

# Houston Area Model United Nations Standard Committee

# WHO



Chair | Angelo Chen

Topic A: Expanding Psychosocial Health  
Services in Elderly Populations

Houston Area Model United Nations 49  
February 1 & 2, 2024

# Note to Delegates

Hello Delegates,

My name is Angelo, and I'm a sophomore Biosciences and Health Sciences double major at Rice University. I'm originally from New Jersey, one of the greatest states in the US.

I started Model UN my freshman year of high school, and I instantly fell in love with the format. After sticking with it for my entire high school career, I eventually became president of my school's chapter my senior year. Model UN pushed me to explore topics in vastly differing disciplines, all through the lenses of collaboration, diplomacy, and international affairs.

I wanted to chair WHO because of its relevance in our modern world, especially in light of the coronavirus pandemic years ago. Health is a crucial part of our wellbeing, and protecting it across the globe is the central goal of WHO.

Best of luck in your preparations and in committee; I'm excited to see both the depth and breadth of debate that we will be entertaining! I'm confident that you will all do amazing at HAMUN, whether you are new to the format or a seasoned MUNer. HAMUN is a great way to meet amazing people and forge lasting friendships.

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# Background Information

## Committee Background Information

The World Health Organization (WHO) was established in 1948 as a specialized agency of the United Nations, three years after its initial founding. It focuses on connecting nations across the globe to promote health, serve the vulnerable, and coordinate the world's response to health emergencies. WHO is the main health-related arm of the UN, and plays roles in expanding universal health coverage, designing rapid response teams, and developing preventative care measures. Its goal for the next few years is to focus on the Triple Billion targets, which intend to achieve health and wellbeing across the globe using science-backed policies and initiatives.

## Executive Summary

As medical care improves across the globe, the average human life

expectancy continually increases.

Roughly 10% of the world is currently over the age of 65, but that number is expected to be 16% by 2050. While aging comes with a host of medical challenges that must be addressed, one of the most pressing ones is psychosocial health needs.

Psychosocial health, which encompasses mental health, focuses on healthcare challenges such as loneliness, depression, and anxiety. It focuses on psychological conditions a patient may have, but also the ways and means in which their social environment may impact them.

Elderly populations are particularly prone to psychosocial health challenges, given their shrinking social network and hesitancy to receive mental health treatment. Coupled with their increased risk for factors like living alone, the loss of family and friends, or hearing and vision loss, psychosocial conditions are a huge challenge for older adults.



These conditions have real-world impacts on seniors, as studies have found things like loneliness and social isolation to increase one's risk of premature death, dementia, heart disease, stroke, and suicide. Therefore, it's imperative the psychosocial health needs are addressed.

The WHO needs to focus on expanding this type of healthcare, in both developed and developing nations. On top of expanding this care, there is also a need to promote its use. These are all pressing facets of the topic to tackle.

### **Topic Concept**

In recent years, the international medical community has increasingly emphasized the importance of mental/psychosocial health as a key component of one's well being. While developments in this area have improved health outcomes across the board, the focus on mental health for seniors has been largely glossed over.

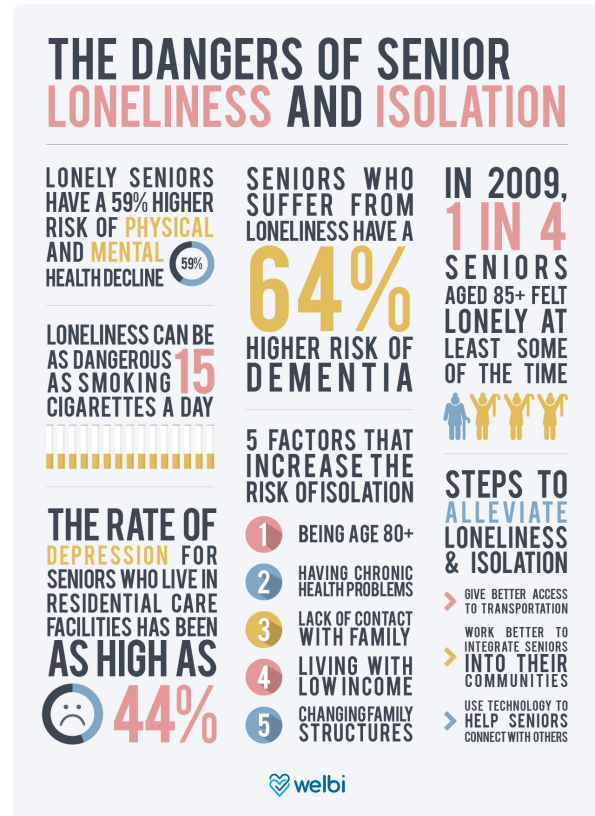
Given that the number of people over the age of 60 will double to over 2.1 billion people by 2025, senior psychosocial health will become increasingly more important.

Currently, roughly 14% of people over the age of 60 live with a mental health disorder. It is also estimated that 20% of people 55 or older experience some form of mental health concern. The Global Health Estimates 2019 (GHE), a data set used by the WHO, estimates that 10.6% of all disabilities suffered by older adults are psychosocial. Evidently, senior mental health is a very real and prevalent issue.

In the senior population, depression, a mood disorder, is the most common. Depression results in impaired social, physical, and mental functioning, which results in a pervading feeling of sadness and despair in affected individuals. When combined with other mental or physical disorders, depression can complicate treatment options. Depression also has tangential effects on other areas of senior health; according to the Centers for Disease Control and Prevention, "older adults with depression visit the doctor and emergency room more often, use more medication, incur higher outpatient charges, and stay longer in the hospital." Following depression, anxiety and severe cognitive disorders are the second and third most common mental health disorders facing older adults.



In order to address psychosocial health among older adults, it is important to first understand the risk factors associated with this group. Elderly mental health is affected by present-day social and physical environments, but it is also affected by the stress of cumulative life experiences. There are many stressors that affect the psychosocial health of seniors, including a loss of functional capabilities, the loss of family and friends, financial struggles, a lost sense of purpose, ageism, and the responsibility of caring for spouses with chronic health conditions. All of these risk factors are related to the primary risk factor in elderly populations, which is social isolation and loneliness. As people age, their social circles generally tend to shrink, which makes maintaining a strong social network difficult. Combined with functional problems and a reduced level of independence, it is even more difficult for seniors to build and maintain strong social ties to their community.



This isolation doesn't only affect the social wellbeing of seniors, but also has effects on their physical health. The Cleveland Clinic, a well-known healthcare system based in the U.S., states that chronic loneliness is associated with rising levels of the stress hormone cortisol, which can cause memory problems and other declines in mental and physical health, including a weakened immune system and an increased risk of cardiovascular problems." This means that weak social connections and their associated mental health conditions have real physical impacts on senior's lives. Social isolation and loneliness affects about a quarter of older people and is predicted to increase in upcoming years, so this risk factor is an important one to tackle.



In order to promote the psychosocial health of seniors, the WHO must adopt programs and initiatives that support areas of healthy aging. By creating environments that allow seniors to do what is important to them in spite of their functional and social challenges, the WHO can boost senior psychosocial health. The WHO lists the following as strategies for healthy aging: “measures to reduce financial insecurity and income inequality; programmes to ensure safe and accessible housing, public buildings and transport; social support for older adults and their carers; support for healthy behaviors, especially to eat a balanced diet, be physically active, refrain from tobacco and reduce alcohol use; and health and social programmes targeted at vulnerable groups such as those who live alone or in remote areas and those living with a chronic health condition.” Delegates should keep these ideas in mind when designing innovative solutions to tackle this problem.



To deal with the cornerstone issue of social isolation and loneliness, there are a multitude of potential avenues to explore. One of the primary methods is the design of meaningful social activities, which allows seniors to find community and purpose. Delegates should consider how the WHO can design initiatives to promote meaningful social activities.

Of course, prevention and addressing risk factors won't work on seniors already dealing with psychosocial health conditions. This is where the identification and prompt treatment of mental health conditions in seniors becomes important. Mental health conditions are normally diagnosed in counsel with a professional psychiatrist or therapist, but this often requires the patient to voluntarily seek help. Seniors are generally reluctant to seek this help, whether as a result of cultural norms or a lack of knowledge about mental health. It is therefore imperative to expand mental health professional access to seniors to enable them to receive the care and diagnoses they need.



For more advanced conditions such as dementia, it is important to consider how seniors can receive the medications and attention they need to live with dementia. On top of that, it is also important to take into account the struggles of their caregivers, and think of ways to alleviate the pressure caregivers may feel with their responsibilities. By combining these medical interventions alongside social and physical ones, the WHO can start working on addressing psychosocial health conditions in elderly populations.

## Topic History

The WHO has launched various initiatives and also engaged with other organizations in order to promote senior psychosocial health. One example is the “Decade of Healthy Aging” collaboration led by the WHO, which highlights various targets and initiatives to implement by 2030 to boost health aging. This includes a focus on topics like ageism, social isolation, and age-friendly environments.



**1. Change how we think, feel and act towards age and aging.**



**2. Ensure that communities foster the abilities of older people.**



**3. Deliver person-centered integrated care and primary health services responsive to older people.**



**4. Provide access to long-term care for older people who need it.**



The WHO also designed and adopted the “Comprehensive Mental Health Action Plan 2013-2030, which “sets out clear actions for Member States, the WHO Secretariat and international, regional and national partners to promote mental health and well-being for all, to prevent mental health conditions for those at-risk, and to achieve universal coverage for mental health services.”



Another program led by the WHO is the Mental Health Gap Action Program (mhGAP), which specifically focuses on mental health care in areas with low resources. This program is focused on “scaling up services for mental, neurological and substance use disorders for countries especially with low- and middle-income. The programme asserts that with proper care, psychosocial assistance and medication, tens of millions could be treated for depression, schizophrenia, and epilepsy, prevented from suicide and begin to lead normal lives– even where resources are scarce.”

These programs and initiatives are just a few among the many the WHO has adopted or collaborated on to improve senior psychosocial health. Delegates should try to understand the history and scope of these programs, but should also seek to expand their research to cover other programs that may focus on different niches in senior mental health.



## Case Study

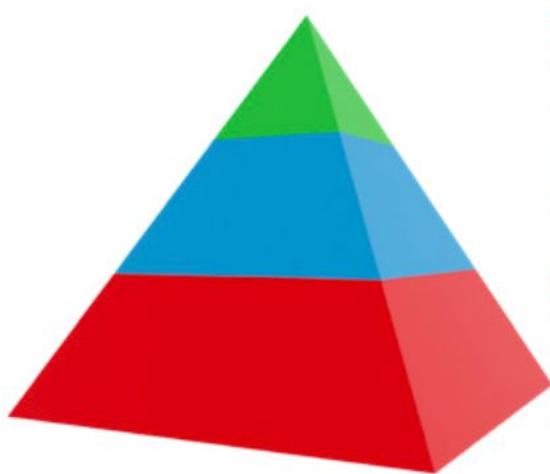
Sweden is ranked one of the best countries globally for elderly care, consistently being named as one of the top five by multiple ranking methodologies. Therefore, it is a good candidate to investigate in order to understand equitable and well-designed elderly psychosocial health systems. The success of the Swedish healthcare system can be attributed to three main pillars, which are economic participation, social participation, and health/well-being.



Sweden heavily emphasizes continued senior participation in the job market, and its policies are focused on motivating people to stay in the job market longer. The government focuses on providing incentives for seniors to remain in the job market, while also gradually increasing the retirement age. The use of this is twofold: it increases the tax base to support the Swedish national pension plan while also giving seniors a sense of purpose as they age.



The Swedish national pension plan is one of the cornerstones of elderly care, as it helps finance a pension and healthcare for older adults. Just like the American Medicare tax system, people in Sweden pay taxes annually to this pension plan that they get to use when they are older. By working longer, seniors both contribute more to this pension/healthcare plan and can get more out of it. Delegates should consider ways that the WHO can encourage member states to design and finance similar economic participation and care measures.



#### Voluntary personal private pensions

- Individual pension savings (IPS)
- Individual pension insurance

#### Occupational pensions (quasi-mandatory)

- covers 94% of all workers

#### Public pensions (universal)

- NDC (Income Pension)
- Funded Defined Contribution (Premium Pension)
- Minimum pension benefit (Guarantee Pension)
- Housing supplement

The second pillar of the Swedish elderly care system is social participation, which is known to be a critical means of reducing social isolation and loneliness in seniors. Every year, the Swedish government allocates money to “organize activities contributing to a sense of community and social stimulation among the elderly; set up meeting places for the elderly and opportunities for older and younger people to meet; and create conditions that make it possible for more older people to be engaged in voluntary activities.” One example of this is the SällBo project, which provided accommodations and shared living spaces for those aged 70+ and 18-25 years old to live together. This project aimed to facilitate intergenerational connection and social bonding among these age groups. Delegates should consider how the WHO can support similar social participation projects to help tackle senior psychosocial health issues.



The final pillar of the Swedish elderly care system is health and wellbeing, which focuses on how care can be provided for seniors dealing with mental health conditions. “Sweden offers universal and comprehensive health care, based on need rather than ability to pay. Health care and social care for the elderly in Sweden are decentralized, funded mainly by municipal and regional taxes and responsibility lies with regional and local authorities. The government-subsidized nature of Swedish health care ensures that healthcare is affordable to all. Older people have the right to claim and use public health and social care services. User fees, making up 3-4% of the costs, are capped and based on income. Private health care exists, but it is mainly used by patients using private companies which are under contract with the government authority responsible, meaning that for patients the costs of private and public health care are generally the same.” In other words, the Swedish healthcare system is well-prepared to provide the necessary care for seniors who may be struggling with mental health. Furthermore, the Swedish healthcare system has moved towards digital care in recent years. This includes electronic alarms in case of emergencies, technology to help in care administration, and telemedicine. These technologies make it much easier for seniors to get the care they need when they need it. Delegates should consider how similar solutions can be implemented globally, while also keeping in mind the differing healthcare and technological landscapes in different nations.



## Questions to Consider

- What policies and legislation has your nation adopted in the past that have helped address senior psychosocial health? How can they be translated onto the global stage?
- What barriers (economically, socially, culturally) exist in different nations and how can the WHO accommodate these differences?
- How can the WHO combat social isolation in the modern era? What new tools might be available to help with social isolation?
- How can member states finance senior mental healthcare and senior oriented programs?
- What are the differences between senior psychosocial health care between developed and developing nations? How can the WHO bridge that gap?





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