



American Model United Nations
World Conference on Youth

WCY/I/9

SUBJECT OF RESOLUTION: Promoting healthy lives and access to quality health care

SUBMITTED TO: The World Conference on Youth

The World Conference on Youth,

1 *Recognizing* the fundamental principle of national sovereignty, as outlined within Article 2 of the United
2 Nations Charter,

3 *Recalling* resolution 44/25 of 30 May 2007, the Convention on the Rights of the Child, which places emphasis
4 on the right to adequate mental health care and mental health development,

5 *Guided by* Article 25 of the Universal Declaration of Human Rights, which entitles everyone to a standard
6 of living that is adequate for their health and well-being,

7 *Reaffirming* the International Covenant on Economic, Social, and Cultural Rights and the World Health
8 Organization (WHO) comprehensive mental health action plan 2013-2020, which supports all persons' right to
9 adequate mental and physical healthcare,

10 *Recognizing* the apparent healthcare access disparity between rural and urban areas,

11 *Noting* resolution 36/28 of 13 November 1981, which defines "youth" as any person from the age of 15-24
12 years old,

13 *Noting with deep concern* the critical need for improved mental health awareness and education,

14 *Concerned for* the mental health of the youth living in conflict zones with high rates of violence and warfare,

15 *Deeply saddened by* the high youth mortality rates associated with mental illnesses,

16 *Alarmed by* the stigmatization of mental illnesses and its negative effects on those suffering from mental
17 illnesses and those deterred from seeking treatment,

18 *Aware of* the difficulty of raising funds to support increased healthcare access and treatment programs,
19 especially among developing nations,

20 1. *Affirms* Article 26 in the Convention on the Rights of the Child and encourages State Parties to undertake
21 the necessary steps outlined to support and implement mental healthcare resources for youth;

22 2. *Strongly urges* Member States who have not ratified the Convention Rights of the Child to ratify this
23 document;

24 3. *Recommends* Member States to recognize mental health as a key proponent of one's health and to recognize
25 mental healthcare as a right;

26 4. *Urges* the inclusion of mental healthcare in State-provided healthcare programming to ensure that optimal
27 mental healthcare treatment, access and resources are attainable for all;

28 5. *Requests* that Member States increase the number of available mental health professionals and available
29 treatment intervention options in which:

30 (a) urban and suburban communities should have access to psychiatric and psychological profession-
31 als within a 75 mile radius;

32 (b) the non-governmental organization (NGO) Doctors on Wheels should be utilized to provide
33 mental health care for those in marginalized and rural communities;

34 6. *Affirms* that access to mental healthcare at a young age, before one reaches the designation of a "youth,"
35 decreases the need for supplemental healthcare and further healthcare spending in the future;

36 7. *Urges* the body to promote life-course access to mental healthcare, which establishes mental health
37 treatment practices from a young age and allows Member States to alleviate supplemental healthcare in the future;

38 8. *Invites* partnership with the United Nations Children’s Fund (UNICEF), WHO and local governments
39 in order to make mental healthcare for youth more accessible and affordable;

40 9. *Welcomes* aid from donor organizations, such as the World Bank, to help implement the proposed
41 remedies;

42 10. *Proclaims* the following three principles to be of most importance in combating disparities in youth
43 mental health treatments and youth mental health outcomes:

44 (a) accessibility to mental health professionals and adequate treatment interventions;

45 (b) affordability of mental healthcare services;

46 (c) awareness and education to de-stigmatize mental illnesses;

47 11. *Proclaims* the critical need for enhanced educational programming that informs youth on the symptoms
48 of mental illness and the importance of seeking mental health treatment when symptoms first arise, including those
49 designed to:

50 (a) address the negative impacts of the stigmatization and misinformation surrounding mental illness;

51 (b) end the stigma surrounding mental illnesses and foster a productive and inclusive environment
52 within all Member States;

53 (c) provide informational resources about mental illnesses, including facts and statistical analyses of
54 these ailments and the threat they pose to their overall health and well-being;

55 (d) educate youth on how to recognize symptoms of mental illness and provide information about
56 treatment options, including counseling or therapy sessions, medical services, and community outreach programs;

57 12. *Draws attention to* the traumatic experiences that youth endure while residing in areas of conflict and
58 the resulting damage this inflicts on their mental health;

59 13. *Recommends* the African Mental Health Foundation, International Psychological Organization (IPSO)
60 Cultural Context, and South Asian Hub for Advocacy (SHARE) to partner with local governments and community
61 services to alleviate the financial burden for these intervention services;

62 14. *Suggests* that willing and able Member States increase their funding to the relevant bodies and organi-
63 zations;

64 15. *Calls upon* Member States to recognize the prevalence of mental illnesses in their states and their failure
65 to remedy this health disparity as it continues to stigmatize and marginalize mentally ill youth.

Passed, Yes: 30 / No: 5 / Abstain: 12