l'm not a robot



More people in the U.S. are living with mental and emotional distress: In 2019, approximately 19.86% of U.S. adults experienced a mental health condition. Possible reasons why mental health condition or loneliness. However, other factors like family history and experiences with other health conditions can play a role too. Here's what you need to know. There have been increased instances of mental health conditions, such as: Adverse childhood experiences (ACEs)Alcohol or drug useBiological factorsGenetic factors, including family historyBrain-based chemical imbalancesExperiences from having medical conditions such as cancer or diabetesFeelings of isolation and lonelinessIdentity issuesSignificant life changes, like becoming a parent or losing a jobTraumatic brain injuries (TBIs)Traumatic experiencesWomen's health concerns, such as infertility, menopause, the postpartum period, and pregnancy Other factors have also played a role in the increased occurrences of mental health conditions. Read on to learn more. It's estimated that 72% of Americans use social mediaespecially regarding mental health. Unhealthy behaviors associated with social media use include: Comparing oneself excessively to othersCyberbullyingExperiencing the fear of missing out (FOMO) Many studies have linked social media use to poorer mental health outcomesespecially among younger people. A systematic review found that excessive time spent using social media was associated with anxiety, depression, negative body image, and psychological distress. Research has shown that reducing social media use for three weeks showed significantly reduced loneliness and depression compared to those with unlimited use. Some forms of social media useparticularly Facebook, Snapchat, and YouTubewere linked with higher levels of self-reported depressive symptoms, according to a study that surveyed over 5,000 individuals. The pandemic brought rising numbers of people with mental health concerns. Before the COVID-19 pandemic, research suggested that the rate of serious psychological distress (SPD) among U.S. adults consistently ran between 3% and 4% more than 8 million Americans. Globally, anxiety and depression increased by 25% during the first year of the pandemic. In the U.S. alone, one in five adults reported that the pandemic significantly negatively impacted their mental health. Among themand one of the top factors was the social isolation people endured during the pandemic. Social isolation alone was found to have significant negative consequences on psychological well-being. Being unable to work, lacking support from loved ones, and engaging socially less often were linked to social isolation. Other stressors during the pandemic included: Death of a loved oneFear of infectionFinancial worries Isolation can also cause loneliness, related to various physical and mental conditions, including depression and anxiety. The pandemic exacerbated isolation that a study reported was already increasing in the general population. That isolation was due to societal trends like decreased community involvement and fewer people getting married and having children. Older adults are at increased risk for loneliness as they are more likely to face challenges such as: Coping with chronic illnessLiving aloneLosing loved ones Additionally, social isolation in older adults is linked to higher rates of depression, anxiety, and suicide. While many studies and information are on older adults and loneliness, young adults can struggle with loneliness. One study stated that young adults are on older adults are on older adults. This was the case before the pandemic, noted the researchers, who also linked the prevalence of loneliness in this group partly to social media use. Immigrant and LGBTQ+ populations are also at higher risk of experiencing loneliness. In addition to an increase in the need for psychiatric care with the rise in mental health conditions, getting that care can be difficult. Over half of individuals with a mental health condition do not receive treatment Approximately 11% of adults and youth with mental illness are uninsured. This data is despite people having more access to affordable healthcare via the Affordable healthcare via the Affordable Care Act (ACA). Over 25 million rural Americans live in areas with a shortage of mental health professionals. Even if they have the means to talk to a professional, one might not be available. In other words, people may have insurance that covers mental health services, but it cancels the insurance benefits if those services are unavailable. If you need help with your mental health, reaching out to a healthcare provider is a good place to start. They can give you information on resources in your area and provide a referral to a mental health professional if necessary. Additionally, there are self-care practices that may be beneficial for your mental health. You can check out the U.S. Department of Health & Human Services mental health website for phone numbers and service locators for assistance directing you to the help you need. Further, you can call SAMHSA's National Helpline at 1-800-662-HELP (4357) to get referrals to: Local treatment centersSupport groupsOther community-based organizations Online therapy services, which are becoming increasingly common, are desirable if you need services at a reduced price or want a convenient way to receive care. Keep in mind, however, that online services may not be the best option if you're dealing with a complex psychiatric disorder. You can still seek in-person therapy services from private providers or community clinics. Additionally, community clinics may offer mental health services on an income-based sliding fee scale if you don't have insurance. There are several ways to find a culturally competent provider or one trained to serve your unique cultural needs. Health previously reported that digital mental health sites, such as Hurdle and Ayana Therapy, are aimed at diverse communities and offer a culturally responsive approach. Some resources, like Mental Health America (MHA), also allow you to narrow your search for a therapist by applying specific characteristics, such as language and sexuality. Some mental health risk factors may be out of a person's control, like biological factors or family history. However, there are ways to ensure you care for yourself and improve your mental health. They include: Developing coping skills and a sense of meaning and purpose in lifeDoing relaxing activitiesEating healthyFocusing on positivityGetting regular exercisePracticing gratitudePrioritizing quality sleepSetting for your mental health is as important as ever, especially with the many factors contributing to the rise in mental health conditions worldwide. That said, if you have any concerns about your mental health or well-being, don't hesitate to seek help. If you have difficulty finding the right resources, ask a trusted friend or family member to help youthe more support, the better. Mental health disorders have risen in the United States. The increase is due to the rise in social media, the COVID-19 pandemic, and societal trends that have resulted in smaller family units and less community involvement. The mental health crisis, particularly acute for older people and the youngest adults, is compounded because people lack health crisis, particularly acute for older people and the youngest adults. if you need help with your mental health, from more affordable online services to community clinics to mental health websites that can direct you to more information. Thanks for your feedback! Level of human psychological well-being The Greek glyph "" or "psi" when latinized, is a old symbol for mental health and well being Part of a series on Mental health Mental health lawMental disorderTreated byPsychiatryClinical psychologyStudied byPsychiatryDigital mediaHomelessnessImmigration detentionMental illness denialMental health of refugeesMental health of veteransHistoryHistory of mental healthcareHistory of psychotherapyBy countryAustraliaChinese studentsGlobalIndiaIrelandMalaysiaNew ZealandPalestineRussiaSingaporeSomaliaSouth KoreaUzbekistanUnited KingdomUnited StatesAfrican AmericansAsian AmericansNative AmericansMental disordersCausesHistoryListPrevalenceBy genderPreventionServicesTreatmentvtePart of a series onPublic healthEnvironmental healthEnvironmental healthEnvironmental healthEnvironmental healthCocupational healthEnvironmental healthEnvironment safetyRehabilitation (penology)Sexual and reproductive healthSanitationWorld health (Global health - International health)PreventionDisease surveillanceHarm reductionHealth indicatorsHuman right to water and sanitationRight to healthSupervised injection siteUniversal health careLists and categoriesTerminologyJournalsNational public health agencies Medicine portal Vecence of mental illness. However, mental health refers to a person's overall emotional, psychological, and social well-being. It influences how individuals think, feel, and behave, and how they cope with stress, relate to others, and make choices. Mental illness, on the other hand, refers to diagnosable conditionssuch as depression, anxiety disorders, or schizophreniathat disrupt a person's thoughts, mood, behavior, or functioning. It is possible for individuals with mental illness to experience periods of good mental health, just as people without a mental illness may struggle with poor mental well-being at times.[1][2][1]Mental health encompasses emotional, psychological, and social well-being, influencing cognition, perception, and behavior. Mental health plays a crucial role in an individuals daily life when managing stress, engaging with others, and contributing to life overall. According to the World Health Organization (WHO), it is a "state of well-being in which the individual realizes his or her community".[2] It likewise determines how an individual handles stress, interpersonal relationships, and decision-making.[3] Mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence, and self-actualization of one's intellectual and emotional potential, among others.[4]From the perspectives of positive psychology or holism, mental health may include an individual's ability to enjoy life and to create a balance between life activities and efforts to achieve psychological resilience.[5] Cultural differences, personal philosophy, subjective assessments, and competing professional theories all affect how one defines "mental health".[6] Some early signs related to mental health difficulties are sleep irritation, lack of energy, lack of appetite, thinking of harming oneself or others, self-isolating (though introversion and isolation are not necessarily unhealthy), and frequently zoning out.[6]See also: Mental disorderMental health, as defined by the Public Health Agency of Canada,[7] is an individual's capacity to feel, think, and act in ways to achieve a better quality of life while respecting personal, social, and cultural boundaries.[8] Impairment of any of these are risk factor for mental disorders, or mental disorders has risen significantly throughout the years.[10] Mental disorders are defined as health conditions that affect and alter cognitive functioning, [11][12] The ICD-11 is the global standard used to diagnose, treat, research, and report various mental disorders.[13][14] In the United States, the DSM-5 is used as the classification system of mental disorders. [15]Mental health is associated with a number of lifestyle factors such as diet, exercise, stress, drug abuse, social connections. [15][16] Psychiatrists, psychologists, licensed professional clinical counselors, social workers, nurse practitioners, and family physicians can help manage mental illness with treatments such as therapy, counseling, and medication.[17]See also: Well-being, Eudaimonia, and History of mental disordersHighly stylized poster for the Hygiene Congress in Hamburg, 1912In the mid-19th century, William Sweetser was the first to coin the term mental hygiene, which can be seen as the precursor to contemporary approaches to work on promoting positive mental health.[18][19] Isaac Ray, the fourth president[20] of the American Psychiatric Association and one of its founders, further defined mental hygiene as "the art of preserving the mind against all incidents and influences calculated to deteriorate its qualities, impair its energies, or derange its movements".[19]In American history, mentally ill patients were thought to be religiously punished. This response persisted through the 1700s, along with the inhumane confinement and stigmatization of such individuals.[21] Dorothea Dix (18021887) was an important figure in the development of the "mental hygiene" movement. Dix was a school teacher who endeavored to help people with mental disorders and to expose the sub-standard conditions into which they were put.[22] This became known as the "mental hygiene movement".[22] Before this movement, it was not uncommon that people affected by mental illness would be considerably neglected, often left alone in deplorable conditions without sufficient clothing.[22] From 1840 to 1880, she won the support of the federal government to set up over 30 state psychiatric hospitals; however, they were understaffed, under-resourced, and were accused of violating human rights.[21]Emil Kraepelin in 1896 developed the taxonomy of mental disorders which has dominated the field for nearly 80 years. Later, the proposed disease model of abnormality was subjected to analysis and considered normality to be relative to the physical, geographical and cultural aspects of the defining group.[23]At the beginning of the 20th century, Clifford Beers founded "Mental Health America National Committee for Mental Hygiene", after publication of his accounts as a patient in several lunatic asylums, A Mind That Found Itself, in 1908[24][25][26] and opened the first outpatient mental health clinic in the United States.[25]The mental hygiene movement, similar to the social hygiene movement, had at times been associated with advocating eugenics and sterilization of those considered too mentally deficient to be assisted into productive work and contented family life.[27][28] In the post-WWII years, references to mental hygiene were gradually replaced by the term 'mental health' due to its positive aspect that evolves from the treatment of illness to preventive and promotive areas of healthcare. [26]When US government-run hospitals were accused of violating human rights, advocates pushed for deinstitutionalization: the replacement of federal mental health services. The closure of state-provisioned psychiatric hospitals was enforced by the Community Mental Health Centers Act in 1963 that laid out terms in which only patients who posed an imminent danger to others or themselves could be admitted into state facilities.[29] This was seen as an improvement from previous conditions. However, there remains a debate on the conditions of these community resources. It has been proven that this transition was beneficial for many patients: there was an increase in overall satisfaction, a better quality of life, and more friendships between patients all at an affordable cost. This proved to be true only in the circumstance that treatment facilities had enough funding for staff and equipment as well as proper management.[30] However, this idea is a polarizing issue. Critics of deinstitutionalization argue patients' families, where they do not have the proper funding or medical expertise to give proper care.[31] On the other hand, patients that are treated in community mental health centers lack sufficient cancer testing, vaccinations, or otherwise regular medical check-ups.[31] Other critics of state deinstitutionalization argue that this was simply accinations, or otherwise regular medical check-ups.[31] Other critics of state deinstitutionalization argue that this was simply accinations, or otherwise regular medical check-ups.[31] Other critics of state deinstitutionalization argue that this was simply accinations, or otherwise regular medical check-ups.[31] Other critics of state deinstitutionalization argue that this was simply accinate the state of the state deinstitutionalization argue that the sta transition to "transinstitutionalization", or the idea that prisons and state-provisioned hospitals are interdependent. In other words, patients become inmates. This draws on the Penrose Hypothesis of 1939, which theorized that there was an inverse relationship between prisons' population size and the number of psychiatric hospital beds.[32] This means that populations that require psychiatric mental care will transition between institutions, which in this case, includes state psychiatric hospital beds occurred at the same time as an increase in inmates.[32] Although some are skeptical that this is due to other external factors, others will reason this conclusion to a lack of empathy for the mentally ill. There is no argument for the social stigmatization of those with mental illnesses, they have been widely marginalized and discriminated against in society.[21] In this source, researchers analyze how most compensation prisoners (detainees who are unable or unwilling to pay a fine for petty crimes) are unemployed, homeless, and with an extraordinarily high degree of mental illnesses and substance use disorders.[32] Compensation programs, which ultimately facilitate reoffending.[32] The research sheds light on how the mentally illand in this case, the poorare further punished for certain circumstances that are beyond their control, and that this is a vicious cycle that repeats itself. Thus, prisons embody another state-provisioned mental hospital. Families of patients, advocates, and mental health professionals still call for increase in more well-structured community facilities and treatment programs with a higher quality of long-term inpatient resources and care. With this more structured environment, the United States will continue with more access to mental health care and an increase in the overall treatment of the mentally ill. However, there is still a lack of studies for mental health care and an increase in the overall treatment of the mentally ill. However, there is still a lack of studies for mental health care and an increase in the overall treatment of the mentally ill. However, there is still a lack of studies for mental health care and an increase in the overall treatment of the mentally ill. However, there is still a lack of studies for mental health care and an increase in the overall treatment of the mentally ill. However, there is still a lack of studies for mental health care and an increase in the overall treatment of the mentally ill. However, there is still a lack of studies for mental health care and an increase in the overall treatment of the mentally ill. However, there is still a lack of studies for mental health care and an increase in the overall treatment of the mentally ill. However, there is still a lack of studies for mental health care and an increase in the overall treatment of the mentally ill. However, there is still a lack of studies for mental health care and an increase in the overall treatment of the mental health care and an increase in the overall treatment of the mental health care and an increase in the overall treatment of the mental health care and an increase in the overall treatment of the mental health care and an increase in the overall treatment of the mental health care and an increase in the overall treatment of the mental health care and an increase in the overall treatment of the mental health care and an increase in the overall treatment of the mental health care and an increase in the overall treatment of the mental health care and an increase in the overall treatment of the overall trea health conditions (MHCs) to raise awareness, knowledge development, and attitudes toward seeking medical treatment for MHCs in Bangladesh. People in rural areas often seek treatment from the traditional healers and MHCs are sometimes considered a spiritual matter.[33]See also: Prevalence of mental disordersMental illnesses are more common than cancer, diabetes, or heart disease. As of 2021, over 22 percent of all Americans over the age of 18 meet the criteria for having a mental illness.[34] Evidence suggests that 970 million people worldwide. By 2030, it is predicted to become the leading cause of disease worldwide.[36] Over 700 thousand people commit suicide every year and around 14 million attempt it.[37] A World Health Organization (WHO) report estimates the global cost of mental illness at nearly \$2.5 trillion (two-thirds in indirect costs) in 2010, with a projected increase to over \$6 trillion by 2030.[38]Evidence from the WHO suggests that nearly half of the world's population is affected by mental illness with an impact on their self-esteem, relationships and ability to function in everyday life.[39] An individual's emotional health can impact their physical health. Poor mental health can impact their physical health c decisions and substance use disorders.[40]Good mental health can improve life quality whereas poor mental health can worsen it. According to Richards, Campania, & Muse-Burke, "There is growing evidence that is showing emotional abilities are associated with pro-social behaviors such as stress management and physical health."[40] Their research also concluded that people who lack emotional expression are inclined to anti-social behaviors (e.g., substance use disorder, physical fights, vandalism), which reflects one's mental health and suppressed emotions.[40] Adults and children who face mental illness may experience social stigma, which can exacerbate the issues.[41]See also: Global mental health and Category:Mental health by countryThe Two Continua Model of Mental Health and Mental IllnessMental health may have many different possible values.[42] Mental wellness is viewed as a positive attribute; this definition of mental health may have many different possible values.[41] See also: Global mental health may have many different possible values.[42] Mental health may have many different possible values.[41] Mental health may have many different possible values.[42] Mental health may have many different possible values.[41] Mental health may have many different possible values.[42] Mental health may have many different possible v highlights emotional well-being, the capacity to live a full and creative life, and the flexibility to deal with life's inevitable challenges. Some discussions are formulated in terms of contentment or happiness.[43] Many therapeutic systems and self-help books offer methods and philosophies espousing strategies and techniques vaunted as effective formulated in terms of contentment or happiness. further improving the mental wellness. Positive psychology is increasingly prominent in mental health. A holistic model of mental health generally includes concepts based upon anthropological, religious, and sociological perspectives. There are also models as theoretical perspectives from personality, social, clinical, health and developmental psychology.[44][45]The tripartite model of mental well-being as encompassing three components of emotional well-being, social well-being as encompassing three components of emotional well-being are defined as the presence of psychological and social skills and abilities that contribute to optimal functioning in daily life. The model has received empirical support across cultures. [46][47][48] The Mental Health Continuum-Short Form (MHC-SF) is the most widely used scale to measure the tripartite model of mental well-being. [49][50][51]Further information: Infant mental health, Mental disorders diagnosed in childhood, and Developmental psychopathologySee also: Depression in childhood experiencesAs of 2019, about one in seven of the world's 1019 year olds experiences and Adverse childhood experiencesAs of 2019, about one in seven of the world's 1019 year olds experiences and Adverse childhood experiences and Adverse c person's teenage years are a unique period where much crucial psychological development occurs, and is also a time of increased vulnerability to the development of adverse mental health conditions. More than half of mental health conditions start before a child reaches 20 years of age, with onset occurring in adolescence much more frequently than it does in early childhood or adulthood. Many such cases go undetected and untreated.[54][55][56]In the United States alone, in 2021, at least roughly 17.5% of the population (ages 18 and older) were recorded as having a mental illness. The comparison between reports and statistics of mental health issues in newer generations (1825 years old to 2649 years old) and the older generation (50 years or older) signifies an increase in mental health issue as only 15% of the older generations reported 33.7% (1825) and 28.1% (2649).[57] The role of caregivers for youth with mental health issue whereas the newer generation reported 33.7% (1825) and 28.1% (2649).[57] The role of caregivers for youth with mental health issue whereas the newer generation reported 33.7% (1825) and 28.1% (2649).[57] The role of caregivers for youth with mental health issue whereas the newer generation reported 33.7% (1825) and 28.1% (2649).[57] The role of caregivers for youth with mental health issue whereas the newer generation reported 33.7% (1825) and 28.1% (2649).[57] The role of caregivers for youth with mental health issue whereas the newer generation reported 33.7% (1825) and 28.1% (2649).[57] The role of caregivers for youth with mental health issue whereas the newer generation reported 33.7% (1825) and 28.1% (2649).[57] The role of caregivers for youth with mental health issue whereas the newer generation reported 33.7% (1825) and 28.1% (2649).[57] The role of caregivers for youth with mental health issue whereas the newer generation reported 33.7% (1825) and 28.1% (1825) and 28.1\% (182 when they have sufficient psychoeducation and peer support.[58] Depression is one of the leading causes of illness and disability among adolescents.[52] Exposure to childhood trauma can cause mental health disorders and poor academic achievement.[59] Ignoring mental health conditions in adolescents can impact adulthood.[60] 50% of preschool children show a natural reduction in behavioral problems. The remaining experience long-term consequences.[60] It impairs physical and mental health and limits opportunities to live fulfilling lives.[60] A result of depression during adolescence and adulthood may be substance abuse.[60][61] The average age of onset is between 11 and 14 years for depressive disorders.[61] Only approximately 25% of children with behavioral problems refer to medical services.[60] The majority of children go untreated.[60]Further information: Homelessness and mental healthMental illness is thought to be highly prevalent among homelessness. populations, though access to proper diagnoses is limited. An article written by Lisa Goodman and her colleagues summarized Smith's research into PTSD in homeless single women and mothers in St. Louis, Missouri, which found that 53% of the respondents met diagnostic criteria, and which describes homelessness as a risk factor for mental illness [62] At least two commonly reported symptoms of psychological trauma, social disaffiliation and learned helplessness are highly prevalent, people infrequently receive appropriate care.[62] Case management linked to other services is an effective care approach for improving symptoms in people experiencing homelessness.[63] Case management reduced admission to hospitals, and it reduced substance use by those with substance use by those with substance abuse problems more than typical care.[63]See also: Mental health of refugees are sites of social upheaval, civil war, even genocide.[64] Most refugee experience trauma. It can be in the form of torture, sexual assault, family fragmentation, and death of loved ones.[64][65]Refugees and immigrants experience psychosocial stressors after resettlement.[66] These include discrimination, lack of economic stability, and social isolation causing emotional distress. For example, not far into the 1900s, campaigns targeting Japanese immigrants were being formed that inhibited their ability to participate in U.S. life, painting them as a threat to the American media as well as anti-Japanese legislation being implemented.[67][64][65] For refugees family reunification can be one of the primary needs to improve quality of life.[64] Post-migration trauma is a cause of depressive disorders and psychological distress for immigrants.[64][65][66]See also: Clinical social work in mental health, also called psychiatric social work, is a process where an individual in a setting is helped to attain freedom from overlapping internal and economic situations, family and other relationships, the physical and organization across all systems. Psychiatric socia workers are mental health professionals that can assist patients and their family members in coping with both mental health issues and various economic or social problems caused by mental illness or psychiatric dysfunctions and to attain improved mental health and well-being. Psychiatry and Behavioral Sciences in hospitals. They are employed in both outpatient settings of a hospital, nursing homes, state and local governments, substance use clinics, correctional facilities, health care services. According to government sources, 60 percent of mental health professionals are clinically trained social workers, 10 percent are psychiatrists, 23 percent are psychiatrists, 23 percent are psychiatric nurses.[69]Mental health social workers in Japan have professional knowledge of health and welfare and skills essential for person's well-being. Their social workers in Japan have professional knowledge of health and welfare and skills essential for person's well-being. Their social workers in Japan have professional knowledge of health and welfare and skills essential for person's well-being. training enables them as a professional to carry out Consultation assistance for mental disabilities and their social reintegration; Consultation regarding the rehabilitation of the victims; Advice and guidance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance for mental disabilities and their social reintegration; Consultation assistance other relevant matters to equip them to adapt in daily life. Social workers provide individual home visits for mentally ill and do welfare services are coordinated for home, workplace and school. In an administrative relationship, Psychiatric social workers provides consultation, leadership, conflict management and work direction. Psychiatric social workers who provides assessment and psychosocial interventions function as a clinician, counselor and municipal staff of the health problems, including biological factors, genetic factors, life experiences (such as psychological trauma or abuse), and a family history of mental health problems.[71]According to the National Institute of Health Curriculum Supplement Series book, most scientists believe that changes in neurotransmitters can cause mental illnesses. In the section "The Biology of Mental Illnesses' the issue is explained in detail, "...there may be disruptions in the neurotransmitters dopamine, glutamate, and norepinephrine in individuals who have schizophrenia".[72]Gender, age, ethnicity, life expectancy, longevity, population density, and community diversity are all demographic characteristics that can increase the risk and severity of mental disorders.[73] The prevalence of mental illness is higher in more economically unequal countries. Emotional mental disorders are a leading cause of disabilities worldwide. Investigating the degree and severity of untreated emotional mental disorders are a leading cause of disabilities worldwide. was created in 1998 by the World Health Organization (WHO).[75] "Neuropsychiatric disorders are the leading causes of disability worldwide, accounting for 37% of all healthy life years lost through disease. These disorders are the leading causes of disability worldwide, accounting for 37% of all healthy life years lost through disease. modern treatment and rehabilitation for emotional mental health disorders, "even economically advantaged societies have competing priorities and budgetary constraints". Unhappily married couples suffer 325 times the risk of developing clinical depression, leading to divorce. [76][77][78] Studies found that divorce and separation increases chances chances chances and budgetary constraints". of an individual encountering depression, anxiety, substance abuse issues, insomnia, and financial hardship.[79] Divorce and unhappy married couples not only affect the mental health of both the parents, but particularly the children of a separated home. Children of a separated home issues, insomnia, and financial hardship.[79] Divorce and unhappy married couples not only affect the mental health of both the parents, but particularly the children of a separated home. abuse, depressive moods, and an increased chance of living in poverty due to family instability.[80]Dementia Friends trainingThe Centre for Addiction and Mental Health discusses how a certain amount of stress is a normal part of daily life. Small doses of stress help people meet deadlines, be prepared for presentations, be productive and arrive on time for important events. However, long-term stress can become harmful. When stress becomes overwhelming and prolonged, the risks for mental health and even harm humans.[82]The impact of a stressful environment events. has also been highlighted by different models. Mental health has often been understood from the lens of the vulnerability-stress model.[83] In that context, stressful situations may contribute to a preexisting vulnerability-stress model.[83] In that context, stressful situations may contribute to a preexisting vulnerability hypothesis suggests that mental health outcomes are better explained by an increased sensitivity to the environment than by vulnerability.[84] For example, it was found that children scoring higher on observer-rated environmental sensitivity often derive more harm from low-quality parenting, but also more benefits from high-quality parenting than those children scoring lower on that measure.[85]Unemployment has been shown to hurt an individual's emotional well-being, self-esteem, and more broadly their mental health. Increasing unemployment has been shown to have a significant impact on mental health. mental health disorders in any population survey.[87] According to a 2009 meta-analysis by Paul and Moser, countries with high income inequality and poor unemployed.[88]These paragraphs are an excerpt from Poverty Mental health.[edit]A psychological study has been conducted by four scientists during inaugural Convention of Psychological Science. The results find that people who thrive with financial stability or fall under low socioeconomic status (SES) tend to perform worse cognitively due to external pressure imposed upon them. The research found that stressors such as low income, inadequate health care, discrimination, and exposure to criminal activities all contribute to mental disorders. This study also found that children perform better under the care of their parents and that children tend to adopt speaking language at a younger age. Since being in poverty from childhood is more harmful than it is for an adult, it is seen that children in poor households tend to fall behind in certain cognitive abilities compared to other average families.[90] The World Health Organization highlights that social determinants such as income inequality, lack of access to quality education, unemployment insecure housing, and exposure to violence are strongly associated with poor mental health outcomes. These structural factors contribute significantly to disparities in mental health.[edit]The effects of climate change on mental health. health and wellbeing are being documented as the consequences of climate change become more tangible and impactful. This is especially the case for vulnerable populations and those with pre-existing serious mental illness.[92] There are three broad pathways by which these effects can take place: directly, indirectly or via awareness.[93] The direct pathway includes stress-related conditions caused by exposure to extreme weather events. These include post-traumatic stress disorder (PTSD). Scientific studies have linked mental health to several climate-related exposures. These include post-traumatic stress disorder (PTSD). economic and social activities. An example is when an area of farmland is less able to produce food.[94] The third pathway can be of mere awareness of the climate change threat, even by individuals who are not otherwise affected by it.[93] This especially manifests in the form of anxiety over the quality of life for future generations.[95]Recent findings suggest that dietary patterns may play a role in the development of mental health conditions. Diets low in nutrients and high in processed foods have been associated with increased risk of mood disorders. Research has also shown that disruptions in gut microbiota, which are influenced by diet, can impact inflammation, neurotransmitter function, and emotional regulation. These mechanisms may contribute to conditions such as depression and anxiety.[96]The stigma of mental health is perceived differently due to historical and cultural context. Attitudes regarding treatments and seeking services are influenced by the impact of society's stigma associated with mental health. Many communities with different ethnic backgrounds, socioeconomic statuses, and cultural beliefs experience poor treatment and fewer easily accessible, quality-care resources. Mental health impacts individuals of all ethnic and racial backgrounds across the world. Asian Americans often experience extreme levels of self-stigma, created from the intersection of cultural and societal factors.[97] Cultural pressures lead to self-isolation and report heightened levels of shame when speaking about mental health struggles. Latino communities face structural barriers such as documentation, low rates of English proficiency, and difficulties understanding the steps needed to navigate the healthcare system, ultimately limiting accessibility to mental health services. [98] Latino men often face deep-rooted shame regarding mental health issues due to the cultural expectation of leading communities or a Immigration status, language barriers, or cultural beliefs cause many Latino Americans to avoid seeking professional care. The stigma surrounding mental health results in delayed professional care, embarrassment, and social rejection. Further information: Mental disorders and gender and Sex differences in psychologyExisting evidence demonstrates that mental disorders, [102] whereas males have a higher connected with gender. For example, an elevated risk of anxiety[101] and eating disorders, [102] whereas males have a higher chance of substance abuse and behavioral and developmental issues.[103] This does not imply that women are less likely to suffer from developmental disorders such autism spectrum disorders for the prevalence of mental disorders, with minority groups being at a higher risk due to discrimination and exclusion.[73] Approximately 8 in 10 people with autism suffers from a mental health problem in their lifetimes.[104][105][106]Traditional gender roles and societal pressures influence an individual's perception regarding personal mental health issues and the importance of seeking professional help. For men, society implements strong-headed characteristics such as emotional resilience, hard-headedness, motivation, and stoicism. The stigma placed on mental health makes many men believe showing signs of vulnerability could be considered weak. Men experience immense amounts of internalized stigma from societal expectations, causing symptoms such as isolation, depression, anxiety, and resistance to treatment.[107] Women experience more emotional regulation due to connective relationships with other women or family members. Although women encounter less judgment when accessing professional treatment, the labeling of being overly emotional and unstable causes concern for many women hesitant to seek help. Poverty and an individual's financial status play a critical role in the challenges of mental health. Low-income individuals and families often experience physical barriers to accessing mental health treatments, significantly increasing the chances of mental health struggles. Job insecurity, shame surrounding financial resources, and inability to seek professional help stimulate external and internal stigma. and negative stereotypes. Unemployed individuals may be perceived as irresponsible, unmotivated, and lazy. Psychological stress surrounding financial stability causes internalized discrimination and societal judgment. A study emphasized that using interventions and professional treatments will reduce psychological stress, normalize needing accessible health care, and decrease stigma around mental health regardless of economic background.[108]Rural areas and urban communities encounter differences surrounding the stigma around mental health due to the geography of the location. Urban areas offer far more mental health services and a variety of diverse professional resources. Dense urban populations naturally experience more exposure to mental health advocacy, exhibiting lower levels of stigma towards mental health. Although urban communities may offer access to mental health advocacy, exhibiting lower levels of stigma towards mental health. stigma towards mental health, promoting emotional stoicism, societal rejection, and judgment.[109] Rural areas lack availability and offer far more limited treatments to the community.Mental health is a socially constructed concept; different societies, groups, cultures (both ethnic and national/regional), institutions, and professions have very different ways of conceptualizing its nature and causes, determining what is mentally healthy, and deciding what interventions, if any, are appropriate.[110] Thus, different cultural, class, political and religious backgrounds, which will impact the methodology applied during treatment. In the context of deaf menta health care, it is necessary for professionals to have cultural competency of deaf and hard of hearing people and to understand how to properly rely on trained, qualified, and certified interpreters when working with culturally Deaf clients. Research has shown that there is stigma attached to mental illness. [111] Due to such stigma, individuals may resist labeling and may be driven to respond to mental health diagnoses with denialism.[112] Family caregivers of individuals with mental disorders may also suffer discrimination or face stigma.[113]Addressing and eliminating the social stigma and perceived stigma attached to mental illness has been recognized as crucial to education and awareness surrounding mental health issues. In the United Kingdom, the Royal College of Psychiatrists organized the campaign Changing Minds (19982003) to help reduce stigma, [114] while in the United States, efforts by entities such as the Born This Way Foundation and The Manic Monologues specifically focus on removing the stigma surrounding mental illness.[115][116] The National Alliance on Mental Illness (NAMI) is a U.S. institution founded in 1979 to represent and advocate for those struggling with mental illness. NAMI helps to educate about mental illness (NAMI) is a U.S. institution founded in 1979 to represent and advocate for those struggling with mental illness. NAMI helps to educate about mental illness (NAMI) is a U.S. institution founded in 1979 to represent and advocate for those struggling with mental illness. health professionals are beginning to, or already understand, the importance of competency in religious diversity and spirituality, or the lack thereof. They are also partaking in cultural training to better understand which interventions work best for these different groups of people. The American Psychological Association explicitly states that religion must be respected. Education in spiritual and religious matters is also required by the American Psychiatric Association, [118] however, far less attention is paid to the damage that more rigid, fundamentalist faiths commonly practiced in 2018 such as with the creation of the Religious Liberty Task Force in July of that year. [120] Also, many providers and practitioners in the United States are only beginning to realize that the institution of mental healthcare lacks knowledge and competence of many non-Western cultures, leaving providers in the United States are only beginning to realize that the institution of mental healthcare lacks knowledge and competence of many non-Western cultures, leaving providers in the United States are only beginning to realize that the institution of mental healthcare lacks knowledge and competence of many non-Western cultures, leaving providers in the United States are only beginning to realize that the institution of mental cultures.[121]See also: Prevention of mental disorders"The terms mental health promotion and prevention have often been identified, with the ultimate goal of improving the positive mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk factors) by addressing determinants of mental health problems (i.e. risk f ultimate goal of reducing the number of future mental health problems in the population."[122][123]In order to improve mental health, the root of the issue has to be resolved. "Prevention emphasizes the avoidance of risk factors; promotion aims to enhance an individual's ability to achieve a positive sense of self-esteem, mastery, well-being, and social inclusion."[124] Mental health promotion attempts to increase protective factors and healthy behaviors that can help prevent the onset of a diagnosable mental disorder.[122] Yoga is an example of an activity that calms one's entire body and nerves.[125] According to a study on well-being by Richards, Campania, and Muse-Burke, "mindfulness is considered to be a purposeful state, it may be that those who practice it belief in its importance and value being mindfulness." [40] Akin to surgery, sometimes the body must be further damaged, before it can properly heal [126]Mental health is conventionally defined as a hybrid of the absence of a mental disorders. Prevention is beginning to appear in mental health strategies, including the 2004 WHO report "Prevention of Mental Disorders" the 2008 EU "Pact for Mental Health" and the 2011 US National Prevention Strategy.[127][128][pageneeded] Some commentators have argued that a pragmatic and practical approach to mental disorder at a young age may significantly prevention. decrease the chances that a child will have a disorder later in life, and shall be the most efficient and effective measure from a public health perspective. [130] Prevention may require the regular consultation of a physician for at least twice a year to detect any signs that reveal any mental health concerns. Additionally, social media is becoming a resource for prevention. In 2004, the Mental Health Services Act[131] began to fund marketing initiatives to educate the public on mental health. This California-based project is working to combat the negative perception with mental health. deterioration if not managed properly [132] Limiting social media intake is beneficial. [133] Studies report that patients in mental health care who can access and read their Electronic Health Records (EHR) or Open Notes online experience increased understanding of their mental health. clinicians. Patients' also reported feelings of greater validation, engagement, remembering their care plan, and acquiring a better awareness of potential side effects of their medications, when reading their mental health notes. ways to use social media to bring more awareness to mental health issues through online campaigns in other sites such as Facebook and Instagram.[141]Main article: Mental health issues through the fragmented, often confusing mental health industries. Care navigators work closely with patients and families through discussion and collaboration to provide information and directs patients to practitioners and facilities specializing in particular forms of emotional improvement. The difference between therapy and care navigation is that the care navigation process provides information and directs patients to therapy rather than providing therapy. Still, care navigators may offer diagnosis and treatment planning. Though many care navigators are also trained therapies. A clear recognition that mental health requires medical intervention was demonstrated in a study by Kessler et al. of the prevalence and treatment of mental disorders from 1990 to 2003 in the United States. Despite the prevalence of mental disorders increased threefold.[142]Pharmacotherapy is a therapy that uses pharmaceutical drugs Pharmacotherapy is used in the treatment of mental illness through the use of antidepressants, benzodiazepines, and the use of elements such as lithium. It can only be prescribed by a medical professional trained in the field of Psychiatry. Physical exercise can improve mental and physical health. Playing sports, walking, cycling, or doing any form of physical activity trigger the production of various hormones, sometimes including endorphins, which can elevate a person's mood.[143]Studies have shown that in some cases, physical activity can have adverse effects on some mental health conditions, such as depression and anxiety. This could lead to different negative outcomes such as obesity, skewed body image and many health but it should not be used as an alternative to therapy.[146]Activity therapies also called recreation therapy and occupational therapy, promote healing through active engagement. An example of occupational therapy would be promoting an activity that improves daily life, such as self-care or improving hobbies.[147]Each of these therapies have proven to improve mental health and have resulted in healthier, happier individuals. In recent years, for example, coloring has been recognized as an activity that has been proven to significantly lower the levels of depressive symptoms and anxiety in many studies.[148]Expressive therapies are a form of psychotherapy, dance therapy, dance thera and poetry therapy. It has been proven that music therapy is an effective way of helping people with a mental health disorder.[149] Drama therapy. Main article: PsychotherapyPsychotherapyPsychotherapy is the general term for the scientific based treatment of mental health issues based on modern medicine. It includes a number of schools, such as gestalt therapy, psychoanalysis, cognitive behavioral therapy, psycho can include psychodynamic groups, expressive therapy groups, support groups, support groups, support groups, support groups, expressive therapy during World War 1 psychiatric hospital. Occupational therapy practitioners aim to improve and enable a client or group's participation in meaningful, everyday occupations.[151] In this sense, occupation is defined as any activity that "occupies one's time". Examples of those activities include daily tasks (dressing, bathing, eating, house chores, driving, etc.), sleep and rest, education, work, play, leisure (hobbies), and social interactions. The OT profession offers a vast range of services for all stages of life in a myriad of practice settings, though the foundations of OT come from mental health.OT services focused on mental health can be provided to persons, groups, and populations [151] across the lifespan and experiencing varying levels of mental health can be provided to persons, groups, and populations [151] across the lifespan and experiencing varying levels of mental health can be provided to persons, groups, and populations [151] across the lifespan and experiencing varying levels of mental health can be provided to persons, groups, and populations [151] across the lifespan and experiencing varying levels of mental health can be provided to persons, groups, and populations [151] across the lifespan and experiencing varying levels of mental health can be provided to persons, groups, and populations [151] across the lifespan and experiencing varying levels of mental health can be provided to persons, groups, and populations [151] across the lifespan and experiencing varying levels of mental health can be provided to persons, groups, and populations [151] across the lifespan and experiencing varying levels of mental health can be provided to persons, groups, and populations [151] across the lifespan and experiencing varying levels of mental health can be provided to persons, groups, and populations [151] across the lifespan across the lifespa health services in school systems, military environments, hospitals, outpatient clinics, and inpatient mental health rehabilitation settings. Interventions or indirectly by providing consultation to businesses, schools, or other larger groups to incorporate mental health strategies on a programmatic level. Even people who are mentally healthy can benefit from the health promotion and additional preventions focus on positive functioning, sensory strategies, managing emotions, interpersonal relationships, sleep, community engagement, and other cognitive skills (i.e. visual-perceptual skills, attention, memory, arousal/energy management, etc.). Main article: Self-compassion According to Neff, self-compassion consists of three main positive components and their negative counterparts: Self-Kindness versus Self-Judgment, Common Humanity versus Isolation and Mindfulness versus Over Identification.[152] Furthermore, there is evidence from a study by Shin & Lin suggesting specific components of self-compassion can predict specific dimensions of positive mental health (emotional learning & development in schoolsThe Collaborative for academic, social, emotional learning (CASEL) addresses five broad and interrelated areas of competence and highlights examples for each: self-awareness, relationship skills, and responsible decision-making [154] A meta-analysis was done by Alexendru Boncu, Iuliana Costeau, & Mihaela Minulescu (2017) looking at social-emotional learning (SEL) studies and the effects on emotional and behavior outcomes. They found a small but significant effect size (across the studies looked into) for externalized problems and social-emotional akills.[155] Holistic approaches to education also emphasize social-emotional development as a key pillar of personal growth.[156]Main articles: Meditation and Mindfulness-based cognitive therapyThe practice of mindfulness meditation has several potential mental health benefits, such as bringing about reductions in depression, anxiety and stress.[157][158][159][160] Mindfulness meditation may also be effective in treating substance use disorders. [161]Lucid dreaming has been found to be associated with greater mental well-being. It also was not associated with poorer sleep quality nor with cognitive dissociation.[162] There is also some evidence lucid dreaming therapy can help with nightmare reduction.[163]Mental fitness is a mental health movement that encourages people to intentionally regulate and maintain their emotional wellbeing through friendship, regular human contact, and activities that include meditation, calming exercises, aerobic prevent an escalation of anxiety, depression, and suicidal ideation. [164] This can help people, including older adults with health challenges, to more effectively cope with the escalation of those feelings if they occur. [165] Spiritual counsellors meet with people in need to offer comfort and support and to help them gain a better understanding of their issues and develop a problem-solving relation with spirituality. These types of counselors deliver care based on spiritual, psychological and theological principles.[166]The World Mental Health survey initiative has suggested a plan for countries to redesign their mental health care systems to best allocate resources." A first step is documentation of services being used and the extent and nature of unmet needs. A second step could be to do a cross-national comparisons can help to uncover optimum financing, national policies, and delivery systems for mental health care."[This quote needs a citation]Knowledge of how to provide effective emotional mental health care has become imperative worldwide. Unfortunately, most countries have insufficient data to guide decisions, absent or competing visions for resources, and near-constant pressures to cut insurance and entitlements. WMH surveys were done in Africa (Nigeria, South Africa), the Americas (Colombia, Mexico, United States), Asia and the Pacific (Japan, New Zealand, Beijing and Shanghai in the People's Republic of China), Europe (Belgium, France, Germany, Italy, Netherlands, Spain, Ukraine), and the Middle East (Israel, Lebanon). Countries were classified with World Bank criteria as low-income (Nigeria), lowermiddle-income (China, Colombia, South Africa, Ukraine), higher middle-income (Lebanon, Mexico), and high-income. The coordinated surveys on emotional mental health disorders, their severity, and treatments were implemented in the aforementioned countries. in 17 countries in which WMH surveys are complete. The WMH also examined unmet needs for treatment in strata defined by the seriousness of mental disorders. Their research showed that "the number of respondents using any 12-month mental health service was generally lower in developing than in developed countries, and the proportion receiving services tended to correspond to countries' percentages of gross domestic product spent on health care". "High levels of unmet need worldwide are not surprising, since WHO Project ATLAS' findings of much lower mental health expenditures than was suggested by the magnitude of burdens from mental illnesses. Generally, unmet needs in low-income and middle-income countries might be attributable to these nations spending reduced amounts (usually