



Southern China International MUN

WHO: *On measures to mitigate education induced mental health issues*

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1. Description of the Issue

1.1 History of Issue

Mental health is a concept that has been gaining attention along the development of the global community. The World Health Organization defines mental health as “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community” (WHO). With this in mind, it is important to note that the well-being of an individual is the fundamental basis of mental health. Among the 17 Sustainable Development Goals (SDGs) listed by the United Nations in the year 2016, Sustainable Development Goal 3 (SDG3)¹⁹, is titled “Good Health and Well-Being,” which aims to target mental health issues around the world.

With the focus on mental health in SDG3, mental health issues have specifically been highlighted among the sectors of SDGs in Target 3.4. The UN Secretary-General Antonio Guterres claims, “one in four people experience a mental health episode in their lifetime, but the issue remains largely neglected.¹⁸” Mental health and well-being are already often ignored, which emphasizes the urgency of mitigating education-induced mental health issues to ensure younger generations’ positive mental well-being.

Despite the belief that awareness and proper acknowledgment of mental health is a recent phenomenon, its history can be traced back to early 3100 B.C., where ancient Mesopotamian culture had already previously recognized mental illnesses. It is argued that the causation of mental illness was largely due to “deities special to individual or villages.⁴” Furthermore, in ancient China, the Chinese believed that trauma was a possible catalyst for mental illness. In 1100 BC, they suggested that “mental illness was in reality a demonic possession.¹⁰” In ancient Hindu culture around mid-seventh to fourth BC²⁸, factors that may cause mental health issues were concluded to be from “inappropriate diet, disrespect towards the gods, teachers or others, mental shock due to excessive fear or joy, and faulty bodily activity¹¹”. Ancient and prehistoric beliefs only displayed possible reasons that causes mental health issues, but did not tackle on the how and why mental health issues appear.

The divergent responses of mentally ill patients undoubtedly puzzled physicians at that time. With a variety of diverse cultures and a need for explanation, “magical approaches to therapy and ritual evolves” came about in order to explain the “deviant or abnormal behavior as the work of demons, external spirit forces and poisons.¹⁵” During the Middle Ages (500AD -1500AD) however, the realm of mental health issues faced a turning point. In 1353, citizens living in Afro-Eurasia had just suffered from the fatal bubonic plague pandemic. Nearly half of the population was killed, and a period of great depression began to ferment. This event undoubtedly quashed the mystical explanations of mental illnesses; and the general population’s theories towards mental health issues gradually began to shift towards being increasingly scientific. People started realizing that the causes of mental illness were due to physical reasons and outer factors. Followed by the Renaissance period, the rise of humanism belief further pushed the supernaturalistic ideas about mental illness away¹.

Despite mental health still being widely misunderstood at the time, “London’s Bethlem asylum – better known as Bedlam – was founded.¹⁵” In 1547, Bedlam became one of the earliest historically recorded ‘hospital’ designated for treatment of mental illnesses. Then on, the term bedlam has often been tied with chaos, uproar, and pandemonium. This relationship between the word and the establishment of hospital furthermore reflects on the public’s opinion and opposing stances towards mental illnesses.

From historical records, mental health education has always been neglected. Luckily, past medical practitioners have learned lessons; they have learned that establishing a well-built system to prevent mental health issues raises awareness.

In the 1940s, not long after the Second World War, in service to the mentally harmed soldiers, the “foundation of the NHS (National Health Service) was born out of the urgent need to get research funding for mental health. Several years later, the National Mental Health Act was created by the “National Institute of Mental Health”. With its establishment, the act “passed as a result of Mental Health America’s advocacy²⁶”. Later on, in the 1960s, the Mental Health Research Funds proposed policies²⁵ that later then played a role in turning research of mental health into practice. Similarly in the 1990s, “Mental Health America launched its National Public Education Campaign on Clinical Depression with an unprecedented media launch reaching millions of Americans through public service announcements and advertising.²⁵”

Mental health issues are often interconnected with **depression** and **suicide**. Research studies have shown a relationship where 46% of people who commit suicide have mental illnesses²⁹. Despite the relationship between mental health issues and suicide being correlational as opposed to causal, the data is sufficient in proving the strong association.

With the emerging frameworks of the range of concepts, the World Health Organization incorporated four main **Individual Indicators of Positive Mental Health**.

1. **Sense of Coherence (SOC)** is a major scale that is widely used as a potential indicator of mental health and well-being.
2. **Self-esteem**
3. **Sense of Control**
4. **Optimism**

In addition, the World Health Organization also presented the three Individual Indicators of Mental Health Distress. In regards to these indicators towards negative mental health, they give an idea of an individual’s mental health distress rate.

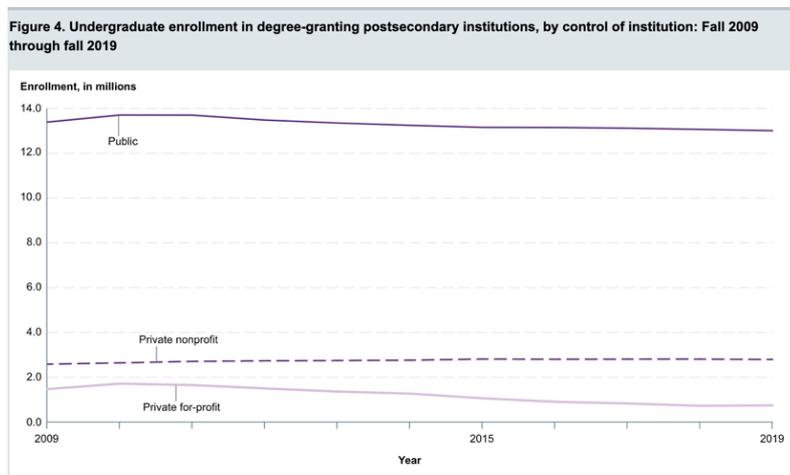
1. Kessler-10 (K-10) is a self-reported questionnaire that helps measure levels of mental health distress through questions about anxiety, level of restlessness, and depressive symptoms. This instrument allows oneself to rate their degree of mental health distress.
2. Short Form Health Survey – 36 Item (SF-36), is another survey that is often used in clinical research/practices.
3. **Suicide, self-inflicted injury and suicidal ideation** are major indicators of psychological distress.

Mental health issues are related to a variety of root causes ranging from tragic life experiences, life choices, genetics, childhood abuse, and more. Out of these, there is a prevalent correlation that exists between mental health and competitive education. In today’s modern society, more and more students are receiving better education. With this improvement, increasing competition and rivalry within the student body has also surfaced.

As academic stress often ties in with exams, the invention of exams and tests undoubtedly marked the inception of education-induced mental health issues. In ancient China, nationwide, standardized testing was conducted for recruiting government officials from as early as the Sui Dynasty (605AD). Despite this imperial civil examination being abolished 1300 years later, England adopted a similar practice in 1806; “her Majesty’s civil service and was later applied to education, which further influenced other parts of the

world gradually¹⁴”. The original intention of inventing standardized testing was to assess one’s ability and the “students’ own original content¹³”. Later on, taking such assessments also became the recommended way to apply to higher education such as universities. From the 1850’s and onwards,³³ higher education institutions chose to use standardized written tests for admission processes. To highlight one’s talent and intelligence among others, participants of the exams have a tendency to try exhibiting themselves as flawless students. Eventually, universities and government officials started seeking participants with higher potential, recruiting the finest participants of the top tier only. It has come to a point where peer pressure and education-induced stress has been revealed to be a major issue.

Unlike the past where only the utmost privileged had the opportunity to receive higher education, most students nowadays are obligated to apply and attend universities and colleges. Statistics from the National Center for Education have shown that in the timer period from 1991 to 2011, the percentage of enrollment has “increased by 11 percent from 1911 to 2001 and another 32 percent from 2001 to 2011²²”. This undoubtedly proves the success of using exams in increasing college admissions and making it accessible to all. However, such success is also followed by the painful academic pressure students have to face during the process.



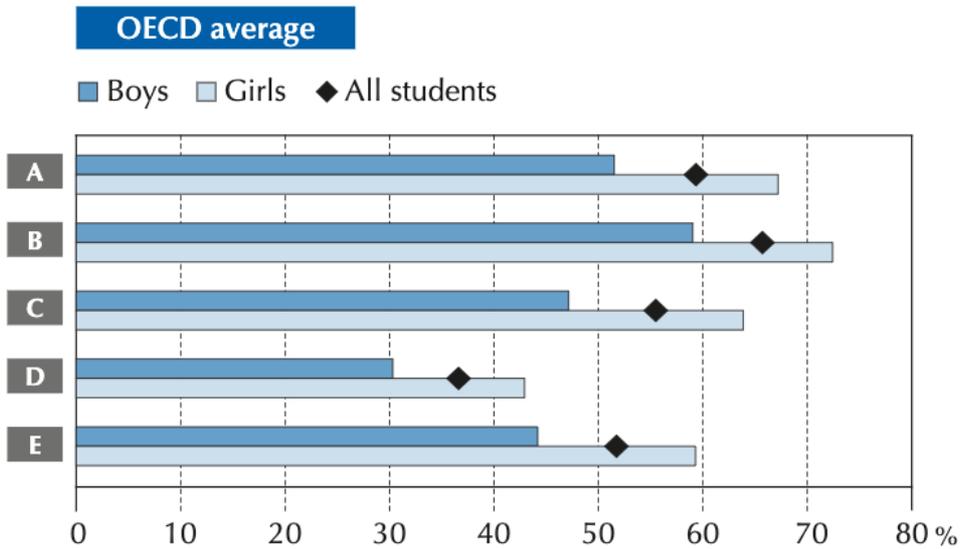
<https://nces.ed.gov/pubs2012/2012001.pdf>

As enrollment of students attending higher education increases, so does the threshold of getting into universities. Institutions often raises their threshold to ensure the quality of students they are accepting. This eventually causes some students to be unable to meet the entry requirements which results in self-doubt. This then adds on to their stress. These immense feelings of stress and anxiety to students are impacting them negatively. An “increase of academic pressure causes a dramatic increase in the amount of anxiety that [a] student feels¹².”

The specific factors that contribute to mental health issues in a competitive academic environment include the following: the omnipresence of **peer pressure**, piled up assignments of **heavy workload**, **academic/personal competition**, and **fear of failure**. Furthermore, it is found that especially students in secondary or higher education often face a wider range of continuance normative stressors, which are “normal day to day hassles such as ongoing academic demands.¹⁸”

Research studies have shown that students who receive secondary (high school) education and tertiary (post-secondary) education have self-reported stress and anxiety²⁰. Often times, the self-reported stress and anxiety are academic-related.

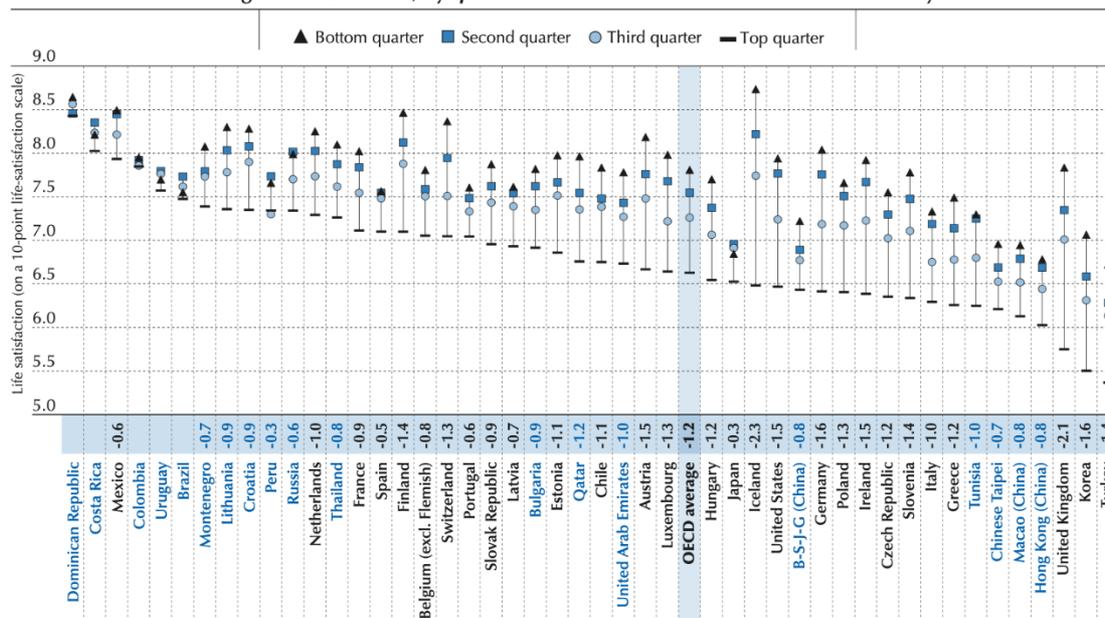
- A I often worry that it will be difficult for me taking a test
- B I worry that I will get poor <grades> at school
- C Even if I am well prepared for a test I feel very anxious
- D I get very tense when I study
- E I get nervous when I don't know how to solve a task at school



OECD. (2015). *PISA 2015 Results (Volume III)*. Paris, France

Example of stressors include peer pressure to achieve high marks, and self-blame when receiving poor grades. In fact, the **Organization for Economic Co-operation and Development (OECD)** conducted a survey with over 540,000 participants with ages ranging from 15-16. Among the 72 countries, 66% of students reported stress when receiving or fearing poor grades and 59% reported anxiety for a difficult test. Furthermore, the OECD discovered that despite thorough preparation, 55% still reported anxiety towards their test.

Figure III.4.3 ■ **Schoolwork-related anxiety and life satisfaction**
Average life satisfaction, by quarter of the index of schoolwork-related anxiety



Note: Statistically significant differences between the top and bottom quarters on the distribution of schoolwork-related anxiety are shown next to the country/economy name (see Annex A3).

Countries and economies are ranked in descending order of the average life satisfaction among students in the top quarter of the index of schoolwork-related anxiety.

Source: OECD, PISA 2015 Database, Table III.4.9.

StatLink <http://dx.doi.org/10.1787/888933470868>

OECD. (2015). *PISA 2015 Results (Volume III)*. Paris, France

The OECD also reported statistics regarding the relationship between schoolwork-related anxiety and life satisfaction. A test was given to students at different economic quarters, and is measured by giving participants a scale of 0-10, rating their life satisfaction. From the graph above, it shows that students in the top quarter of the index of schoolwork-related anxiety reported a level of life satisfaction that is “1.2 points lower than the students in the bottom quarter of the index.”²³ This displays that student in a more demanding education environment (such as additional extra class or after class schools) generally have low life satisfaction and high schoolwork-related anxiety. For example, the statistics displays that the relationship between life satisfaction and schoolwork-related anxiety is especially strong in United Kingdom and Iceland (both More Economically Developed Countries), with a significant 2.1 and 2.3 points lower than students in the bottom quarter²³. In other words, more than half of the standard deviation of life satisfaction scale. A point of more than 2 indicates a relatively strong association between life satisfaction and academically caused anxiety. In contrast, countries such as Brazil, Columbia, Costa Rica, the Dominican Republic, and Uruguay (Less Economically Developed Countries), displays a not-so-significant relationship²³. As citizens of LEDCs may not have potential to attend extra classes, competition among students is also not as significant. With statistics of several countries, it present the correlation between anxiety from school work and their life satisfaction.

Considering the evidences provided above, it is clear that the intense and competitive educational environments are what causes major problems of mental health issues for students. The reciprocal relationship between anxiety, depression, stress, with education is well-formed.

1.2 Recent Development

In the year 2015, the Organization for Economic Co-operation and Development (OECD) proposed policies towards mental health issues caused by education. Even though some are not physically conducted, it gave many states an outline to launch programs that can adequately decrease mental health resulting from education. For example, the existence of roles persists a number of different stressors towards both genders. It is traditionally believed that females pursue art and literature subjects while males tend to major in STEM subjects (STEM refers to Science, Technology, Engineering, and Mathematics). With the existence of these preconceptions, students may feel pressured to follow these rules. However, with the recommended policies

defined by OECD, it states to make “a collective effort to encourage student attitudes that are conducive to success, among both boys and girls and change behaviors that impede learning can give boys and girls opportunities to realize their potential and to contribute to society with their unique, individual capacities.”²³

As the student body encompasses pressure and tension, it adds on further severe stress. In a study conducted by New York University that examines stress in high school students found that “many subgroups of youth experience high levels of chronic stress, to the extent it impedes their ability to succeed academically, compromises their mental health functioning, and fosters risk behaviors⁴⁰”. With high school as a springboard to college, the student body often needs to orient themselves with competitive atmosphere of college administrations. Among 128 participants of the previous experiment, nearly half of them reported completing at least three hours of homework a day. Consequently, the same percentage with a similar group of people reported “feeling a great deal of stress on a daily basis⁴⁰”. Moreover, a further statistic founded by the American Psychology Association discovered that 68% of the student body’s stressors were academic responsibilities/pressure, with another 61% displaying anxiety.

It is worth mentioning that shortly after the discovery of **COVID-19** in the December of 2019, the virus swept across the world, causing mass chaos. The wave of the pandemic indisputably created new academic pressures. A recent study published in 2021 analyzed students’ academic stressors during the year which COVID was most prominent - 2020. Despite research not finding any substantial correlations between mental health and academic stress, results have proved that there was in fact “an increase in stress factors” during the height of the outbreak. It was often categorized as “methodological difficulties and heavy workload.”³⁷ With the existence of the heavy workload, many of students reported anxiety, depression, and sometimes suicidal thoughts. This adequately proves the underlying role COVID-19 played inducing academic related mental health complications.

Key Terms

Anxiety – an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure².

Depression – persistent sadness and a lack of interest or pleasure in previously rewarding or enjoyable activities³⁵.

Gender Role – The expected role determined by an individual’s sex and the associated attitudes, behaviors, norms, and values³.

Parent Involution – the overly intensified amount of effort parents put in towards grooming their children⁶.

2. Emphasis on the Discourse

2.1 Right Wing Approach

In the field of mental health issues caused by academic stress, the conservatives exhibit attention on this ongoing issue. The right wing’s approach to mental health issues are to increase awareness in the field. Right wing powers have proposed legislations to reach their goals in preventing patients undergoing severe mental health issues. For example, aiding patients to combat “anxiety or depression,” and gain “control over their treatment and receive the dignity and respect they deserve²¹” Moreover, the conservative party of the United Kingdom has also promised “£1 billion per year over the course of the parliament to prop up the existing social care system³⁴” in order to alleviate severe problems of mental health.

Despite a countries’ traditional political standing, cultural and religious differences must also be addressed. A conservative country like China has been greatly exposed to mental health issues (induced by education) in the past few decades. In order to raise public awareness in mental health, it has proposed to put in effort to invest in the field of mental health. In regards to investment, China’s stances on this is to “build mental

health rehabilitation system in the whole country and improve the accessibility of mental health services²⁷”. By improving the availability of mental health structures and creating a mentally healthy environment, academic stress related mental health issues would be well relinquished, as suggested by China. As this country is primarily conservative, the viewpoint shows an example of a right-wing approach towards the issue.

2.2 Left Wing Approach

In the same light, liberal approaches with respect to the issue presents a similar stance. Liberals choose to tackle mental health issues first by providing funding that can be used for promoting mental health services. Not only will direct subsidies be given but liberal states such as the United Kingdom have already “set out a comprehensive plan to put an extra £6 billion a year into the Nation Health Services (NHS) and social care, paid for by an extra 1p on income tax¹⁷”. With that being mentioned, the left-wing liberals intend to enhance the environment for mental health. Liberals also introduced the importance of mental health care counselors at post-secondary institutions as a key-point of their approach³⁸.

Some liberal countries such as the U.S.A. openly addresses problems of mental health issues that may be caused by education. Often times, many countries with liberal views have a relatively high rate of mental health issues in their citizens. This allows education induced mental health issues to draw greater attention. In fact, in some liberal countries, of all the patients that have mental illness, more than half of the citizens have access to proper mental health treatment²⁰. This rate of medical treatment once again proves the attentive action of the left-wing liberals on mental health issues. With this in mind, alongside the medical advances, the liberals take education into close consideration as a large factor of mental health issues. However, liberal approaches in Asian countries present to be significantly different than the viewpoint of Western countries. Mental health issues among Asian countries are not openly discussed. It is often perceived that it is a student’s mission to study. This bold statement has resulted in many “negative perceptions surrounding mental health in Japan,” and has in fact caused many people to suffer in silence³⁶”. Despite the existence of available treatment for mental health, “almost two-third of sufferers never seek help from health professionals³⁶”. The phenomenon of patients escaping from the adequate mental health treatment is considered rather severe in Asian liberal countries. Nevertheless, Japan is promising a full combat of mental health stigma in the country. As mentioned above, the majority of Asian liberal countries are presented with similar issues with regards to mental health problems, and therefore similar approaches can be taken.

2.3 Stances of intergovernmental organizations

The two major intergovernmental organizations pertaining to the issue of education induced mental health are the Organization for Economic Co-operation and Development (OECD) and the World Health Organization (WHO).

The OECD has implied policies regarding students’ well-being. The OECD chose to approach mental health issues through the hands of teachers. It proposed to “train teachers to recognize and address schoolwork-related anxiety.” It is believed that with collaboration of specialized health services, it will benefit the students and provide them with adequate treatment of mental disorders. Moreover, the OECD also showed strong interest in giving students “the means to take well-informed decisions for their future studies and careers.” In the report, a framework of similar career guidance is given as an example. Take the case of Singapore; the country has a fully developed system where students are given access to different aspects of career support throughout their school life in the form of counselling sessions.

Figure III.14.1 ■ **The Singapore Education and Career Guidance framework from primary school to working life**

	Upper primary	Secondary (13-16/17 years old)	Post-secondary (17/18-20 years old)	New entrants (20s)
	Awareness	Exploring and planning	Crystallisation and planning	Developing and transiting
Building self-awareness and personal management	Explore personal strengths, hobbies, interests	Develop self-awareness in areas of interest, abilities, values and career aspiration	Develop career self-concept	Take ownership of own career development
Exploring education, training and careers	Build awareness about the wide array of occupations in the world of work	Explore relevant courses of study and pathways linking to the world of work	Develop skills in acquiring and using sectorial career information	Develop skills and networks to facilitate entry into the chosen career
Develop plans and decision-making	Explore secondary schools and set goals in learning	Develop skills to plan, discuss with relevant others and make decisions on post-secondary education choices and careers	Develop school-to-work transition skills. Develop skills in planning and making informed decisions for further education and jobs	Navigate the world of work confidently and manage career transitions

Source: Adapted from Cheng, V. and E. Tan (2016), "Overview of education and career guidance (ECG) implementation in Singapore schools", www.asiapacificccda.org/resources/Documents/2016Conference/261_Overview_ECG%20in%20Sg%20Schs.pdf.

OECD. (2015). *PISA 2015 Results (Volume III)*. Paris, France

With the enactment of this career guidance in Singapore's schools, it is reported that students are able to find their pathways easier, which relieves students of stress about their futures¹⁴. As a result, anxiety and stress reports lessened.

The WHO has shared its concern towards solutions to bring attention towards mental health issues. For instance, in its resolution "WHA66.8 Comprehensive mental health action plan 2013-2020," it states to "promote and strengthen integrated community-based support and services as a multisectoral strategy that empowers all persons with disabilities to access, benefit from, and participate fully in inclusive education, employment, and health and social services."²⁰ Nevertheless, the proposal demands to reinforce education services that would allow people with all disabilities to access (especially of mental health). In addition, it promotes education that could potentially teach students how to manage stressful situations under academic pressure.

2.4 Stances of Developed Countries

Developed countries are completely in favor of mitigating education induced mental health issues. Many of the developed countries show a relatively low connection between stress and education, with Asian countries being the exception. In developed countries such as the United States of America (USA) and New Zealand (NZ), anxiety and academic expectations present a comparatively low relevance. According to recent studies, USA and NZ have the lowest mean score in the stress causing factor F3 and F6, anxiety and future expectations⁴.

Table 3. Cross-country Comparison of Stress Source

Stress	China (1) Mean SD		Taiwan (2) Mean SD		NZ (3) Mean SD		USA(4) Mean SD		F	p	Scheffe's
F1: Communication with teacher	2.6100	1.0141	2.9448	1.26159	2.4852	1.06571	1.5971	.71996	42.685	<.001	2>1>3>4
F2: Socialization	4.0390	1.28023	3.8595	1.46350	2.7920	.82872	2.2434	.86184	69.126	<.001	1>2>3>4
F3: Anxiety	2.6201	1.36009	4.0635	1.65026	3.4202	.83294	2.2390	.86115	70.363	<.001	2>3>1>4
F4: Part-time work	2.7078	1.40924	3.1657	1.78605	3.9720	.69648	3.1316	1.53146	15.305	<.001	3>2>4>1
F5: Personality	3.9610	1.27030	3.7961	1.36302	2.8067	.62558	2.7697	.70408	44.392	<.001	1>2>3>4
F6: Future expectation	3.8149	1.59036	4.6578	1.62252	2.7647	1.08695	2.4079	.97664	95.870	<.001	2>1>3>4

<http://www.wseas.org/multimedia/journals/education/2017/a045810-092.pdf>

Therefore, developed nations have positive stances towards established programs that can resolve academic and/or schoolwork related stress that cause mental health issues.

In the majority of developed Asian countries, parental involution is a common phenomenon. Complex issues of inequality among the student body and learning environment is seen as more severe under the presence of parental involution. Students no longer *just* face academic pressure with their peers, but also concerns

regarding the income levels of their family. “The overemphasis on performance has led to more well-off families enrolling their children in enrichment classes for better grades and to boost their chances of attaining purportedly better opportunities down the road⁶”. The academic environment in developed countries eventually form an imbalance between the poor and wealthy. Nonessential stressors are float up to the surface when students’ academics become segregated by income level. Unwanted mental health issues⁶ that could be avoided also become visible, due to the existence of an unfair academic environments. Consequently, most developed Asian countries are aligned with similar goals in combatting unnecessary academic stress among students. For example, South Korea is one of such Asian countries who are actively working on reducing pressure on students who strive for high academic achievements. While executing their plan, such countries are facing many obstacles.

2.5 Stances of Developing Countries

Developing countries present a moderate to high rate of mental health issues when it comes to education⁵. However, it is to be noted that developing countries and developed countries have similar stances in terms of their common goal to mitigate education induced mental health issues. For instance, Brazil and China, (as a developing country) have percentages of students’ schoolwork-related anxiety above 50%.

	Percentage of students who reported the following statements																							
	I often worry that it will be difficult for me taking a test				I worry that I will get poor <grades> at school				Even if I am well prepared for a test I feel very anxious															
	Strongly disagree		Disagree		Agree		Strongly agree		Strongly disagree		Disagree		Agree		Strongly agree									
	%	S.E.	%	S.E.	%	S.E.	%	S.E.	%	S.E.	%	S.E.	%	S.E.	%	S.E.								
Brazil	5.7	(0.2)	14.9	(0.3)	57.4	(0.5)	21.9	(0.4)	2.3	(0.1)	4.3	(0.2)	46.9	(0.5)	46.5	(0.5)	5.0	(0.2)	14.2	(0.4)	50.3	(0.5)	30.5	(0.5)
B-S-J-G (China)	6.0	(0.4)	28.3	(0.7)	51.7	(0.8)	14.1	(0.6)	4.6	(0.3)	16.0	(0.5)	54.7	(0.7)	24.7	(0.6)	7.2	(0.4)	31.1	(0.7)	47.9	(0.7)	13.9	(0.5)

OECD. (2015). *PISA 2015 Results (Volume III)*. Paris, France

Therefore, it is evident that many of the developing countries are in need of programs that can relieve academic stress caused by education, in order to mitigate mental health issues. As a result, developing countries have stances of supporting mental health awareness programs. Despite many developing countries wishing to promote and create mental health awareness programs, there are many economic limitations that keep them from enacting such ideas. For example, in Brazil, they prioritize other issues such as promotion of human rights, reducing inequality and corruption over mental health issues^{41, 42}. In the case of Brazil, its “responsibility and demand on health care grows and resources do not increase at the same pace,⁴²”. Their economic limitation prevents them from providing adequate health care and acts as a barrier to the country in enacting mental health awareness programs. This is the case in many other developing countries as well—they face issues that are prioritized over mental health.

3. Possible Solutions

3.1 In favor of Developed Countries

In general, most of the developed countries have a sufficient rate of education and awareness towards mental health. Therefore, developed countries would focus on proposing policies and programs that provide a competitive yet healthy environment within education. It is suggested that developed countries of the same political stances work together to create a proposal that is beneficial to the commonwealth. Among the policies, resources such as teachers trained to recognize schoolwork-related anxiety should be included. By doing so, such can correspond to the amount of workload given to students.

On the other hand, citizens of Asian developed countries interfere with flaws in their education systems. On many occasions, this eventually leads to stress and inequality imposed upon the student body²³. Even though the cycle of competition and stress circulates around the students, the problem extends to the involvement of their parents as well. As mentioned briefly in 2.4, parent involution plays a substantial role in regards to student’s education. Over-stressing students eventually cause a series of mental health issues. It is most likely that the developed countries (especially Asian) would agree on developing new policies to resolve the flaws and “issues in its education system, which are amplified by parental involution⁶”. With the promulgation of new policies, it is hoped that the drawback of parental involvement in their child’s

education will be addressed, and hence reduce academic stress among students.

Another possible solution that developed countries might consider is to implement acts that ban extra-curricular classes beyond the school's regular teaching. The imposition of this possible act can effectively prohibit student's potential of unhealthy competition. By putting this into effect, it is conceivable that peer pressure would not be manifested as much, rates of academic stressors will decrease, and hence abate mental health issues.

Moreover, developed countries could provide interventions for mental health issues. This could be in the form of building mental health care facilities that can effectively intervene when mental health emergencies occur.

3.2 In favor of Developing Countries

Generally speaking, developing countries would focus on establishing programs that educate the public on adequate definitions of mental health. In many developing countries nowadays, mental health issues are still an incomplete puzzle. Therefore, developing countries should prioritize raising awareness on mental health, despite its situation (the most ideal in education, academic stress). Furthermore, encouraging the recognition of mental health clinical practices, and targeting special resources to schools with relatively high relationship of mental health issues and academic stress could also be helpful solutions to reduce education induced mental health problems. With this in mind, these countries may take actions such as requesting financial compensation from developed countries. In return, developing countries will have a greater population of mentally healthy people. These people will later on become beneficial to their respective economies.

4. Keep in Mind the Following

Solutions proposed by Intergovernmental Organizations (such as WHO) must be universalized and be applicable to all nations that also adequately address the issue of mental health issues caused by education. While delegates research country stances/positions, focus on the major education-linked stress factor, the environment surrounding students, and the degree of mental health issues that are caused by education. Here are some questions to consider:

1. To what extent education intervention be allowed to reduce mental health issues?
2. What type of treatments could be proposed to mitigate education induced mental health issues?
3. Should the intervention of education be applied to all fields of academic pressure: peer pressure, academic/personal competition, social expectations?
4. How will the positive aspects of competition be preserved? How will we distinguish the good and bad of educational atmosphere?
5. As mental health is often neglected in some LEDCs, how will countries encourage policies to relive academic stress, and minimize mental health issues?
6. If policies are to be implemented, how will it be enforced, as many countries do not have resources to put policies into effect?
7. How can countries ensure that the people who need mental health treatment obtains the adequate resources?

5. Evaluation

The Deputy Secretary-General of United Nations, Amina J. Mohammed, states that mental health, "is also deserving of greater attention.³⁹" The issue of mental health has been circulating for a long period of time. This century has witnessed greater gains of global mental health awareness than any other time in history. Education, academic stress and such related anxiety gradually took over the concerns of factors causing mental health. Since there are no specific resolutions that address education induced mental health issues specifically, it is your task to propose sensible and practical solutions regarding the quandary. Terminate all detrimental factors that are unfavorable to the mitigation of education induced mental health issues. After all, as the saying goes, there is "no health without mental health."¹⁹

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