, diplomacy, and a broad concern for humanity. This year, I want to set the bar high and do more than just debate ideas; we'll work together in order to turn those ideas into realistic plans that can make a real difference in the world, so I hope you're ready!

I can't stress enough the role health plays in the stability and progress of the globe. Education, economy, and development cannot occur without a strong public health system. The resolutions we make in this conference will mirror the kind of leadership the world truly needs.

This year, we will be debating two topics: "Implementing Community-Based Rehabilitation for Substance Abuse in Low-Income African Countries." Asks you to create culturally appropriate solutions that will help those who are struggling with substance abuse. "Addressing the Rising Mental Health Crisis in Post-Pandemic Southeast Asia" will require you to find ways to fight stigma and strengthen mental health systems in Southeast Asia.

I'd like to sign off with a quote from Mahatma Gandhi that states, "It is health that is real wealth, not pieces of gold and silver." Keep this in mind as we embark on this amazing journey together: I look forward to working with every one of you!

Sincerely,

Hamza Sboul

President of The World Health Organization

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## Introduction:

COVID-19 is widely recognized due to its negative health impacts on the globe. Southeast Asia has seen a dramatic increase in mental health disorder rates due to the pandemic. The disorders include depression, anxiety, and post-traumatic stress disorder (PTSD). Unfortunately, due to the poor mental health infrastructure, not everyone was able to access care, resulting in a severe treatment gap. There's only a limited number of properly trained and licensed professionals, in addition to the inequities between the urban and rural areas.

On top of this massive problem comes the stigma surrounding this issue. It discourages individuals from seeking any sort of professional help. The dual burden these communities in Southeast Asia face results in the need for healthcare workers to grapple with untreated mental illness alongside poverty, infectious diseases, and social instability. In addition, the workforce shortage and the underfunded services have affected the economy severely.

New challenges have arisen post-pandemic in Southeast Asia, including a rise in suicidality and economic hardships. These challenges tend to accelerate mental illness rates for the entire population, regardless of age groups. Some countries experimented with telepsychiatry and task-shifting in order to broaden access, but the progress isn't very promising. A lot of regions lack screening tools or a high-quality care continuum, which leads to poor results.

Southeast Asia's cultural diversity makes things much more difficult to deal with. Mental illness is usually disguised as another major negative traditional belief. In some communities, depression might be considered a result of spiritual imbalance, karma, or spirit possession. This negatively affects the community because individuals seek help from monks or shamans instead of licensed psychologists. This shows the importance of cultural psychiatry and psychosocial interventions. These adapt the treatment based on the local context. Moving outside of the clinic, resilience-building programs can be used to strengthen coping strategies in regions like this.

Mental health parity needs to be achieved if Southeast Asia wants to stabilize its recovery. Untreated mental illness will negatively impact education, productivity, and social norms for individuals and will likely cause the government a lot of trouble. Without a resolution, the region's ability to heal from the pandemic will move much more slowly and will leave major scars on the communities.

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## Definition of Key Terms:

### **Treatment Gap:**

The proportion of people who need mental health care, but don't receive it.

### **Workforce Shortage:**

The lack of psychiatrists, psychologists, and other counselors in Southeast Asia which negatively impacts all the communities and indirectly leads to stigma.

### **Telepsychiatry:**

A branch of telemedicine that provides psychiatric care online, making it easily accessible for anyone, anytime, anywhere. This can reduce stigma and can make it easier for those with mental health issues to speak up with a few button clicks.

### **Task-Shifting**

Training non-specialized health workers, such as nurses or several community leaders, to provide mental health support due to the lack of psychiatrists and psychologists.

### **Psychosocial Interventions**

Treatments that cover both mental and social factors, like group therapy and peer support.

### **Cultural Psychiatry:**

A field of psychiatry that studies how some cultural beliefs shape mental health and treatment.

### **United Nations Convention on the Law of the Sea (UNCLOS):**

Behaviors or thoughts related to suicide which drastically increased in Southeast Asia post-pandemic (refer to the graph, Appendix A).

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## **Care Continuum:**

The range of services covering early prevention all the way to long-term treatment and reintegration.

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## Major Parties Involved:

### **The Association of Southeast Asian Nations (ASEAN):**

The ten-member group consists of Indonesia, Malaysia, the Philippines, Myanmar, Thailand, Brunei, Singapore, Laos, Cambodia, and Vietnam. This association recognized mental health as a priority in its post-pandemic recovery framework. In 2021, ASEAN adopted the “Comprehensive Framework on Care Economy” and had many discussions regarding regional cooperation for mental health policy. However, implementation isn't as smooth, and is uneven so far.

### **The International Labour Organization (ILO):**

The ILO has a huge role in addressing workplace-related issues and mental health, especially for migrant workers in the low-income parts who experienced major economic strain during the pandemic, and are in desperate need.

### **The World Bank & Asian Development Bank:**

Both institutions finance healthcare reforms, like projects that try to close the treatment gap in Southeast Asia. Their funding support would help with infrastructure development, a few digital health initiatives to make the process more accessible, and the integration of mental health into universal health coverage.

### **The United Nations Children's Fund (UNICEF):**

UNICEF was involved in Southeast Asia during and after the pandemic, especially regarding the mental health of youth and adolescents. They create programs that include awareness campaigns, spreading it through schools, and emergency hotline services for children who face trauma or isolation.

### **Non-Governmental Organizations (NGOs):**

NGOs can help implement programs focusing on psychosocial interventions, resilience building, and ultimately help reduce stigma within the population. They are the bridge gaps when governments cannot provide enough services.

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## Timeline:

### 1993-2001:

The World Health Organization (WHO) launches its first comprehensive “Mental Health Action Programme,” which encourages Southeast Asian countries to integrate mental health into their public health agendas. The progress is very little, and it moves at a slow pace. Countries are prioritizing infectious diseases and reducing Poverty. In addition, the World Health Report 2001 shows the general neglect of mental health, and urges to reduce the treatment gap as soon as possible. Especially considering that Southeast Asia is noted as one of the most underfunded regions in the world for mental health infrastructure.

### 2017:

ASEAN health ministers issued the “Declaration on Building Mental Health Systems,” which aims to strengthen psychosocial interventions. However, the implementation isn’t full.

### March 2020:

The COVID-19 pandemic spreads and triggers lockdowns in Southeast Asia. The UN and The World Bank are concerned about a mental health emergency and give warnings. Anxiety, depression, and suicidality rates begin to spike at this point.

### October 2020:

UNICEF and ASEAN partner together and launch “Children and Youth Resilience Initiative,” as it targets the rising mental health struggles amongst children and all young adults during the pandemic.

### 2021:

Governments in Singapore and Thailand are starting to expand telepsychiatry services. On the other hand, countries like Laos and Myanmar fall behind because of their limited digital infrastructure, lack of resources, and constant political instability.

### 2022:

WHO-SEARO (Regional Office for Southeast Asia) begins the “Step Up for Mental Health” campaign, which helps focus on task-shifting strategies to help community workers with the main goal of providing basic mental health support to those in need.

### 2023:

The Asian Development Bank (ADB) gives new funding to integrate mental health into healthcare programs in Southeast Asia, which emphasizes mental health parity with physical health.

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## **2024:**

Post-pandemic evaluations by ASEAN and the WHO show that resilience-building programs have expanded, and most countries have severe shortages of trained professionals, along with constant stigma, which has left millions of people untreated.



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## Implications:

The COVID-19 pandemic resulted in Southeast Asia combating a spike in mental health issues, including anxiety, depression, and suicide rates climbing quickly and uncontrollably. WHO reports show that Southeast Asia has one of the highest mental health treatment gaps in the world. Ninety percent of those in need of care don't end up getting professional treatment. If it continues this way, the crisis would overwhelm the healthcare systems in ASEAN member states that have been fragile since 1993.

The economic impact of COVID-19 is alarming, and mental health disorders are projected to reduce workforce productivity, resulting in lower-quality work. The slow regional recovery from the pandemic leaves countries in that area reliant on risky industries such as tourism and manufacturing. National economies lose billions annually because untreated illness reduces worker participation and efficiency. With mass unemployment rates, the economy is reliant on risky factors. Therefore, treating this crisis is crucial.

From a humanitarian perspective, it's just as pressing. Vulnerable groups, including youth, women, displaced people, and many workers, are at high risk of developing long-term psychological trauma that can scar them permanently. If interventions aren't made immediately, the region can experience higher levels of suicide, more social isolation, and long-term consequences affecting younger generations.

Cultural stigma deepens the problem further. Southeast Asian countries portray mental illness as taboo, discouraging people from seeking treatment and leaving serious cases untreated. High rates of underreporting persist due to the stigma. There must be regional action, or the stigma will continue to harm the mental health of the majority of the population.

Finally, unequal access to mental health care between ASEAN states risks creating instability and widening inequalities. Wealthier members of ASEAN, such as Singapore, are handling the post-pandemic recovery more efficiently than Laos or Myanmar. If no action is taken, NGOs, security organizations, and international development banks may classify this as a humanitarian security threat, worsening social stability in post-pandemic Southeast Asia.

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## Proposed Solutions:

1. **Urges** WHO, ASEAN, and health ministries to create a regional summit to build a logical framework to address the growing mental health crisis in Southeast Asia;
  - a. The members of the summit should outline their national priorities while simultaneously aligning them with the WHO's Mental Health Action Plan,
    - i. Member states should commit to expanding the accessibility of mental health services that are affordable, especially in rural areas,
    - ii. Member states should designate new funding streams and international aid for mental health, while not reducing existing health budgets,
  - b. A unified strategy should be drafted during the summit for coordination purposes,
    - i. The strategy should include a regional referral system for specialized and professional care, alongside shared training programs for the mental health professionals,
    - ii. Any member state that doesn't comply with the regional strategy will be referred to the WHO to review its actions and give recommendations to help improve,
  - c. International collaboration will be open to all states and NGOs to help with the implementation process,
    - i. The misuse of international aid funds will result in suspension of aid until corrective measures are taken, to ensure that the funds are going to the correctly use,
    - ii. All international partners should ensure that their involvement respects the cultural values of Southeast Asian states and takes into account the ongoing stigma.

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## **“Food for Thought”:**

- Why did mental health indicators like anxiety and suicidality increase unevenly across the ASEAN states after COVID?
- What’s the fastest way to help protect youth mental health? School counselors, crisis lines, other...?
- How far can task-shifting, like training nurses being the ones to deliver basic care, go without risking quality and safety?
- Should suicide be decriminalized across all ASEAN states to reduce stigma and help improve reporting of mental health issues?
- How does the WHO ensure medication access while preventing over-prescription of certain drugs?
- What steps can close the treatment gap in Southeast Asia, considering that 80-90% of people with mental disorders receive no care?

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## Citations:

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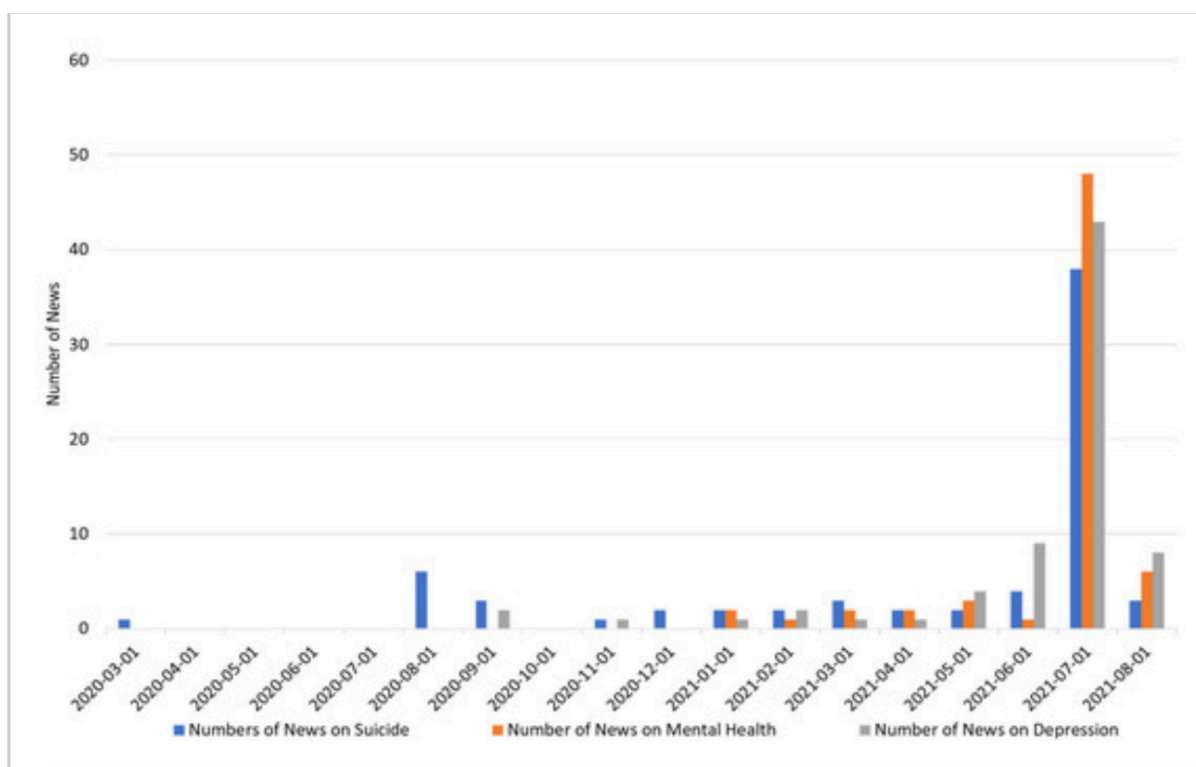
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## Appendix:

### Appendix A

Rusli, Noradila, et al. "Geospatial Mapping of Suicide-Related Tweets and Sentiments among Malaysians during the COVID-19 Pandemic." *Big Data and Cognitive Computing*, vol. 7, no. 2, 28 Mar. 2023, pp. 63–63, [www.mdpi.com/2504-2289/7/2/63](http://www.mdpi.com/2504-2289/7/2/63), <https://doi.org/10.3390/bdcc7020063>.

Exhibits the number of mental health, depression, and suicide rates in Southeast Asia during the COVID-19 pandemic. (Keep in mind stigma)



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## Appendix B

“How the COVID-19 Pandemic Has Affected Depression and Anxiety around the World.”

*TheLancet.com*, 2021, [www.thelancet.com/infographics-do/covid-mental-health](http://www.thelancet.com/infographics-do/covid-mental-health).

Exhibits how the COVID-19 pandemic has affected depression and anxiety around the world.

### The COVID-19 pandemic has had a large and uneven impact on global mental health

Cases of mental disorders rose sharply during the pandemic

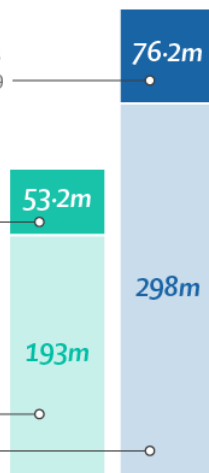
Cases in 2020

Major depressive disorder

Anxiety disorders

Additional cases due to COVID-19

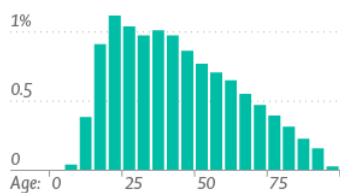
Baseline cases



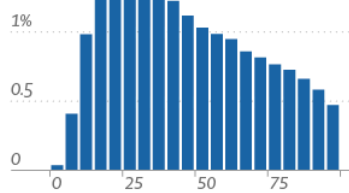
Younger people were hardest hit

Additional prevalence due to COVID-19, by age

Major depressive disorder



Anxiety disorders



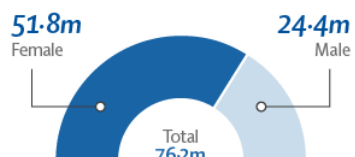
Increases were higher among females than males

Additional cases due to COVID-19, by gender

Major depressive disorder



Anxiety disorders



Read the full paper: Santomauro DF, Mantilla Herrera AM, Shadid J, et al. Global prevalence and burden of depressive and anxiety disorders in 204 countries and territories in 2020 due to the COVID-19 pandemic. *The Lancet* 2021. Published online October 8.

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