

BIGMUN 2026
WHO: World Health Organisation

Research Report

Topic 3: Addressing the need to further scientific research in mental illness to reduce common misdiagnoses.



Shirin Bjerrum-Bohr and Eline Bhonsle

Table of Contents

<i>Introduction:</i>	3
<i>Definition of key terms:</i>	3
<i>Background Information:</i>	4
<i>Major Countries and Organisations Involved:</i>	5
<i>Relevant UN Resolutions:</i>	6
<i>Previous Attempts to Address the Issue:</i>	7
<i>Proposed Solutions</i>	7
<i>Bibliography</i>	9



Introduction:

Mental illness is one of the leading causes of disability worldwide, affecting hundreds of millions of people across the globe. Globally, over a billion people live with a mental health condition, with depression and anxiety being the most common, affecting around 1 in 7 individuals.¹ Despite the increasing awareness and advocacy surrounding mental health, there are still problems in diagnostic accuracy. Misdiagnosis of mental illnesses, such as confusing disorders like bipolar disorder with major depressive disorder, or autism spectrum disorder with attention-deficit/hyperactivity disorder (ADHD), can cause wrong treatment, worsening symptoms, and long-term harm to the patients.

This issue is further exacerbated by limited scientific research and inadequate diagnostic tools. Cultural bias and social stigma can also play a role in this, especially with underfunded mental health systems, common in low and middle-income countries. The WHO recognises the essential role of mental health and has a plan which includes objectives such as strengthening effective leadership and governance for mental health, along with strengthening information systems, evidence, and research for mental health.²

Having an accurate diagnosis is fundamental to effective prevention, treatment, and long-term management of mental illness, but mental health diagnosis can be subjective compared to other areas of medicine and healthcare. Unlike physical conditions, many mental disorders lack clearly defined markers in terms of biology, which can cause doctors to rely heavily on self-reported symptoms and observations. This reliance increases the risk of diagnostic overlap, particularly among disorders with similar symptoms, and then contributes to the inconsistencies in diagnosis across different healthcare systems. Disparities in research funding and data collection have resulted in diagnostic criteria that are often based on limited or non-representative populations, which can make them less globally applicable.

Definition of key terms:

Mental Disorder: According to the WHO, a mental disorder is characterised by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour.³

Misdiagnosis: The incorrect identification of a disease or disorder, including diagnosing a condition that is not present or failing to recognise an existing condition.⁴

Diagnostic Criteria: Standardised guidelines used by healthcare professionals to determine whether a patient meets the requirements for a specific diagnosis.⁵

¹ World Health Organization. *Mental Disorders*. Fact Sheet. Updated September 30, 2025. Accessed January 16, 2026.

² WHO, *Mental Disorders*.

³ WHO, *Mental Disorders*.

⁴ ScienceDirect. "Misdiagnosis." *ScienceDirect Topics: Psychology*. Accessed January 16, 2026.

⁵ Raj Nair, Rohit Aggarwal, and Dinesh Khanna, "Methods of Formal Consensus in Classification/Diagnostic Criteria and Guideline Development," *Seminars in Arthritis and Rheumatism* 41, no. 2 (2011): 95–105,

Biomarkers: Measurable biological indicators, like genetic markers, neuroimaging findings, or blood-based indicators, that can be used to detect disease.⁶

Neuropsychiatric Research: Scientific research focusing on the relationship between neurological processes and psychiatric disorders, including brain structure, function, and chemistry.⁷

Cultural Bias in Diagnosis: Systematic errors in diagnosing mental illness that arise from cultural differences in symptom expression, communication, or clinician perception.⁸

Background Information:

Historically, mental illness has been poorly understood and often attributed to something supernatural, moral, or personal failings, instead of actual psychological causes. Early diagnostic practices often relied on subjective observations, but this is something that even affects modern-day psychiatry. Mental disorders often lack clear biological markers and are instead identified through behaviour, cognition, and emotional experience, but this can lead to limitations in providing accuracy. This can also mean persistent uncertainty in diagnosis and reinforce stigma and misunderstanding surrounding mental illness.

Efforts to standardise mental health diagnosis have been led primarily through the development of classification systems such as the World Health Organisation's *International Classification of Diseases* (ICD).⁹ Such frameworks have helped improve consistency, yet they still remain symptom based. With many mental health conditions sharing overlapping symptoms, there is still large difficulty in seeing the differences in disorders.

The scale of mental illness further complicates diagnostic accuracy. It was estimated that approximately 37 million people worldwide live with bipolar disorder¹⁰, while around 2% of the adult population, which is around a million individuals were affected by borderline personality disorder¹¹. Depression disorders, which often co-occur with other conditions, affect an estimated 332 people globally¹², according to the WHO. High prevalence rates increase the likelihood of diagnostic overlap, particularly in primary care settings where mental health assessments are often brief and conducted by not as trained, or non-specialists.

⁶ Anas Ahmad, Mohammad Imran, Haseeb Ahsan, et al., "Biomarkers as Biomedical Bioindicators: Approaches and Techniques for the Detection, Analysis, and Validation of Novel Biomarkers of Diseases," *Pharmaceutics* 15, no. 6 (May 31, 2023): article 1630

⁷ Sanzida Taslim et al., "Neuropsychiatric Disorders: Bridging the Gap Between Neurology and Psychiatry," *Cureus* 16, no. 1 (January 4, 2024): e51655

⁸ Renato D. Alarcón, "Culture, Cultural Factors and Psychiatric Diagnosis: Review and Projections," *World Psychiatry* 8, no. 3 (October 2009): 131–139

⁹ World Health Organization, *Classification of Diseases*, accessed January 16, 2026

¹⁰ World Health Organization. *Bipolar Disorder*. Fact Sheet. Accessed January 16, 2026

¹¹ Borderline Support UK CIC, *Prevalence and Demographics*, accessed January 16, 2026

¹² World Health Organization, *Depressive Disorder (Depression)*, Fact Sheet, 29 August 2025, accessed January 16, 2026.

Major Countries and Organisations Involved:

Brazil: Faces a high prevalence of mental health conditions such as depression and anxiety, particularly in urban centres. The government has implemented community-based mental health programs, but misdiagnosis remains a challenge due to limited psychiatric resources outside major cities.¹³

South Africa: South Africa is a leader in sub-Saharan Africa for mental health research and policy development. It has developed national mental health policies aimed at reducing misdiagnosis and improving access to care, but systemic challenges such as workforce shortages and resource gaps persist.¹⁴

China: China has rapidly expanded mental health services in recent years, including national screening programs and hospital-based psychiatric care.¹⁵ High population density and increasing urban stressors contribute to high prevalence, making accurate diagnosis a key public health priority.

India: India has a substantial burden of mental health disorders, with limited trained professionals in rural regions. Institutions such as NIMHANS¹⁶ lead research efforts to improve diagnostic accuracy and culturally relevant mental health interventions.

Australia: Australia has invested heavily in digital mental health tools and community-based services to reduce misdiagnosis and improve early detection. It also participates in global collaborative research through the WHO and regional partnerships.¹⁷

World Health Organisation (WHO): WHO sets international diagnostic standards through the ICD, publishes guidance on mental health service delivery, and coordinates global research initiatives to improve diagnostic accuracy.

African Union (AU): The AU promotes continental strategies for mental health, including workforce training, public awareness campaigns, and policy harmonisation to reduce misdiagnosis across member states.¹⁸

¹³ Naomar Almeida-Filho, Jair de Jesus Mari, and Christian Kieling, “Focus on Social and Cultural Determinants of Mental Health,” *SSM – Mental Health* 3 (December 2023): 100212

¹⁴ Esther N. Hlongwa and Maureen N. Sibiya, “Challenges Affecting the Implementation of the Policy on Integration of Mental Health Care into Primary Healthcare in KwaZulu-Natal Province,” *Curationis* 42, no. 1 (August 21, 2019): e1-e9, <https://doi.org/10.4102/curationis.v42i1.1847>

¹⁵ Yan, Jun, Xin Yu, and Xiulan Zhang, “The Development and Evolution of Community Mental Health Policies in China from 1998 to 2013.” *China CDC Weekly* 5, no. 40 (October 6, 2023): 900–908.

<https://doi.org/10.46234/ccdcw2023.171>

¹⁶ National Institute of Mental Health & Neurosciences (NIMHANS), *NIMHANS*, accessed January 17, 2026

¹⁷ Orygen. “Australian Digital Mental Health Solution Set for Global Expansion with \$14 M Funding.” *Orygen: Revolution in Mind*, December 15, 2025. Accessed January 16, 2026.

¹⁸ African Union Commission. *Continental Strategy on Mental Health and Psychosocial Support for Teachers in Africa*. Addis Ababa: African Union Commission, March 31, 2025. Accessed January 16, 2026.

Mental Health Innovation Network (MHIN): An international research network that shares evidence-based approaches, and also supports new diagnostic tools, and can connect researchers and policymakers globally to improve mental health care quality.¹⁹

Relevant UN Resolutions:

UN General Assembly Resolution 77/300 - Mental Health and Psychosocial Support

“Recalling Human Rights Council resolutions 32/18 of 1 July 2016,⁴ 36/13 of 28 September 2017,⁵ 43/13 of 19 June 2020⁶ and 52/12 of 3 April 2023 on mental health and human rights,”

“Reaffirming the Convention on the Rights of Persons with Disabilities,⁷ which was adopted on 13 December 2006 and which entered into force on 3 May 2008, a landmark convention affirming the human rights and fundamental freedoms of persons with disabilities, recognising that it is both a human rights and a development instrument, encouraging its ratification by Member States and its implementation by States parties, and taking note of the Optional Protocol to the Convention on the Rights of Persons with Disabilities,”

<https://docs.un.org/en/A/RES/77/300>

UN General Assembly Resolution A/RES/46/119 - Protection of Persons with Mental Illness (1991)

“Every patient shall have the right to receive such health and social care as is appropriate to his or her health needs, and is entitled to care and treatment in accordance with the same standards as other ill persons.” (Principle 8:1)

<https://digitallibrary.un.org/record/135851?ln=en&v=pdf#files>

WHO Comprehensive Mental Health Action Plan (2013-2030)

Relating to research, data, monitoring, and evidence-based services for mental health conditions, relevant to key global policies.

“While the updated action plan includes new and updated indicators and implementation options, the original four major objectives remain unchanged: more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social care services in community-based settings; implementation of strategies for promotion and prevention; and strengthened information systems, evidence and research.”

<https://www.who.int/publications/i/item/9789240031029>

Security Council Resolution 2668 (2022) - Mental Health Support for Peace Operations

¹⁹ Mental Health Innovation Network (MHIN), *Mental Health Innovation Network*, accessed January 16, 2026

“Recalling the purposes and principles of the Charter of the United Nations, and reaffirming the primary responsibility of the Security Council under the Charter of the United Nations for the maintenance of international peace and security,”

[https://docs.un.org/en/S/RES/2668\(2022\)](https://docs.un.org/en/S/RES/2668(2022))

Previous Attempts to Address the Issue:

International Classification of Diseases (ICD): WHO’s ICD provides globally recognised criteria for diagnosing mental disorders. This helps have a framework for diagnosing, allowing there to be more clarity in diagnosis. The incorporation of cultural considerations is also important. To ensure consistent application, training programs and technical support have been provided to countries in need of it.²⁰

WHO Comprehensive Mental Health Action Plan (2013-2030)

Relating to research, data, monitoring, and evidence-based services for mental health conditions, relevant to key global policies.

“While the updated action plan includes new and updated indicators and implementation options, the original four major objectives remain unchanged: more effective leadership and governance for mental health; the provision of comprehensive, integrated mental health and social care services in community-based settings; implementation of strategies for promotion and prevention; and strengthened information systems, evidence, and research.”²¹

World Psychiatric Association (WPA)

Promoting mental health research, standards, and professional education. Creating guidelines for the diagnosis and classification of disorders and improving practices globally. Influences Clinical standards and reduces misdiagnosis.²²

Proposed Solutions

1. Increase funding (for mental health research, better understanding biological, neurological, and environmental causes)
2. Strengthen training (for professionals in different fields, enhanced training in diagnosis, promote education, and recognise early signs)

²⁰ World Health Organisation. “International Classification of Diseases (ICD).” *World Health Organisation*

²¹ World Health Organization, *Comprehensive Mental Health Action Plan 2013–2030* (Geneva: World Health Organization, 2021), accessed January 16, 2026

²² World Psychiatric Association, *World Psychiatric Association (WPA)*, accessed January 16, 2026

3. Integrate mental health into primary healthcare
4. Promote public awareness (when to seek help, risks of misdiagnosis, etc.)



Bibliography

Almeida-Filho, Naomar, Jair de Jesus Mari, and Christian Kieling. “Focus on Social and Cultural Determinants of Mental Health.” *SSM – Mental Health* 3 (December 2023): 100212. <https://doi.org/10.1016/j.ssmmh.2023.100212>.

Banner, Vikram, et al. “Challenges in Global Mental Health.” *Bulletin of the World Health Organisation*. Accessed January 17, 2026. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6739558/>.

Borderline Support UK. *Prevalence and Demographics*. Accessed January 17, 2026. <https://borderlinesupport.org.uk/lesson/prevalence-and-demographics/>.

Hlongwa, Esther N., and Maureen N. Sibya. “Challenges Affecting the Implementation of the Policy on Integration of Mental Health Care into Primary Healthcare in KwaZulu-Natal Province.” *Curationis* 42, no. 1 (August 21, 2019): e1–e9. <https://doi.org/10.4102/curationis.v42i1.1847>. PMCID: PMC6739558.

Mental Health Innovation Network (MHIN). *Mental Health Innovation Network*. Accessed January 17, 2026. <https://www.mhinnovation.net/>.

National Institute of Mental Health & Neurosciences (NIMHANS). *NIMHANS*. Accessed January 17, 2026. <https://www.nimhans.ac.in/>.

Patel, Vikram, et al. “Challenges in Global Mental Health.” *Bulletin of the World Health Organisation*. Accessed January 17, 2026. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6739558/>.

ScienceDirect. “Misdiagnosis.” *ScienceDirect Topics: Psychology*. Accessed January 17, 2026. <https://www.sciencedirect.com/topics/psychology/misdiagnosis>.

World Health Organization. *Bipolar Disorder*. Fact Sheet. Accessed January 17, 2026. <https://www.who.int/news-room/fact-sheets/detail/bipolar-disorder>.

World Health Organization. *Classification of Diseases*. Accessed January 17, 2026. <https://www.who.int/standards/classifications/classification-of-diseases>.

World Health Organization. *Connecting Evidence to Practice in Mental Health. Bulletin of the World Health Organisation*. Accessed January 17, 2026. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10598480/>.

World Health Organization. *Depressive Disorder (Depression)*. Fact Sheet, August 29, 2025. Accessed January 17, 2026. <https://www.who.int/news-room/fact-sheets/detail/depression>.

World Health Organization. *Guidelines on Mental Health at Work*. Geneva: WHO, 2022. <https://www.who.int/publications/i/item/9789240031029>.

World Health Organization. *Mental Disorders*. Fact Sheet, September 30, 2025. Accessed January 17, 2026. <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>.

World Health Organization. *Mental Disorders (Long-Term and Non-Representative)*. Fact Sheet. Accessed January 17, 2026. <https://www.who.int/news-room/fact-sheets/detail/an-long-term-non-representative-mental-disorders>.

Yan, Jun, Xin Yu, and Xiulan Zhang. "The Development and Evolution of Community Mental Health Policies in China from 1998 to 2013." *China CDC Weekly* 5, no. 40 (October 6, 2023): 900–908. <https://doi.org/10.46234/ccdcw2023.171>. PMCID: PMC10598480.

United Nations. *Protection of Persons with Mental Illness and the Improvement of Mental Health Care*. A/RES/46/119, 1991. <https://digitallibrary.un.org/record/135851?ln=en&v=pdf>.

United Nations General Assembly. *Mental Health and Psychosocial Support*. A/RES/77/300, 2023. <https://docs.un.org/en/A/RES/77/300>.

United Nations Security Council. *Resolution 2668 (2022)*. [https://docs.un.org/en/S/RES/2668\(2022\)](https://docs.un.org/en/S/RES/2668(2022)).