

**Forum:** General Assembly

**Issue:** Addressing the stigmatization of mental health patients in the Asia-Pacific region

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## Introduction

Mental health has been a significant public health issue in the Asia-Pacific region. Numerous countries in the Asia-Pacific region are currently facing a problem of handling the mistreatment of mental health patients despite increasing government officials and policymakers' attempts to promote national mental health reforms. Asia-Pacific region contributes to the high number of Disability Adjusted Life Years (DALY), which has remained unchanged relative to other diseases. It is alarming that fewer than half of those affected by mental health receive any proper treatment, recording 89% of the treatment gap in low-income countries, and 35 to 50% in high-income countries. This problematic situation of mental illness in the Asia-Pacific region has not only caused health and socio-economic burden in the country itself but also caused a lack of integration between the mental health patients and communities.

Stigmatization of mental health patients is one of the concerns brought up to the discussion among the Asia-Pacific region countries as the number of mental health patients is continuously increasing. There is 4% of the adult population in Singapore that experiences a diagnosable mental illness and 20% in Vietnam, Thailand, New Zealand, and Australia. However, due to the fact that mental health patients are considered dangerous and aggressive, there is a widespread tendency in the Asia-Pacific region to stigmatize and discriminate against people with mental illness. The stigmatization and discrimination have resulted in preventing mental health patients from seeking sufficient treatment, ultimately excluding them from the community. Even in Singapore, which is considered a westernized country, a study shows that mental illness is viewed as a personal weakness. The majority believed that mental health patients could get better if they wanted to. As a result, people with mental illness often lack quality life, not possessing a quality job, housing, health care, and affiliation. Yet, as Sustainable Development Goal (SDG) number 10 mentions reduced inequality, it is crucial for all countries in the Asia-Pacific region to work towards the elimination of mental health patient's discrimination.

## Definition of Key Terms

### Stigmatization

Stigmatization refers to any action of mistreating someone or something by contempt or disapproval.

Stigmatization of mental health patients can be formed by stereotypes, prejudice, and discrimination

of society. Stigmatization includes both the negative attitudes towards the mental health patients and families caring for the mental illness patients.

### Public-Stigma

Public-Stigma refers to public members' negative attitudes about people with devalued characteristics, the mental health patients in this case. It is the prejudice and discrimination directed at the group of mental health patients. The public-stigma towards people with mental illness can be seen in various ways, including public policy and media platforms.

### Self-Stigma

Self-stigma occurs when the mental health patients personalize the negative public attitudes and undergo countless unfavorable aftereffect as a result. Self-stigma usually leads to adverse emotional reactions, such as low self-esteem and poor self-efficacy. In the worst case, it can also, cause poor health outcomes and quality of life.

### Disability-adjusted life years (DALYs)

Disability-adjusted life year is the sum of the years of life lost due to premature mortality and the years lived with a disability. As mortality cannot represent the whole burden of disease that individuals endure, DALY is the way to describe the overall burden of illness of mental health patients.

## Background Information

With a population exceeding 4.3 billion, Asia-Pacific is a homogenous region with varieties of cultures, languages, religions, and ethnic groups. It also consists of various political and economic systems from the free market, the command market, and the mixed economic market. Thus, it is no bewilderment to see a wide variety of health care systems in different countries. Yet, despite the distinctive method of treating each government's health care system, a common feature regarding mental health and its patients can be found in all the Asia-Pacific region countries: stigmatization. Mental health in Asia-Pacific countries has long been considered negligible for past years that the severe impacts are rapidly rising in the current society. As global issues such as equality and discrimination are ongoing debates in our modern world, stigmatization towards mental health patients is getting more attention without a single doubt. The Asia-Pacific region governments have been cooperating to find practical approaches to reduce stigmatization that the mental health patients are receiving. With that being said, it is crucial first to understand different forms of stigmatization: family stigmatization, societal stigmatization, and media stigmatization.

### Family stigmatization

Stigmatization generally exists towards mental health patients and their families. However, unexpectedly, stigmatization of the mental health patients also occurs within mental health patients' families. Conflicts are caused within the family members due to the lack of families' obligations to accommodate patients. This ultimately leads to families of the mental health patients rejecting the

discharged mental health patients, sending the mental health patients back to institutions, or restraining them out of their houses in the worst case. Two primary reasons behind these actions are financial problems and difficulties in finding psychiatrists and caregivers.

### ***Financial problems***

The economic burden on mental health patients' families is prevalent in all the countries in the Asia-Pacific region. 96% of the Chinese population with a family member who has a mental illness has cited financial problems for restraining the family members with mental illness. It is estimated that it would cost about 30,000 rupees in India to get cognitive treatment from a psychiatrist. Due to the extreme cost of the treatment, it is hard for families with mental health patients, especially those with low incomes, to provide mental health care systems with a professional psychiatrist for the family member with a mental disorder.

### ***Finding psychiatrists and caregivers***

Even with the socio-economic background, the number of mental health patients in Asia-Pacific countries outnumbers the caregivers. In China, there are only 20,000 psychiatrists for a population of over 1.4 billion. This results in 92% of the mental health patients suffering from mental disorders deficient in treatment. Furthermore, 87% of the Chinese families who had family members with mental disorders stated that finding capable caregivers was difficult as there were too few caregivers. The causes of this treatment gap are neglect of mental illness, poor access to treatment and facilities, low numbers of qualified personnel, and inadequate funding, which are mostly induced by the stigmatization. Consequently, the responsibility for managing the mental health patients is left to the family members.

### **Societal stigmatization**

Societal stigmatization is the most prevalent as it creates an impediment for mental health patients and is structural in society. This means that the mental health patients with the stigmatized condition are regarded as less equal or take part in an inferior group. In this context, stigma is embedded in the social framework to create inferiority. As a result, mental health patients often have unequal access to treatment services or experience discriminatory policies. Furthermore, social stigma can also cause disparities in access to essential services such as housing for many mental health patients. Three models can be found regarding the development of public stigmatization- sociocultural, motivational, and social cognitive models.

#### ***Sociocultural model***

The sociocultural model stresses the contributions that society makes to individual development. In other words, interaction between people and the culture in which they live in is heavily interconnected. When it comes to the stigmatization in the sociocultural model, the societal

stigmatization develops to justify social injustices. Identification and label of individuals with mental disorders as unequal can be an example of the sociocultural model.

### ***Motivational model***

The motivational model focuses on the motivations caused by the needs of the people. The motivational model, Abraham Maslow's Hierarchy of Needs, explains how humans' needs are the basis for motivation. It states how each individual must satisfy each need, in turn, starting with the first, which deals with the most obvious needs for survival itself. Only when the lower order needs of physical and emotional well-being are satisfied, it is possible to be concerned with the higher-order needs of influence and personal development. However, due to the fact that mental health patients are in need of necessities, including biological and psychological conditions, it naturally places the mental health patients in lower socio-economic groups, the inferior group.

### ***Social cognitive model***

The social cognitive model refers to the interaction between people, their behaviors, and their environments. Personal factors, environmental factors, and behavior continuously interact through influencing and being influenced by each other. In the case of mental patients' stigmatization, people without mental disorders would view people with mental illnesses as different from them, thus treating the mental health patients as part of a distant category as themselves.

### ***Media stigmatization***

As media usage is becoming more prevailing in 21<sup>st</sup> century, media is not an exception where stigmatization of mental health patients occurs. The media often reports on individuals with mental illness, yet over 75% of the reports use stigmatizing languages. Stigmatizing languages that appear in the media include: using mental illness as the defining characteristic of an individual such as "paranoid schizophrenic," "alcoholic," or drug addict; describing mental health patients as helpless with little chance of recovery; using derogatory language such as "crazy," "insane," "mental," and "deranged." Stigmatizing on media through the usage of atrocious language certainly directly impacts the mental health patients and brings the consequences of trivialization.

### ***Trivialization***

Trivialization of mental illness refers to the act of making the issue of mental illness and mental health patients seem less significant by promoting mental disorders as not being severe or being less severe than it is. This is because the media minimize the seriousness and the painful consequences of mental disorders and portray people with mental disorders as a minimal factor.

Moreover, mental illness symptoms are sometimes described as being beneficial in broadcast media, such as television and film, through featuring mental illness symptoms, like delusions, as the positive characteristics of the characters, which can be offensive to mental health patients. On social media, there are cases of mocking mental health patients by appropriating mental disorders terminology. An example of this can be found on Twitter, where people use the hashtag OCD (#OCD) to describe one's obsession with cleanliness or organization.

## Major Countries and Organizations Involved

### Republic of Korea

South Koreans' perspectives towards mental health patients are adverse, resulting in severe mental health patients stigmatization. This has led to South Korea being the highest suicide rate country among 35 wealthy Organization for Economic Cooperation and Development countries (OECDs), which the mental illness is the most significant cause of suicides. Thus, numerous mental health issues are unreported in Korea, leading mental health patients to lack medical treatment for their mental health issues.

### People's Republic of China

Public stigma on mental illness and mental health knowledge is considered minor issues despite the considerable number of mental health patients in China: about 173 million people. Yet, over 90% of people with a mental illness in China have never been treated properly. Most of the mental health patients in China rely on informal social support for their treatment due to the country's extreme stigmatization.

### Japan

In Japan, it is believed that psychosocial factors such as personality weakness are the cause of mental illness rather than biological factors. Thus, only a small portion of the population believes that mental health patients can be recovered from mental disorders. Consequently, the majority of the general public in Japan keep the distance from mental health patients, not forming a close personal relationship with individuals with mental illness.

### Republic of India

A study shows that the prevalence of stigma toward mentally ill people in India was 74.61%, regarded as a high stigma rate. This high prevalence of stigma in India is mostly seen among females and people with higher incomes. Due to the increased stigma and discrimination rate in India, mental health disorders are one of the hidden disease burdens in the country.

### Asia-Pacific Economic Cooperation (APEC)

APEC is an economic forum of the Asia-Pacific region which supports sustainable economic growth and prosperity in the Asia-Pacific region. It has been a notion since 2011 that chronic disease will cost the global economy more than \$47 trillion, which a third is attributed to the mental disorders. APEC recognizes the crucial socio and economic impact of mental health and its obstacles, including social stigmatization. The impact of mental illness on APEC economies is widespread, causing costs that impede the achievement of economic development goals and threaten the wellness of communities and workplaces. Thus, it has been supporting the global mental health policy recommendations and local economy mental health plans into concrete, measurable results.

### **World Health Organization (WHO)**

The World Health Organization is a specialized agency of the United Nations responsible for international public health. Recognizing that stigma, discrimination, and neglect prevent mental health patients from receiving proper care and treatment, WHO has been inviting governments, including the Asia-Pacific region governments, to make strategic decisions and choices to bring positive change acceptance and treatment of mental disorders. It is constantly encouraging governments to take responsibility for actions to tackle the stigmatization of mental health patients.

### **Economic and Social Commission for Asia and the Pacific (ESCAP)**

ESCAP is a commission that promotes cooperation among the countries to achieve inclusive and sustainable development. As the ESCAP views the challenges of mental disorder and the consequences of stigmatization, especially in the youth, it promotes enhanced knowledge, developed capacity, and regional cooperation to improve the situation that the youth mental health patients face. It is also fostering conditions and mechanisms that develop improved livelihoods among young people by assisting governments in creating comprehensive national youth policies.

## **Timeline of Events**

<b>Date</b>	<b>Description of event</b>
September 9 <sup>th</sup> , 1998	"Ger" Project started in Mongolia with the assistance of the Soros Foundation and WHO, which established community-based day centers to utilize general health care staff to provide social and living skills training to mental health patients.
2005	China started the National Mental Health Service Model Reform Program "686 Program" to integrate hospital and community services for patients with serious mental illness.
2006	More than 65,000 mental health patients in China registered 686 Program, receiving improved mental healthcare.

2011	Community Psychiatry Services released in Hong Kong including Extended-Care Patients Intensive Treatment: Early Diversion and Rehabilitation Stepping-Stone (EXITERS) Project, providing 3-months hospitalization and home-like environment to any person in the recovery of mental disorders from age 18-65.
July 2013	APEC Life Sciences Innovation Forum (LSIF) and APEC Health Working Group (HWG) convened in Indonesia for the first roundtable dialogue to share experiences for APEC to support mental health.
2013	Mental Health Action Plan was published by WHO to provide comprehensive, integrated mental health and social care services in a community-based setting.
March 2015	"Sudachi-kai" (Flight from the Nest group) established in Japan which provides accommodation and vocational centers for mental health patients discharged from psychiatric hospitals.
September 1 <sup>st</sup> , 2020	Commencement of 2020 Mental Health Day Campaign Educational Material led by the World Federation's youth section.
October 10 <sup>th</sup> , 2020	Establishment of World Mental Health Day for the purpose of raising awareness and breaking down stigma regarding mental health issues.

## Relevant UN Treaties and Events

- United Nations Expert Group Meeting on Mental Well-being, Disability and Disaster Risk Reduction, UNU Headquarters, Tokyo, Japan (27–28 November 2014)
- World Bank / WHO Out of the Shadows Event, 13 – 14 April 2016 (Washington DC)
- Mental Health and Human Rights, 27 February- 24 March 2017 (A/HRC/34/32)

## Previous Attempts to solve the Issue

### Raising Awareness

A considerable number of countries have been seeking to tackle the stigmatization of mental health patients by raising awareness in communities. For instance, Early Assessment Service for Young People (EASY) in Hong Kong, Mental Health Promotion Project in Mongolia, Community Based Mental Health Program (CMHP) in Thailand, and District Mental Health Program (DMHP) in India are all focused on raising awareness among the population regarding mental health. These programs and organizations target various age groups, including adolescents, adults, and the elderly. Raising awareness is regarded as an effective solution to this issue as it can help the citizens of the countries to readdress their perception towards people with mental disorders. This has been done through various methods in ways such as educating the students at school, involving the communities and their leaders in mental health

promotion, and distributing informative sources such as booklets, films on mental health in the village, and cinema slides to the youth group, volunteer organizations, teachers, and government officials.

### Community networks and partnerships

Due to the stigmatization, it is a well-known fact that mental health patients are not receiving adequate treatment to cure their mental disorders. Yet, another cause behind the inadequate treatment for mental health patients is lack of resources. Thus, through forming community networks and partnerships, countries in the Asia-Pacific region were able to seek a way to increase the resources available to people with mental illness. These resources include community partners such as community agencies, Non-Governmental Organizations (NGOs), and volunteers, allowing further development of the countries in terms of local community services for mental health. An example of this can be found in Cambodia, the Mental Health Care model, which promotes effective patient advocacy by enhancing NGOs and community agencies and the community links and the role of families.

## Possible Solutions

### Mental health care system reforms

In response to such a global trend of stigmatization of mental health patients, countries in the Asia-Pacific region have begun to establish mental health policy. Despite the support, the governments in the Asia-Pacific region get from organizations such as WHO and Western Pacific Regional Mental Health Strategy for the reforms of mental health care system, social, economic, and cultural factors are preventing the Asia-Pacific region countries from adopting the community mental health care models of care. It is also hard for governments to find locally appropriate community mental health care and services. Thus, to pursue a constructive change in the region regarding the mental health care system, community treatment models that are innovative, culturally appropriate, and economically sustainable should be explored, developed, and shared. This can be done through not only sharing the information and possible treatment models within the countries in the Asia-Pacific region but also with the other members states of the United Nations and organizations involved in the mental health care system.

### Government subsidies for mental health patient's family

It is true that mental health patients are usually affected by stigmatization. Still, it is also essential to recognize the families of the mental health patients who have burdens on themselves for taking care of mental health patient family members. As the cost of mental health treatment is expensive and can be given economic loads on the family member, providing government subsidies can support the mental health patient's family in numerous ways. Since the primary reason for the rejection of discharged patients within the family member is the financial problem, government subsidies will also act as a solution to reduce the rejection rate of discharged patients.

## Campaign for mental health

The perception of society mostly stimulates stigmatization, and each individual's perspective and opinion can add to the level of stigmatization. Thus, it is important to be knowledgeable about the value of mental health and to fully understand what mental health patients are going through. On top of the educational system about mental health that some of the governments in the Asia-Pacific region are already implementing, holding campaigns organized by the government or organizations such as NGOs can target all age groups in the society to acknowledge the stigmatization the mental health patients are receiving, and to advocate for the mental health patients in the society. Personal stories and struggles of the mental health patients can also be shared through the process of the campaign, allowing the citizens to realize the conflicts the society is creating for the mental health patients.

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## Appendices

### Appendix I:

Mental health stigma and knowledge in China  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7310154/>

### Appendix II:

Perception of stigma toward mental illness in India  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4535113/>

### Appendix III:

Mental health policies in Commonwealth countries  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5775146/>

### Appendix IV:

Report on promoting mental health by WHO  
<https://www.who.int/whr/2001/chapter4/en/index2.html>

### Appendix V:

Mental health action plan 2013-2020 by WHO

[https://www.who.int/mental\\_health/publications/action\\_plan/en/](https://www.who.int/mental_health/publications/action_plan/en/)

## Appendix VI:

Report on stigma and discrimination by WHO

<https://www.euro.who.int/en/health-topics/noncommunicable-diseases/mental-health/priority-areas/stigma-and-discrimination>

## Appendix VII:

Report on the cause of stigma

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1489829/>