



Committee: Human Rights Council

Issue: Youth mental health in the digital era

Student Officer: Mandy Alevra

Position: Deputy President

INTRODUCTION

The youth of the twenty-first century is being raised in an increasingly digital world. It is worth summarizing current trends in adolescents' use of media, in order to convey how technology is affecting the biology, psychology, and social life of twenty-first century teens. Recent surveys reveal a consistent trend: both the amount of time spent online and the number of devices and platforms young people use continue to increase.

Due to the increasing availability of mobile smartphones, access to the Internet is easy, with 92% of teens going online on a daily basis, and 24% of them going online almost all the time. Screen time is no longer limited to a television or computer: watching shows, playing video games, texting, using social media, and even listening to music involve some form of screen-based technology. Most of these media are social, thus allowing communication and the sharing of one's own content. Indeed, adolescents use an average of nearly 9 hours on entertainment media per day, excluding computer use for academic purposes. However, media habits can vary according to cultural background and socioeconomic status (SES), with potential risks and benefits of media on psychological development and functioning present for all teens. However, youth with psychiatric distress may be particularly vulnerable to their exposure to digital media (DM). Some of the most concerning issues are worse executive functioning, increased aggressive behavior due to violent media content, higher risk of anxiety and depression for high users, and sleep deficiency due to screen time. Recent surveys have reported a correlation between lower social-emotional well-being and higher use of online social media.

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Digital media could help teens maintain social connections, foster creative endeavors and civic engagement, develop identity and worldviews, and learn about their health. Even though, many of these associations have not yet been fully understood, they validate one pressing message: teens in the twenty-first century are shaped and impacted by their digital lives.

DEFINITION OF KEY TERMS

Digital Era

The historical period characterized by the existence and the evolution of digital technology.

Problematic Internet Use (PIU)

PIU consists of cognitive and behavioral symptoms that result in distress and impairment in functioning. PIU may also be called Internet and video game addiction (IVGA), Internet addiction, virtual addiction, and technology addiction. PIU-IVGA involves difficulty controlling the amount of time an individual spends online and distress when Internet access is unavailable.

Information and communication technology (ICT)

ICT is another, extensional term for information technology (IT), stressing the role of unified communications and the integration of telecommunications (telephone lines and wireless signals), computers as well as necessary enterprise software, middleware, storage, and audio-visual systems, which enable users to access, store, transmit, and manipulate information.

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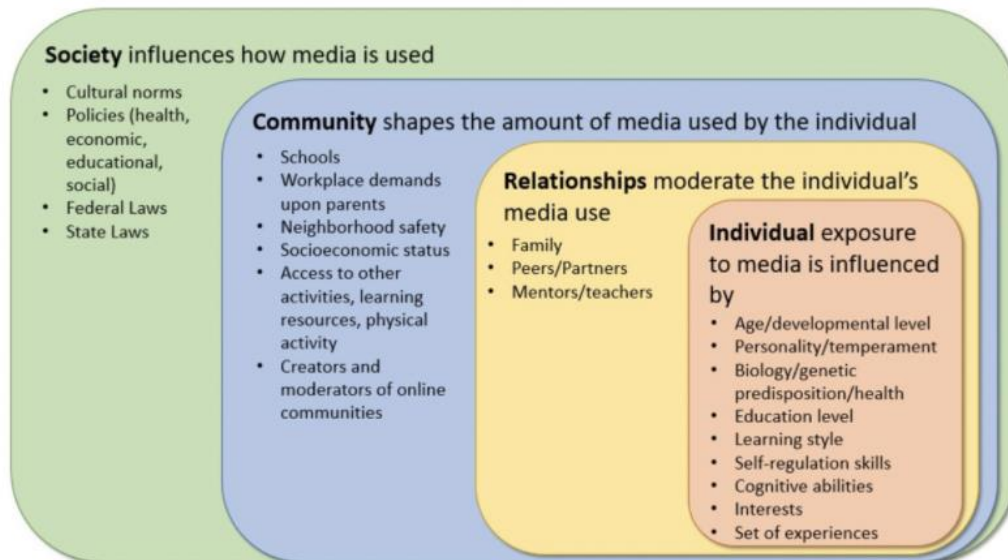


Figure 1: Factors that affect the individual's mental health in relation to the media

BACKGROUND INFORMATION

In the past, people with psychological disorders, or those exhibiting strange behavior, were traditionally excluded from society, and often imprisoned, or executed. Later, asylums were built to house the mentally ill, but the patients received little to no treatment, and many of the methods used were cruel. Philippe Pinel and Dorothea Dix argued for more humane treatment of people with psychological disorders. In the mid-1960s, the deinstitutionalization movement gained support and asylums were closed, enabling people with mental illness to return home and receive treatment in their own communities. Some did go to their family homes, but many became homeless due to a lack of resources and support mechanisms.

Today, instead of asylums, there are psychiatric hospitals run by state governments and local community hospitals, with the emphasis on short-term

stays. However, most people suffering from mental illness are not hospitalized. A person suffering symptoms could speak with a primary care physician, who most likely would refer him to someone who specializes in therapy. The person can receive outpatient mental health services from a variety of sources, including psychologists, psychiatrists, marriage and family therapists, school counselors, clinical social workers, and religious personnel. These therapy sessions would be covered through insurance, government funds, or private (self) pay.

Relationship between suicidality, self- injury and media habits

Media has changed the daily life of most people, especially adolescents. The association between development and media habits is complex. There is a link between excessive media use and risk-taking behaviors, with an alarming increase in adolescent non-suicidal self-injury, suicidal behavior, and completed suicide. Media is a significant part of young people's lives and exploring their engagement with media is a critical piece of the initial assessment, risk assessment, and ongoing treatment. A significant body of research documents links Internet and social media use with risk-taking behaviors among adolescents as several online communities glorify, normalize, and even encourage behaviors such as nonsuicidal self-injury (NSSI), suicide, disordered eating, and substance abuse.

Anxiety and depression

Currently, there is limited research guiding clinician's understanding of child or adolescent anxiety and the negative and positive impact social media may have for youth. Socially anxious youth may find a social media presence helpful in developing relationships. However, problematic Internet use in children and

adolescents has significant impact on sleep, anxiety and depression. Anxiety is the most common mental health condition in childhood, with prevalence rates ranging from 5% to 10% in children and up to 25% in teens. Untreated anxiety in youth can lead to other mental health conditions, including depression and substance use disorders. The pervasive nature of digital technology in the everyday life of modern youth makes it essential for clinicians to understand the potential risks these mediums pose. Limited research on the relationship between technology and anxiety in children and adolescents suggests there are associations between computer habits and symptoms of anxiety. To best understand the implications of these relationships, the following are important: understanding how the developmental tasks of youth are affected by technology habits, recognizing how digital communication differs from face-to face-interactions for anxious youth, and identifying individual factors associated with anxiety and problematic Internet use (PIU) in youth.

Identity

Developmental tasks of adolescence include identity consolidation and the understanding of their emotions and their sexuality. There is no clear link in the literature between online activity and self-concept clarity, which is the extent to which one's beliefs and opinions about oneself are clearly defined and stable over time. Adolescents use social media to explore and experiment with their self-concept. Regarding emotional intimacy, some researchers hypothesize that socially anxious or awkward teens benefit from social relationships through online platforms. However, although introverted teens typically prefer the controlled nature of online communication, this strategy does not necessarily translate to more or better friendships.

Media Violence Effects and Behaviorally Disordered Youth

Youths are immersed in media, much of it violent. Research has demonstrated that exposure to violent media has short- and long-term effects and contributes

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to aggressive behaviors. Child and adolescent aggression and disordered conduct is a common and challenging clinical presentation. Media violence is a persisting challenge for individual families, mental health professionals, and society as a whole. As content and means to access media, including digital violence, are rapidly changing, it is ever more difficult for caregivers to be completely knowledgeable about what their children access.

The issue of trolling and online bullying is prominent as it can be done anonymously with little repercussions. A survey of 13–18 year olds found 24 percent reported that they were targeted on the internet because of their gender, sexual orientation, race, religion, disability or transgender identity which can cause identity issues and low self-esteem. Comments do not only hurt the victim but also other teenagers reading the posts; 4 in 5 teenagers have seen online abuse taking place. Victims often do not want to reach out to family and friends and many prefer to get help anonymously via internet sites.

Electronic Screen Media Use in Youth with Autism Spectrum Disorder

Evidence suggests youth with autism spectrum disorder (ASD) use media differently than typically developing peers, and some of these differences place them at greater risk for negative health outcomes related to unhealthy and improper use of media. Such outcomes include physiologic, cognitive, social, emotional, and legal/safety problems. Youth with autism spectrum disorder are more at risk than typically developing peers for many of these harmful effects.

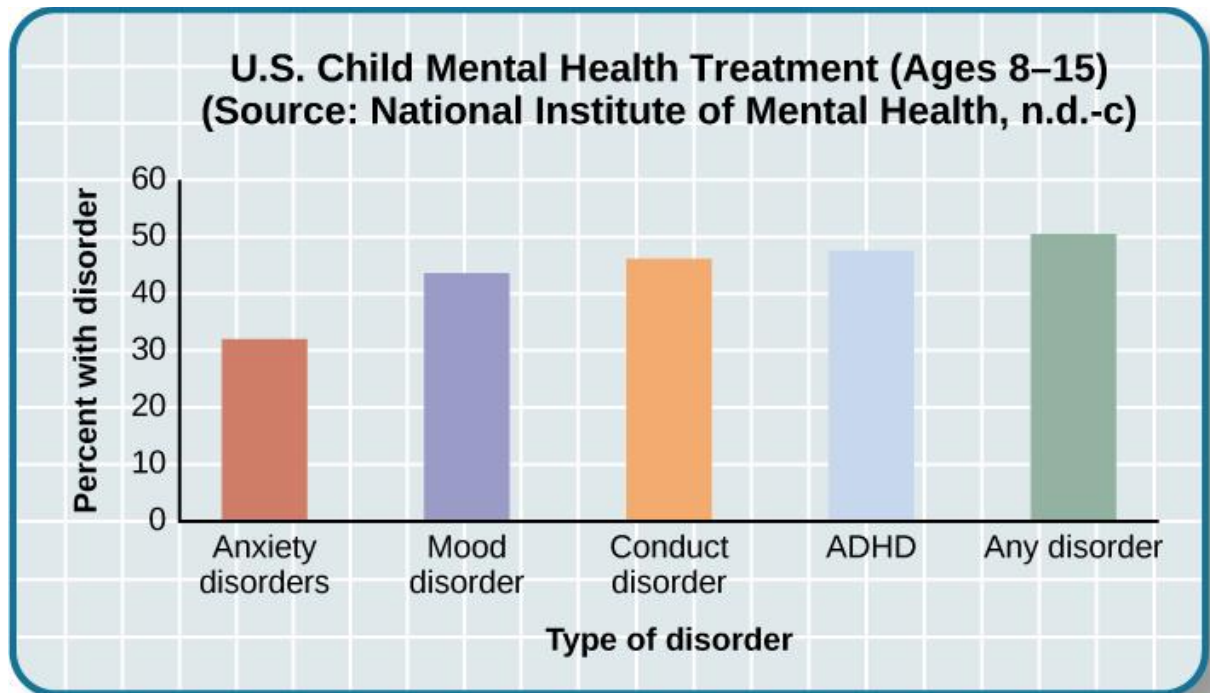


Figure 2: About one-third to one-half of U.S. adolescents (ages 8–15) with mental disorders receive treatment, with behavior-related disorders more likely to be treated.

MAJOR COUNTRIES AND ORGANISATIONS INVOLVED

China

In China, it is estimated that about 100 million people suffer from various kinds of mental illnesses. Out of those people, 16 million are believed to be severely affected by their conditions. Meanwhile, another 250 million are believed to need psychological services, with 80 million in serious need of treatment. However, 72.3% of those with the illnesses are not even aware of their depression, anxiety or other mental problems. Altogether, depression has become a leading cause for suicides in China. Within the youth, an estimate 1.2 million suffer from depression disorders, rendering investigating the role of the digital world in this a necessity.

For a long time, treatment approaches for people with mental illness in China have predominantly used a hospital-based service model, and institutionalization and psychiatric and pharmacological treatment were mainly provided. The services delivered by clinical psychologists, social workers and occupational therapists were mostly unavailable. The over-reliance on the organic-medical approach to mental health care has yielded a narrow emphasis on symptom relief rather than recovery and improvement of life quality and social function, thus creating a huge gap between the supply and the demand of psychological intervention for mental disorders

European Union (EU)

Children can be especially vulnerable to modern technology. For this reason, the Audiovisual Media Services Directive (AVMSD) prohibits the inclusion of any content which might be seriously harmful to minors in linear TV services. For non-linear on-demand audiovisual media services, the respective content may only be made available in such a way that minors would not normally come into contact with it. Content that is likely to be harmful to minors must either be broadcasted at a time when minors will not watch it or blocked using technological means, so that they cannot access it. The European Commission adopted a new legislative proposal for the AVMSD on 25 May 2016. In 2015, Parliament adopted a resolution on fighting child sexual abuse on the internet.

The European Youth Portal is a web page addressed to young people all over Europe in order to help orient them among the many opportunities the EU offers in different areas of interest, such as volunteering, working, learning, culture and creativity, and many others.

World Health Organization (WHO)

In recent decades, the use of the information and communications technology (ICT) in health care has significantly increased. Various international

bodies, such as the European Commission and the World Health Organization (WHO) expect this health-related use of ICT to improve health and health care. E-health applied in mental health care is referred to as e-mental health. This intervention has the potential to increase access to mental health care because it facilitates remote treatment at any place and any time. Furthermore, e-mental health services can be anonymous, which can take away initial restraints to contact a health care professional. E-mental health provides people with the possibility to manage their mental health care process and leads them to take control of their own health. Therefore, e-mental health is expected to decrease the number of people suffering from mental disorders.

The World Health Organization (WHO) urges governments in both high-income and low- and middle-income countries to scale up services for mental health by making available an optimal mix of services comprised of informal community care, primary care services, community mental health services and specialized inpatient facilities.

International Society for Mental Health Online (ISMHO) and the Psychiatric Society for Informatics (PSI)

The International Society for Mental Health Online (ISMHO) and the Psychiatric Society for Informatics (PSI) suggested the Principles of Professional Ethics for the Online Provision of Mental Health Services. In these principles, it is stated that the patient has to be informed of a way to reach the professional in an emergency. In the case of e-mental health care over a large geographical distance, a local professional should be available when an emergency occurs. The mental health care professional should try to find the local professional's contact information. This local professional should be a professional who already knows the patient's medical history, such as the patient's GP. Furthermore, the interoperability of e-health systems is a complicating factor for the availability of health care across borders.

TIMELINE OF EVENTS

Date	Description of Event
1400-1600s	From the late 1400s to the late 1600s, a common belief perpetuated by some religious organizations was that some people made pacts with the devil and committed horrible acts. These people were considered to be witches and were tried and condemned by courts—they were often burned at the stake. Worldwide, it is estimated that tens of thousands of mentally ill people were killed after being accused of being witches or under the influence of witchcraft
18 th century	By the 18th century, people who were considered odd and unusual were placed in asylums. Asylums were the first institutions created for the specific purpose of housing people with psychological disorders, but the focus was ostracizing them from society rather than treating their disorders. Often these people were kept in windowless dungeons, beaten, chained to their beds, and had little to no contact with caregivers.
Late 1700s	In the late 1700s, a French physician, Philippe Pinel, argued for more humane treatment of the mentally ill. He suggested that they be unchained and talked to, and that's just what he did for patients at La Salpêtrière in Paris in 1795. Patients benefited from this more humane treatment, and many were able to leave the hospital.

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19th century	<p>In the 19th century, Dorothea Dix led reform efforts for mental health care in the United States. She investigated how those who are mentally ill and poor were cared for, and she discovered an underfunded and unregulated system that perpetuated abuse of this population. Horrified by her findings, Dix began lobbying various state legislatures and the U.S. Congress for change. Her efforts led to the creation of the first mental asylums in the United States.</p> <p>Despite reformers' efforts, however, a typical asylum was filthy, offered very little treatment, and often kept people for decades. At Willard Psychiatric Center in upstate New York, for example, one treatment was to submerge patients in cold baths for long periods of time. Electroshock treatment was also used, and the way the treatment was administered often broke patients' backs.</p>
1954-1960	<p>Starting in 1954 and gaining popularity in the 1960s, antipsychotic medications were introduced. These proved a tremendous help in controlling the symptoms of certain psychological disorders, such as psychosis. Psychosis was a common diagnosis of individuals in mental hospitals, and it was often evidenced by symptoms like hallucinations and delusions, indicating a loss of contact with reality.</p>

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1963	Then in 1963, Congress passed and John F. Kennedy signed the Mental Retardation Facilities and Community Mental Health Centers Construction Act, which provided federal support and funding for community mental health centers (National Institutes of Health, 2013). This legislation changed how mental health services were delivered in the United States. It started the process of deinstitutionalization, the closing of large asylums, by providing for people to stay in their communities and be treated locally.
1994	In 1955, there were 558,239 severely mentally ill patients institutionalized at public hospitals. By 1994, by percentage of the population, there were 92% fewer hospitalized individuals.
21st century	Today, there are community mental health centers across the nation. They are located in neighborhoods near the homes of clients, and they provide large numbers of people with mental health services of various kinds and for many kinds of problems. Unfortunately, part of what occurred with deinstitutionalization was that those released from institutions were supposed to go to newly created centers, but the system was not set up effectively. Centers were underfunded, staff was not trained to handle severe illnesses such as schizophrenia, there was high staff burnout, and no provision was made for the other services people needed, such as housing, food, and job training. Without these supports, those people released under

	<p>deinstitutionalization often ended up homeless. Even today, a large portion of the homeless population is considered to be mentally ill. Statistics show that 26% of homeless adults living in shelters experience mental illness (U.S. Department of Housing and Urban Development [HUD], 2011).</p> <p>Today, instead of asylums, there are psychiatric hospitals run by state governments and local community hospitals focused on short-term care. In all types of hospitals, the emphasis is on short-term stays, with the average length of stay being less than two weeks and often only several days. This is partly due to the very high cost of psychiatric hospitalization, which can be about \$800 to \$1000 per night (Stensland, Watson, & Grazier, 2012). Therefore, insurance coverage often limits the length of time a person can be hospitalized for treatment. Usually individuals are hospitalized only if they are an imminent threat to themselves or others.</p>
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UN INVOLVEMENT: RELEVANT RESOLUTIONS, TREATIES AND EVENTS

The United Nations is examining under what conditions e-mental health can contribute to realising the right to health by analysing its impact on the availability, accessibility, acceptability and quality of mental health services from a legal point of view by applying the AAAQ framework. This framework has been developed by the Committee on Economic, Social and Cultural Rights (CESCR).

POSSIBLE SOLUTIONS

The focus of this guide has been on the issue of youth mental health in the digital era, highlighting the multiple ways, in which the latter affects the life of adolescents, and in particular their mental health. As discussed, the digital era entails both advantages and disadvantages for the mental health of the youth, as well as a number of challenges for society and government. The aim of this section will thus be to provide with a number of possible solutions to this issue, vastly reflecting on issues discussed in this guide.

To begin with, most people suffering from mental illnesses are not hospitalized. Taking into account the the adverse effects of the digital era on the mental health of youth (for example: increase in rates of depression), it is imperative that a system is built within society and education to diagnose and treat such side-effects, without marginalizing the adolescent. This system may well be organized with primary or secondary education, as well as outside it for youth to seek council. Additionally, it is imperative that such initiatives are well publicized to the youth, in order to maximize the chances of adolescents becoming involved.

On a similar note, it is important for awareness to be raised regarding the effects of the digital era on the mental health of the youth, so that also family members can learn and become aware of the issue. To that end, a different campaign of public awareness would be organized, with the sole purpose of better equipping the youth's environment to detect and help with the negative effects of the digital era on their mental health.

It is important to note at this point that access to doctors and trained personnel can be a significant challenge, especially in rural areas. Indeed, availability, accessibility, and acceptability (the stigma attached to mental illness) are all problems in rural areas, with approximately two-thirds of those with symptoms receiving no care at all. At the end of 2013, the U.S. Department

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of Agriculture announced an investment of \$50 million to help improve access and treatment for mental health problems as part of the Obama administration's effort to strengthen rural communities. Taking point in such an initiative, it is important to consider ways, in which rural areas can be supported, in order to alleviate the problem.

Last, but not least, the role of technology and the industry may be further investigated and initiated. Indeed, mental health providers can partner with youth in using mHealth (mobile Health apps) resources in a variety of ways. A recent review report cited 55 apps intended to help youth with anxiety available on Google Play and the Apple App store. Apps can be used to help youth better engage in treatment via reminders to take medication (eg, Round Health Medicine Reminder and Pill Tracker), track mood (eg, Moodtrack Diary), keep thought diaries (Moodnotes Thought Journal), or engage in self-regulatory skills such as mindfulness (Calm: Meditation to Relax, Focus & Sleep Better).

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Pictures' and Graphs' Bibliography

Figure 1: <https://www.cdc.gov/violenceprevention/overview/social-ecologicalmodel.html>

Figure 2: <https://courses.lumenlearning.com/wsu-sandbox/chapter/mental-health-treatment-past-and-present/>