Forum: Special Conference on Health

Issue: Addressing the global mental health crisis emphasizing the increasing usage of antidepressants

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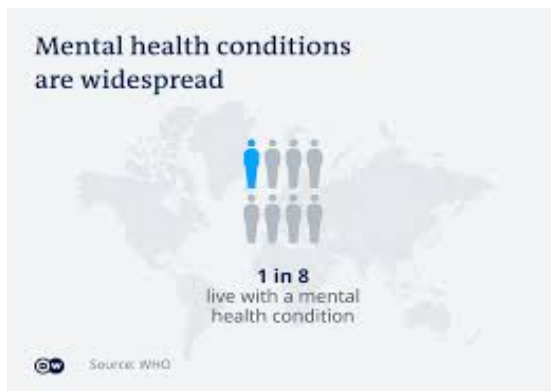
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Introduction

In recent years mental health, once thought to be a silent and sometimes neglected crisis, has quickly gained global attention. The importance of psychological well-being is increasingly more widely recognized as being equal to that of physical health due to growing public awareness, global influencing initiatives, and increased media attention. Incorporating mental health services into national health agendas and public debate, governments, health organizations, and communities are starting to give them priority.

The whole world nevertheless faces a serious and growing mental health crisis in spite of these positive developments. Millions of people of various ages and socioeconomic backgrounds battle mental health issues like anxiety, bipolar disorder, depression, and Post-Traumatic Stress Disorder (PTSD) on a daily basis. In addition to causing human misery, many disorders have significant economic and social repercussions, such as decreased productivity, overcrowded healthcare systems, and an increase in suicide rates. The usage of antidepressant drugs has increased more than ever in response to these rising mental health issues. For many people, these drugs, specifically, Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) and Selective Serotonin Reuptake Inhibitors (SSRIs), have been a lifeline, allowing them to function in their everyday lives and offering vital respite from devastating symptoms. Antidepressant medication is a crucial part of many patients' therapy regimens. But there have also been significant discussions and worries

raised by the dramatic increase in antidepressant use. Concerns like long-term reliance, where many patients continue to take these drugs for far longer than is advised, are coming under more and more investigation. Additionally, overprescription trends have been noted in several nations, where antidepressants are occasionally prescribed as a short-term solution for complicated emotional or situational suffering that could be better handled by social support or psychotherapy. The differences in access to antidepressants and alternative mental health treatments is a serious concern as well. Inequalities across countries, as well as between urban and rural areas within nations, result in uneven access to mental healthcare. In prosperous locations, individuals may have greater alternatives for treatment, wellness programs, and medication, while underprivileged communities sometimes encounter challenges owing to cost, stigma, and lack of resources.

Figure 1: A source of WHO

Addressing these issues is not only a matter of public health but also of social justice and human dignity. This complex landscape necessitates a more nuanced, comprehensive, and equitable approach to mental healthcare, one that strikes a balance between pharmacological treatment with preventive measures, social interventions, and accessible, culturally sensitive therapy options.

Definition of Key Terms

Antidepressants:

Medications primarily used to treat depression. Common types include SSRIs, SNRIs, tricyclic antidepressants, and MAOIs. They function by altering the chemical balance of neurotransmitters in the brain.

Mental Health Disorders:

Medical conditions affecting mood, thinking, and behavior. Examples include depression, anxiety disorders, bipolar disorder, and schizophrenia.

Selective Serotonin Reuptake Inhibitors (SSRIs):

A class of antidepressants that increase serotonin levels in the brain, believed to have a good safety profile and fewer side effects than older antidepressants.

Treatment Gap:

The proportion of people who need but do not receive care for mental health disorders. It is estimated that globally, 75% of people with mental health conditions remain untreated in low-income countries.

Stigma:

The negative stereotypes and discrimination faced by individuals with mental health conditions, often preventing them from seeking help.

Holistic Treatment:

An approach to healthcare that considers the whole person, including physical, emotional, social, and spiritual well-being.

Post Traumatic Stress Disorder (PTSD):

People who have gone through or observed a catastrophic event or sequence of traumatic events may develop Post Traumatic Stress Disorder (PTSD), a mental illness. The person frequently perceives the event or occurrences as potentially fatal or emotionally or physically damaging. Natural catastrophes, major accidents, terrorist attacks, intimate relationship violence, exposure to war or conflict, physical, sexual, or emotional abuse, and disease are a few examples. However, the majority of trauma survivors do not acquire post-traumatic stress disorder.

Background Information

Historical roots

Mental health has not always been treated with the urgency or seriousness it deserved. In ancient civilizations, mental illnesses were often thought to be connected with supernatural causes or moral failings. During the Middle Ages, people with mental disorders were isolated, imprisoned, or subjected to inhumane treatments. With the advent of psychology and psychiatry in the 19th and 20th centuries, mental health began to be seen through a scientific lens, yet treatments remained limited. The discovery of antidepressants in the 1950s marked an important shift in mental health treatment. The introduction of tricyclic antidepressants and monoamine oxidase inhibitors offered the first pharmaceutical solutions for depression. By the 1980s and 1990s, selective serotonin reuptake inhibitors (SSRIs) like Prozac changed public attitudes towards mental health, making treatment more acceptable and accessible.

Current global trends

According to the World Health Organization (WHO), more than 280 million people suffer from depression globally. The use of antidepressants has increased over the past two decades, with some countries reporting a doubling or tripling of prescriptions. In the United States, over 13% of adults take antidepressants regularly. In countries like Iceland and Canada, usage is also among the highest in the world. This rise has not gone unnoticed without many mental health professionals warning of over-prescription, particularly in primary care settings where long-term therapy options are limited. Additionally antidepressants are sometimes used to treat non-depressive disorders, such as chronic pain, which can inflate their numbers and be used against their initial purpose .

Effects on youth

Youth and adolescents are among the most vulnerable groups affected by the global mental health crisis. According to UNICEF, approximately 13% of adolescents aged 10–19 live with a diagnosed mental disorder. Common conditions include depression, anxiety, and behavioral disorders all of which can severely impact academic performances, social relationships, and self esteem. The rising usage of social media and digital platforms has created new sources of stress, cyberbullying, and unrealistic body and lifestyle comparisons. Combined with academic pressures and uncertainty about the future, many young people experience chronic stress. Although awareness of youth mental health has increased, access to appropriate treatment is often limited by stigma, lack of parental understanding, and insufficiant school-based support systems. While antidepressants are sometimes prescribed to teenagers, medical professionals warn that these medications must be used cautiously in this age group due to increased risks of suicidal thoughts and behavioral side effects.

Over-prescription and dependency

One of the most debated aspects of antidepressant use is over-prescription, particularly in countries with high healthcare access but insufficient mental health groundwork . In many cases, general practitioners prescribe antidepressants without a comprehensive psychiatric evaluation due to time constraints, patient pressure, or a lack of referral options.This leads to concerns about medicalizing normal emotional responses to stress, grief, or life changes. Additionally patients may develop psychological dependence on antidepressants, believing they cannot function without them. Physiological dependence is also a concern, as sudden discontinuation of certain antidepressants can lead to withdrawal symptoms such as dizziness, fatigue, and mood swings. Long term studies on the effectiveness of antidepressants show mixed results, with some indicating reduced efficacy over time

and others emphasizing the importance of combining medication with psychotherapy for improvement.

Regional Challenges

People face different challenges depending on the region in addressing the mental health crisis. In high income countries, such as the United States, United Kingdom, and Australia, the challenge lies in reducing over reliance on pharmaceuticals and expanding access to therapy and community based services. In these regions, inconsistency also exists based on race, socioeconomic status, and geographic location. In contrast, low and middle income countries often struggle with underdiagnosis and under-treatment. Cultural beliefs, shortage of trained professionals, and limited government funding results in very low service coverage. In sub Saharan Africa, for instance, there are fewer than one mental health worker per 100,000 people. In Southeast Asia, stigma and lack of awareness hold people back from seeking help. Therefore, any global strategy must be flexible and culturally sensitive, recognizing the vast differences in healthcare, economic capacity, and social viewpoints.

Major Countries and Organizations Involved

Countries

United States of America

Antidepressant usage is among the highest in the world in the United States. 13.2% of persons aged 18 and older reported using prescription antidepressant drugs in the previous 30 days between 2015 and 2018, according to the Centers for Disease Control and Prevention (CDC). Women's usage was significantly greater (17.7%) than men's (8.4%). In order to change our knowledge and approach to treating mental illnesses, National Institute of Mental Health (NIMH), a leading government agency, carries out and funds research on mental disorders. The Affordable Care Act (ACA), which was put into effect in 2010, guaranteed parity between mental and physical

health care by extending insurance coverage to include mental health therapies as essential health benefits. The Food and Drug Administration (FDA) controls antidepressant drug approval and labeling, including requiring black-box warnings for heightened risk of suicide thoughts and actions in kids, teens, and young adults.

United Kingdom

With over 86.4 million antidepressant prescriptions written in 2022–2023, the UK witnessed a sharp increase in mental health issues due to the COVID-19 pandemic, unstable economic conditions, and social inequality. This represents a 50% increase since 2015 and a 5% increase from the previous year. Prescription rates are significantly higher in areas with lower economic status, and the most frequent users are women and older persons. The UK's mental health system still confronts significant obstacles despite increased awareness and services, such as overprescription, prolonged usage without proper review, and restricted access to psychological therapies because of extended waiting periods. These systemic flaws frequently lead to an over-reliance on medication, which worries public health professionals and has resulted in the recognition of serious withdrawal symptoms from excessive use. The National Health Service (NHS) Long Term Plan, which aims to increase access and integrate mental health services; the Improving Access to Psychological Therapies (IAPT) program, which offers psychological therapy; and updated National Institute for Health and Care Excellence (NICE) guidelines, which support therapy as a first-line treatment, are some of the measures that the government and healthcare institutions have implemented to address these problems. Despite these initiatives, disparities still exist, particularly among minority groups, and implementation is uneven. In order to address these issues, which call for not only policy reform and increased investment but also a cultural shift toward holistic, patient-centered approaches to mental well-being, public awareness campaigns such as Time to Change have helped to reduce stigma and encourage

help-seeking behavior, but widespread disparities in access, funding, and outcomes still prevent equitable mental health care.

Canada

More than five million Canadians, or roughly one in seven, receive prescriptions for antidepressants each year, a significant increase in recent decades, especially among women and young people. Although the growth in usage has slowed recently, the high reliance on these drugs is a reflection of deeper systemic issues, including unequal access to mental health services, long queues for publicly funded therapy, and regional disparities, particularly in farms and tribal areas. Due to the scarcity of alternative therapies like talk therapy, general practitioners, who are typically the initial point of contact, often recommend antidepressants. Health Canada responds by enforcing stringent regulatory procedures to guarantee the safety of medications; yet, long-term reliance and the absence of integrated treatment are becoming increasingly problematic. In 2020, the federal government introduced Wellness Together Canada, a 24-hour online resource that provides free mental health and drug abuse assistance across the country, in an effort to address these problems. With the goal of reducing an excessive dependency on medications, this program offers outreach to underrepresented communities, self-guided tools, and live counseling. Community-based care and early intervention are further supported by provincial initiatives such as Quebec's Mental Health Action Plan and Ontario's Roadmap to Wellness. Access gaps, economic inequalities, and a lack of culturally competent treatments continue to exist in spite of these initiatives, underscoring the necessity of continued funding for broad, equal, and person-centered mental health care nationwide.

Australia

Australia has witnessed a large increase in antidepressant use over the past decade, with over one in seven Australians, approximately 14% of the population, currently taking these prescriptions. Usage rates are especially high among women and older persons, suggesting demographic vulnerabilities and systemic difficulties within the mental health treatment system. By offering Medicare-subsidized treatment sessions, the Better Access Initiative, which was started in 2006, has significantly contributed to increasing access to mental health services. In addition, recent Royal Commission Reports, including those in Victoria and Queensland, have raised serious concerns about the over-reliance on antidepressants as a first-line treatment, pointing out that medication is often prescribed without accompanying psychological support, often due to time-limited GP appointments and long wait times for public mental health services, and that poor coordination between mental health providers, primary care, and community services, resulting in fragmented and inadequate care. However, this has improved access, especially in urban areas, and critics claim that the program is less effective in rural and remote areas, and that the capped number of sessions frequently falls short of patients' needs. The Commissions aggressively advocate for integrated care models that combine medicine with evidence-based therapy, community support, and social services to address the fundamental causes of mental health difficulties. Recommendations also include boosting data transparency, enhancing professional training, and moving financial priorities toward more holistic, person-centered approaches rather than medication-focused care.

Turkiye

Antidepressant use has significantly increased in Turkey, especially during and after the COVID-19 pandemic, with Istanbul consuming the most of these medications. A number of variables, such as heightened socioeconomic stress, the stigma associated with mental health in society, and restricted access to

comprehensive treatment are blamed for this increase. Access to non-pharmacological treatments like psychotherapy is still restricted, particularly in rural and low-income areas, despite the Ministry of Health's efforts to increase psychiatric services, which include training general practitioners, enhancing public hospital resources, and launching telepsychiatry programs. According to academic studies, many people have turned to medication as their primary method of managing mental health conditions due to economic hardship, unemployment, and a lack of psychosocial support; the overprescription of antidepressants is also a result of the lack of mental health professionals, extended wait times, and short medical consultations in public health facilities; and, as a result, medication is frequently used as a substitute for more comprehensive care, raising concerns about long-term dependency and the neglect of underlying psychological or social issues.

Organizations

World Health Organization (WHO)

The Mental Health Action Plan 2013–2030, which aims to promote mental well-being, prevent mental disorders, reduce stigma, and achieve universal access to quality mental health services worldwide, is at the heart of the World Health Organization's (WHO) efforts to address the global mental health crisis by coordinating policies, establishing research priorities, and supporting nations in strengthening mental health care systems. The WHO established the Mental Health Gap Action Programme (mhGAP) to address the large treatment gap, particularly in low- and middle-income nations. This program offers non-specialist healthcare professionals with evidence-based resources and training, empowering them to recognize and effectively treat common mental illnesses like anxiety and depression. The Intervention Guide (mhGAP-IG), a crucial part of mhGAP, provides precise guidelines for diagnosis and treatment, including the prudent and safe use of antidepressants. Where specialized resources are few, mhGAP helps increase access to mental health care by empowering frontline medical professionals. There

are still issues, nevertheless, such as a lack of medications, cultural stigma, a lack of finance, and the requirement for continuous monitoring by qualified staff. Despite these challenges, mhGAP is a significant step toward bridging the gap in mental health care and guaranteeing safe, accessible, and equitable care on a worldwide scale.

World Bank

The World Bank stresses the huge economic burden of mental health illnesses, estimating that depression and anxiety alone result in a global productivity loss of roughly $1 trillion yearly. Despite this significant expense, governments often dedicate less than 2% of their health budgets to mental health, resulting in serious underinvestment in key services. In order to address this, the World Bank promotes more financial investment in mental health, highlighting the fact that doing so not only enhances well-being but also generates significant financial returns through increased productivity and lower medical costs. Mixing mental health services into primary healthcare systems is a crucial tactic advocated by the World Bank because it increases accessibility, lowers stigma, facilitates early intervention, and makes use of the current health infrastructure to provide affordable care. In order to guarantee efficient service delivery, the Bank helps nations by offering technical assistance for workforce training, policy change, and the creation of monitoring mechanisms. The World Bank hopes to promote inclusive, sustainable mental health systems that support global health objectives and wider economic growth through these initiatives.

Organisation for Economic Co-operation and Development (OECD)

Antidepressant use rose by about 50% between 2011 and 2021, according to the OECD, which is essential in tracking mental health trends among its member nations. This increase is a result of both a greater prevalence of mental health

conditions like anxiety and depression, which are brought on by social stress, aging populations, and economic hardships, as well as better identification, diagnosis, and treatment as stigma declines and access to care increases. In order to address these complexities, the OECD recommends strengthening mental health promotion and prevention, integrating mental health into primary care, improving data collection on antidepressant use, and developing guidelines to ensure rational prescribing. These efforts aim to balance greater access to treatment with patient safety and the promotion of holistic, person-centered care across member countries. Concerns are also raised by the OECD regarding potential overprescription, inappropriate long-term use without adequate psychosocial support, and wide variations in prescribing patterns influenced by healthcare systems and cultural attitudes.

Timeline of Events

1951	Iproniazid, a Tuberculosis drug, was found to improve mood, which resulted in the discovery of the first antidepressant
1987	Prozac became the first SSRI to be FDA approved, which later resulted in it being adopted worldwide
2013	The American Psychiatric Association released the DSM-5, changing the diagnostic criteria for depression, which increased global diagnostic rates and prescriptions for antidepressants

2020	The COVID-19 pandemic caused a worldwide mental health crisis. Antidepressant prescriptions became more popular due to an increase in anxiety and depression
2023	The World Health Organisation (WHO) extended its Mental Health Action Plan to 2030, aiming to strengthen mental health care systems around the world to reduce overreliance on medication like antidepressants

Relevant UN Resolutions and Other Documents

- The WHO Constitution (1948) This document establishes mental health as a vital part of overall health and creates a base for global policies on mental health
- UN General Assembly Resolution 70/1 (2015) This resolution embeds mental health in The Sustainable Development Goals, which shows a global recognition of mental health as a developmental priority
- UN Human Rights Council Resolution 36/13 (2017) This resolution reinforces mental health as a human right and expresses concern about the treatment gap
- UN Human Rights Council Resolution 43/13 (2020) This resolution promotes shifting to a community-based model instead of a medicine-based one.

Previous Attempts to Solve the Issue

In order to overcome the chronic mental health treatment gap, there has been a major global movement in recent decades to create and implement comprehensive mental health policies. These regulations aim to guarantee fair treatment for those with mental illnesses, increase access to care, and raise the standard of mental health services. The Mental Health Action Plan 2013–2030 of the World Health Organization (WHO) is one of the most important frameworks directing the effort. The Mental Health Action Plan 2013–2030 offers nations a strategic road map for advancing mental health, preventing mental health disorders, and increasing access to mental health services globally. It highlights how crucial it is to incorporate mental health into primary care settings in order to increase access to mental health treatment and minimize the need for specialized psychiatric services, which are frequently scarce or nonexistent in many areas. The concept promotes early detection and management of mental diseases including anxiety and depression, which frequently involve the prescription of antidepressants as part of therapy programs, by integrating mental health into primary care. Additionally, by normalizing mental health care, this integration aims to decrease stigma and motivate more people to get treatment. Universal health coverage for mental health care, including reasonably priced access to necessary psychotropic medications like antidepressants, is a goal of the Action Plan. Additionally, it advocates for human rights-based strategies, stressing the need of defending the rights and dignity of those with mental illnesses. This approach has been adopted or modified by numerous nations to fit their own national settings, leading to new or updated mental health policies that place a higher priority on workforce development, increased delivery of mental health services, and funding sources to support these initiatives. For example, using the WHO's standards, countries in Africa, Asia, and Latin America have expanded mental health services within their primary health systems, frequently with the help of donor funds and international alliances.

The significant lack of specialist mental health experts, such as psychiatrists, psychologists, and psychiatric nurses, is one of the main obstacles to tackling the

worldwide mental health crisis, particularly in Low and Middle - Income Countries (LMICs). The World Health Organization (WHO) established the Mental Health Gap Action Programme (mhGAP) in 2008 in an effort to close this disparity. This creative project centers on task-shifting, a tactic that transfers mental health care duties from professionals to members of the general public, nurses, community health workers, and lay counselors. To help non-specialist providers recognize, evaluate, and treat common mental health illnesses like depression, anxiety, psychosis, and substance use disorders, the mhGAP offers useful, evidence-based resources, such as the mhGAP Intervention Guide (mhGAP-IG). Crucially, it contains precise instructions on how to use antidepressants in a safe and appropriate manner, with a focus on diagnosis, dose, length of treatment, side effect monitoring, and incorporating psychosocial support.

Possible Solutions

The majority of the world's disease burden is caused by common mental disorders, but there is strong evidence that these and more serious mental disorders can be effectively treated with evidence-based interventions provided by qualified lay health workers in primary care or community settings with limited resources. One obstacle to service uptake is stigma. Despite being essential to closing the mental health gap, prevention has not become a clear area of study or programmatic emphasis. In order to inform policy and scale up services, research-to-practice implementation studies are necessary. One of the most important ways to address the worldwide mental health issue is to increase access to community-based mental health services, especially in light of the growing use of antidepressants. By providing targeted, comprehensive, and culturally relevant interventions, community-level care addresses the social determinants of mental health, including trauma, poverty, and isolation. Peer-led programs like Zimbabwe's Friendship Bench, where skilled community people offer basic therapy and greatly enhance results, are examples of effective approaches. Another strategy is social prescribing, which

links people to non-clinical services like community events, art programs, or exercise groups. These can all help people with mild to severe anxiety and depression symptoms. Additionally, educating community health workers on how to recognize and treat mental health issues increases access to care in settings with limited resources. In order to successfully integrate support services into current systems, collaborations with NGOs, faith-based organizations, and community leaders are required. To improve accessibility and minimize discrimination, capacity building is also necessary through training non-specialist staff and incorporating these services into primary care. When combined, these approaches provide long-term substitutes for drugs and advance a more equal and complete system of mental health treatment.

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