





CMIS GLOBAL VOICES MUN 2026

WORLD HEALTH ORGANIZATION (WHO)

STUDENT HANDBOOK

AGENDA

ADDRESSING THE GLOBAL MENTAL HEALTH CRISIS AMONG SCHOOL-GOING ADOLESCENTS

UNDERSTAND • SUPPORT • PREVENT • EMPOWER

“Every adolescent deserves a safe space to be heard and supported.”

MANDATE

The World Health Organization (WHO) is the specialized agency of the United Nations responsible for promoting health, preventing disease and coordinating international efforts to address global health challenges. Established in 1948, the WHO works with its Member States and partners to promote the highest attainable standard of health for all people. Its Constitution defines health as a state of complete physical, mental and social well-being, and recognises the highest attainable standard of health as a fundamental right of every human being.

The WHO works towards strengthening health systems, developing evidence-based health policies, providing technical guidance, supporting countries in improving access to healthcare and addressing the social and economic factors that influence health. The Organization also works closely with governments, United Nations agencies, civil society and other stakeholders to respond to emerging health concerns.

Under the present agenda, the committee will focus on the growing mental-health challenges faced by school-going adolescents aged 10–19 years. The committee will examine the causes and consequences of poor mental health, barriers to accessing appropriate care, the role of schools and families, the impact of bullying and digital platforms, and the shortage of mental-health professionals.

The committee will further deliberate upon the responsibilities of governments, educational institutions, healthcare systems, communities and international organisations in developing accessible, affordable, preventive and sustainable mental-health support systems for adolescents.

INTRODUCTION

What is Adolescent Mental Health?

Adolescent mental health refers to the emotional, psychological and social well-being of young people during the period of adolescence. According to the WHO, adolescence is the phase of life between 10 and 19 years of age and is a crucial period of physical, cognitive and psychosocial development.

During these years, adolescents experience significant changes in their bodies, emotions, relationships and understanding of themselves and the world around them. These experiences can influence their behaviour, decision-making, relationships, education and future health.

According to the WHO, approximately one in seven adolescents aged 10–19 years experiences a mental health condition globally. Anxiety, depression and behavioural disorders are among the leading causes of illness and disability among adolescents. However, many mental-health conditions remain unrecognised and untreated.

Mental health among adolescents is not limited to the treatment of mental disorders. It also involves creating environments that allow young people to develop resilience, emotional regulation, healthy relationships, coping skills, confidence and a sense of belonging.

School-Going Adolescents

Schools play an important role in an adolescent's development. They are not only centres of education but also places where students develop friendships, social skills, values and their sense of identity. As adolescents spend a significant portion of their formative years in educational institutions, schools can become an important setting for promoting mental well-being and identifying students who may require additional support.

At the same time, school-going adolescents may experience several forms of pressure. Academic competition, examinations, fear of failure, parental expectations, peer pressure, bullying, social exclusion and concerns about appearance and identity can contribute to emotional distress.

The increasing use of digital platforms has created additional challenges. Cyberbullying, harmful online content, social comparison and excessive engagement with social media can affect the mental well-being of adolescents. WHO recognises that exposure to adversity, peer pressure, violence, poverty, discrimination and difficulties within family and social environments can increase the risk of mental-health problems among adolescents.

The consequences of untreated mental-health conditions can extend well beyond adolescence. They may affect educational achievement, relationships, physical health and future opportunities. WHO also identifies suicide as the third leading cause of death among people aged 15–29 years.

Therefore, addressing adolescent mental health requires more than simply providing treatment after a problem occurs. It requires a comprehensive approach based on prevention, early identification, appropriate intervention, accessibility, protection from harmful environments and continued support.

The WHO has emphasised the importance of creating safe and supportive environments for adolescents and ensuring that they have access to appropriate health services, information and opportunities to develop life skills.

The central question before the committee is therefore:

How can the international community ensure that every school-going adolescent has access to a safe, supportive environment and timely mental-health assistance, irrespective of their economic or social circumstances?

HISTORY

The recognition of adolescent mental health as an important public-health concern has developed gradually. For many years, mental health was primarily approached through the treatment of diagnosed disorders rather than through prevention and promotion of well-being. Over time, international health organisations began recognising adolescence as a critical stage for developing emotional, social and psychological skills that influence health throughout life.

The World Health Organization (WHO) has increasingly integrated adolescent mental health into its broader work on adolescent health. The organisation has emphasised that mental health is influenced not only by healthcare services but also by family, school, community and social environments. Supportive environments and early intervention are therefore considered essential to adolescent well-being.

A major development came with the WHO Guidelines on Mental Health Promotive and Preventive Interventions for Adolescents, published in 2020 under the Helping Adolescents Thrive (HAT) initiative. The guidelines provided evidence-based recommendations for promoting mental health, preventing mental-health conditions and reducing self-harm and other risk behaviours among adolescents. They also encouraged the integration of mental-health promotion into health and education systems.

In 2021, WHO and UNICEF launched the Helping Adolescents Thrive Toolkit to support governments, schools, health professionals, social-service providers and communities in implementing these recommendations. The toolkit highlighted the importance of supportive environments, parental and caregiver support, psychosocial interventions and meaningful participation of adolescents in programmes designed for them.

The COVID-19 pandemic further brought adolescent mental health into global focus. School closures, social isolation, disruption of routines and increased uncertainty affected the emotional well-being of many young people. The pandemic demonstrated the importance of ensuring that mental-health support remains available even when traditional school and healthcare systems are disrupted. WHO and UNICEF subsequently continued strengthening school-based and community-based approaches to adolescent mental health.

In 2024, WHO and UNICEF released the Mental Health of Children and Young People: Service Guidance, calling for stronger, accessible and community-based mental-health services. The guidance recognised that many children and young people

who need mental-health support still do not receive it and encouraged countries to develop services suited to their individual social and economic contexts.

Thus, the international approach has gradually shifted from treatment alone towards prevention, early identification, psychosocial support, community-based care and the creation of healthy environments for adolescents.

CURRENT SCENARIO

Mental health among school-going adolescents has emerged as a significant global public-health concern. According to the WHO, approximately one in seven adolescents aged 10–19 years experiences a mental-health condition globally. Anxiety, depression and behavioural disorders are among the leading causes of illness and disability in this age group.

The problem is particularly important for school-going adolescents because mental-health difficulties can directly affect school attendance, academic performance, relationships, concentration and participation in everyday activities. Anxiety and depression may contribute to social withdrawal, isolation and difficulties in completing schoolwork.

Academic and Social Pressures

Adolescents today face multiple sources of pressure, including examinations, academic competition, parental expectations, peer pressure, concerns about identity and appearance, and the desire to fit into social groups. Exposure to poverty, violence, discrimination, family difficulties and other forms of adversity can further increase vulnerability to mental-health problems.

Digital Environment

The increasing use of social media and digital platforms has created both opportunities and risks. Digital platforms can facilitate communication, education and access to information, but exposure to cyberbullying, harmful content, social comparison and other online pressures may negatively affect adolescent well-being. WHO has identified media and social-media exposure as one of the factors that can influence young people's mental health.

Lack of Access to Mental-Health Services

Despite the scale of the problem, access to appropriate mental-health services remains inadequate in many parts of the world. A shortage of trained professionals, financial barriers, geographical inequalities and stigma can prevent adolescents from receiving timely support. WHO and UNICEF have emphasised that mental-health services for children and young people remain largely inaccessible in many settings.

Stigma

Fear of judgement and discrimination can prevent adolescents from discussing their emotional difficulties or seeking professional help. This can result in conditions remaining unrecognised and untreated, allowing difficulties to become more serious over time.

Suicide and Self-Harm

Severe and untreated mental-health difficulties can have devastating consequences. According to WHO, suicide is the third leading cause of death among people aged 15–29 years. This highlights the need for early identification, prevention and timely access to appropriate care.

Unequal Access

The burden is not distributed equally. Adolescents exposed to poverty, conflict, displacement, violence, discrimination and other forms of adversity may face additional risks. At the same time, countries differ significantly in their availability of trained professionals, school-based services and community mental-health infrastructure.

The Need for a Multi-Sectoral Approach

The present situation demonstrates that adolescent mental health cannot be addressed by healthcare systems alone. Schools, families, communities, governments, healthcare providers, international organisations and digital platforms all have a role to play.

The international focus is increasingly moving towards prevention and early intervention, strengthening community-based services and creating supportive environments rather than relying solely on specialised treatment after a mental-health condition has developed. WHO's recent guidance specifically encourages countries to strengthen community-level services for children and young people.

Therefore, the central challenge before the committee is to determine how countries can create accessible, affordable, preventive and sustainable mental-health systems that reach adolescents before their difficulties become severe.

PROPOSED SOLUTIONS

Addressing the global mental-health crisis among school-going adolescents requires a multi-sectoral approach involving governments, schools, families, healthcare systems, communities and international organisations. WHO's Helping Adolescents

Thrive framework specifically supports preventive and promotive interventions across health, education and community settings.

1. Strengthening School-Based Mental Health Services

Governments should establish accessible mental-health support within schools through trained counsellors, psychologists and referral systems. Schools should have clear procedures for identifying students who may require additional support while maintaining confidentiality and safeguarding.

WHO's recent guidance on school health services emphasises schools as important platforms for delivering equitable health and well-being services.

2. Mental-Health Education and Awareness

Mental-health literacy should be incorporated into age-appropriate school programmes. Students should be taught about emotional regulation, stress management, resilience, healthy relationships and when and how to seek help.

Such programmes should normalise conversations about mental health and reduce stigma rather than treating mental health only as a medical issue.

3. Training Teachers and School Staff

Teachers are often among the adults who interact with adolescents most frequently. Governments and education authorities should provide basic training to teachers in recognising warning signs, responding appropriately and referring students to qualified professionals.

WHO and UNICEF's HAT initiative includes teacher-focused resources and school-based socio-emotional learning approaches.

4. Strengthening Socio-Emotional Learning

Schools should introduce structured programmes that develop empathy, communication, problem-solving, coping skills, resilience and emotional awareness.

These programmes should be universal so that students are not singled out or labelled because of their mental-health needs. WHO's evidence-based guidance supports psychosocial interventions for adolescents.

5. Creating Safe and Inclusive Schools

Governments and schools should implement strong policies against bullying, discrimination, harassment and violence. Schools should provide safe spaces where students can report concerns without fear of humiliation or retaliation.

WHO's HAT framework recommends improving environments in schools, communities and digital spaces, including school climate, safety and teacher support.

6. Addressing Cyberbullying and Digital Risks

Member States should promote digital literacy and responsible technology use among adolescents, parents and teachers. Schools should educate students about cyberbullying, privacy, harmful online content and healthy digital habits.

7. Supporting Parents and Caregivers

Parents and caregivers should receive guidance on recognising emotional distress, communicating with adolescents and creating supportive home environments. WHO and UNICEF specifically identify caregiver support as an important component of adolescent mental-health programmes.

8. Affordable and Accessible Mental-Health Care

Governments should integrate adolescent mental-health services into existing primary healthcare and community systems so that support is available beyond major cities. Services should be affordable, confidential, culturally appropriate and accessible to vulnerable groups.

WHO's 2024 service guidance stresses the need to strengthen community-level mental-health services for children and young people.

9. Early Identification and Referral

Schools should establish simple referral mechanisms for students showing persistent signs of anxiety, depression, behavioural difficulties, self-harm risk or severe emotional distress. Early identification can prevent problems from becoming more severe.

10. International Cooperation and Funding

WHO, UNICEF, governments, NGOs and other international partners should cooperate on research, training, funding and sharing effective practices. Low- and middle-income countries should receive technical and financial support to develop sustainable adolescent mental-health systems.

BLOC POSITIONS

In WHO, delegates represent countries, not political parties. Therefore, bloc positions should be based on countries' broad policy priorities and socioeconomic contexts rather than domestic political parties.

1. European Union / High-Income European States

These countries are likely to support strong school-based mental health systems, preventive programmes, digital safety measures, antibullying policies and integration of mental health into education systems.

Likely priorities:

- i. School psychologists and counsellors
- ii. Mental health education
- iii. Antibullying programmes
- iv. Digital wellbeing
- v. Early intervention
- vi. Protection of children's rights
- vii. Evidence based policies and data collection

2. United States and Other High Income Developed States

This bloc may emphasise early intervention, accessibility of professional services, school-based programmes and public-private partnerships.

Likely priorities:

- i. Increasing mental-health professionals
- ii. Tele-mental-health services
- iii. School counselling
- iv. Suicide and self-harm prevention
- v. Digital mental-health tool
- vi. Research and innovation
- vii. Public-private partnerships

3. India and Other Large Developing Countries

This bloc is likely to emphasise the large adolescent population, shortage of trained professionals, affordability and the need to expand services beyond urban centres.

Likely priorities:

- i. Affordable mental-health services
- ii. School counsellors
- iii. Teacher training
- iv. Community-based services
- v. Reducing stigma
- vi. Rural and semi-urban access
- vii. Government-funded programmes
- viii. Multilingual and culturally appropriate resources

4. African States

Many African countries may focus on resource limitations, shortages of mental-health professionals, rural access and community-based solutions.

Likely priorities:

- i. WHO technical assistance
- ii. Training community health workers
- iii. School and community programmes
- iv. Affordable services
- v. International funding
- vi. Reducing stigma
- vii. Reaching vulnerable and disadvantaged adolescents

5. Latin American and Caribbean States

This bloc may give considerable attention to social inequality, violence, family circumstances, school environments and access to community-based support.

Likely priorities:

- i. Community mental-health centres
- ii. School-based prevention
- iii. Protection from violence
- iv. Family support
- v. Anti-discrimination measures
- vi. Youth participation
- vii. Accessible psychological services

6. Middle Eastern and Conflict-Affected States

Countries experiencing conflict, displacement or humanitarian crises may emphasise the mental-health consequences of war, displacement, violence, poverty and disruption of education.

Likely priorities:

- i. Mental-health and psychosocial support in humanitarian settings
- ii. Support for refugees and displaced children
- iii. Trauma-informed care
- iv. Safe schools
- v. International humanitarian funding
- vi. Community-based services

7. Asian States

Asian countries may emphasise academic pressure, stigma, family expectations, rapid digitalisation and unequal access between urban and rural communities.

Likely priorities:

- i. Reducing academic stress
- ii. School counselling
- iii. Parent awareness
- iv. Digital well-being
- v. Mental-health education
- vi. Teacher training
- vii. Affordable community services

POSSIBLE ALLIANCE / BLOC COMBINATIONS

Delegates could potentially form broader working blocs around common objectives:

Bloc A – Prevention & School-Based Support

Countries prioritising mental-health education, counselling, teacher training and safe-school policies.

Bloc B – Accessibility & Healthcare Infrastructure

Developing countries focusing on affordable services, workforce shortages and rural/community access.

Bloc C – Digital Mental Health & Technology

Countries interested in tele-counselling, digital literacy, responsible social-media use and online safety.

Bloc D – Humanitarian & Vulnerable Adolescents

Countries focusing on refugees, conflict-affected children, poverty, violence and marginalised communities.

Bloc E – International Cooperation & Funding

Countries advocating for WHO/UNICEF coordination, international funding, research partnerships and capacity building.

SUGGESTED MODERATED CAUCUS TOPICS

The following topics are designed specifically for the WHO committee and the agenda “Addressing the Global Mental Health Crisis among School-Going

Adolescents.”

1. Academic Pressure and Adolescent Mental Health

Motion: Discussing the impact of academic pressure, examinations and parental expectations on the mental well-being of school-going adolescents.

2. Role of Schools in Mental Health

Motion: Discussing the role of schools in promoting mental health and providing early support to adolescents.

3. School Counselling and Early Intervention

Motion: Discussing mechanisms for strengthening school-based counselling, early identification and referral systems.

4. Mental Health Education

Motion: Discussing the integration of age-appropriate mental-health education and socio-emotional learning into school systems.

5. Bullying and Cyberbullying

Motion: Discussing international strategies to prevent bullying and cyberbullying among school-going adolescents.

6. Social Media and Digital Well-being

Motion: Discussing the impact of social media and digital platforms on adolescent mental health and possible regulatory measures.

7. Teacher Training

Motion: Discussing the role of teacher training in recognising early warning signs of mental-health difficulties among adolescents.

8. Accessibility of Mental-Health Services

Motion: Discussing measures to provide affordable and accessible mental-health services to adolescents, particularly in rural and underserved communities.

9. Mental-Health Stigma

Motion: Discussing strategies to reduce stigma and discrimination associated with seeking mental-health support among adolescents.

10. Vulnerable Adolescents

Motion: Discussing targeted mental-health interventions for adolescents affected by poverty, violence, displacement, conflict and discrimination.

11. Role of Parents and Caregivers

Motion: Discussing mechanisms to strengthen parental and caregiver support for adolescent mental well-being.

12. Community-Based Mental-Health Care

Motion: Discussing the transition from institution-based care towards accessible community-based mental-health services for children and adolescents.

13. Suicide and Self-Harm Prevention

Motion: Discussing preventive strategies for suicide and self-harm among school-going adolescents.

14. International Funding and Technical Assistance

Motion: Discussing mechanisms for WHO, UNICEF and Member States to strengthen international funding, technical assistance and capacity building for adolescent mental health.

15. Youth Participation in Policymaking

Motion: Discussing mechanisms for meaningful participation of adolescents in the formulation and implementation of mental-health policies.

16. Building a Global School Mental Health Framework

Motion: Discussing the establishment of an international framework for promoting, preventing and responding to mental-health concerns among school-going adolescents.

BIBLIOGRAPHY

1. World Health Organization (WHO). (2025). Mental Health of Adolescents. World Health Organization.

<https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health>

2. World Health Organization (WHO). (2020). Guidelines on Mental Health Promotive and Preventive Interventions for Adolescents: Helping Adolescents Thrive (HAT). Geneva: World Health Organization.

<https://www.who.int/publications/i/item/guidelines-on-mental-health-promotive-and-preventive-interventions-for-adolescents>

3. World Health Organization (WHO) & UNICEF. (2021). Helping Adolescents Thrive Toolkit: Strategies to Promote and Protect Adolescent Mental Health and Reduce Self-Harm and Other Risk Behaviours.

<https://www.who.int/publications/b/58239>

4. World Health Organization (WHO). (2024). Mental Health of Children and Young People: Service Guidance. Geneva: World Health Organization.

<https://www.who.int/publications/i/item/9789240100374>

5. World Health Organization (WHO). (2021). WHO Guideline on School Health Services. Geneva: World Health Organization.

<https://www.who.int/publications/i/item/9789240029392>

6. World Health Organization (WHO). (2026). Making Every School a Health-Promoting School: Implementation Guidance for School Health Services. Geneva: World Health Organization.

<https://www.who.int/publications/i/item/9789240118966>

7. World Health Organization (WHO) & UNICEF. Helping Adolescents Thrive Initiative.

<https://www.who.int/teams/mental-health-and-substance-use/promotion-prevention/who-unicef-helping-adolescents-thrive-programme>

8. UNICEF. Adolescent Mental Health Hub. United Nations Children's Fund.

<https://www.unicef.org/adolescentmentalhealthhub/>

9. UNICEF, WHO & UNESCO. Promoting and Protecting Mental Health in Schools and Learning Environments.

<https://www.unicef.org/reports/promoting-and-protecting-mental-health-schools-and-learning-environments>

10. Organisation for Economic Co-operation and Development (OECD). (2026). Child, Adolescent and Youth Mental Health in the 21st Century. OECD Publishing, Paris.

<https://doi.org/10.1787/1092c3cb-en>

11. OECD. Mental Health Promotion and Prevention: Case Studies and Policy Approaches. Organisation for Economic Co-operation and Development.

<https://www.oecd.org/>

12. World Health Organization (WHO). Mental Health and Well-being. World Health Organization.

<https://www.who.int/health-topics/mental-health>

13. United Nations. Convention on the Rights of the Child. United Nations Human Rights Office.

<https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>

14. United Nations. Sustainable Development Goals – Goal 3: Good Health and Well-being.

<https://sdgs.un.org/goals/goal3>

15. United Nations Children’s Fund (UNICEF). The State of the World’s Children. UNICEF.

<https://www.unicef.org/reports/state-of-worlds-children>

16. World Health Organization (WHO). Mental Health Gap Action Programme (mhGAP).

<https://www.who.int/teams/mental-health-and-substance-use/treatment-care/mental-health-gap-action-programme>

17. World Health Organization (WHO). Global Health Estimates.

<https://www.who.int/data/gho/data/themes/mortality-and-global-health-estimates>

18. Institute for Health Metrics and Evaluation (IHME). Global Burden of Disease Study. University of Washington.

<https://www.healthdata.org/>

19. UNICEF Innocenti. Child and Adolescent Well-being and Mental Health Research.

<https://www.unicef.org/innocenti/>

20. World Health Organization Regional Office for Europe. Mental Health and Well-being of Children and Young People.

<https://www.who.int/europe/health-topics/mental-health>

Additional Sources for Country-Specific Research

21. Australian Government – Department of Health and Aged Care. Youth Mental Health and Well-being.

<https://www.health.gov.au/>

22. Government of Canada. Mental Health and Wellness.

<https://www.canada.ca/en/public-health/>

23. Government of India – Ministry of Health and Family Welfare. Mental Health Programme.

<https://www.mohfw.gov.in/>

24. National Health Service (NHS), United Kingdom. Mental Health Services for Children and Young People.

<https://www.nhs.uk/>

25. National Institute of Mental Health (NIMH), United States. Child and Adolescent Mental Health.

<https://www.nimh.nih.gov/>

26. OECD. Society at a Glance / Education and Youth Well-being Data.

<https://www.oecd.org/>

Primary Data and International Research Databases

27. WHO Global Health Observatory (GHO). World Health Organization.

<https://www.who.int/data/gho>

28. UNICEF Data. United Nations Children's Fund.

<https://data.unicef.org/>

29. OECD Data Explorer. Organisation for Economic Co-operation and Development.

<https://data-explorer.oecd.org/>

30. Global Burden of Disease (GBD) Results. Institute for Health Metrics and Evaluation.

<https://vizhub.healthdata.org/gbd-results/>