

I'm not a robot





























people in the U.S. are living with mental and emotional distress. In 2019, approximately 18.6% of U.S. adults experienced a mental health condition. Possible reasons why mental health is getting worse could include factors like social media use and isolation 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, including: Some factors can contribute to the development of mental health conditions, such as: Adverse childhood experiences (ACEs) Alcohol or drug use Biological factors Genetic factors, including family history Brain-based chemical imbalances Experiences from having medical conditions such as cancer or diabetes Feelings of isolation and loneliness Identity issues Significant life changes, like becoming a parent or losing a job Traumatic brain injuries (TBIs) Traumatic experiences Women'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 media. While social networking platforms have allowed many people to stay in touch with family and friends, research has shown some downsides to social media especially regarding social well-being. Social media use has been associated with depression, negative body image, and psychological distress. Research has also shown that reduced social media use may have the opposite effect. One study over five college students who limited their social media use showed significant reductions in loneliness and depression compared to those with unlimited use. Some forms of social media use such as Facebook, Snapchat, and YouTube have 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 them 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 one Fear of infection Financial 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 illness Living alone Losing loved ones Additionally, social isolation in older adults is linked to higher rates of depression, anxiety, and cognitive decline. Loneliness is also a concern for younger adults. 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 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 centers Support groups Other 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 who speaks your language and understands your culture. 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 life Finding specific activities Eating healthy Focusing on sexuality Getting regular exercise Practicing gratitude Prioritizing quality sleep Setting goals and priorities for responsibilities Staying hydrated Staying socially connected with others Caring 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 you. 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 insurance or access to a healthcare provider, depending on where they live. There are options if you need help with your mental health, from more affordable online psychology to community clinics with mental health websites that can direct you to more information. Thanks for your feedback! Level of human psychological well-being [The Greek glyph "π" or "psi" when latinized, is a old symbol for mental health and well being] Part of a series on Mental health Mental health law Mental disorder Treated by Psychiatry Clinical psychology Guided by Psychiatry (Medicine) Psychology Industry Psychiatry Education By sport Association football Australian rules football Society Abortion Anti-psychiatry Brain health and cognition Climate change Conversational analysis Digital media Homelessness Immigration Issues of mental health in the United States List of mental health professionals List of mental health professionals in the United States Native Americans Mental disorders Causes History List Prevalence By gender Prevention Services Treatment Part of a series on Public health Outline Subfields Community health Environmental health Epidemiology Health economics Health education Health promotion Health policy Health politics Mental health Occupational safety Rehabilitation (penology) Sexual and reproductive health Sanitation World health Global health - International health fields Prevention Disease surveillance Harm reduction Health promotion (Behavior change) Health indicators Human right to water and sanitation Right to health Supervised injection site Universal health care Lists and categories Terminology Journals National public health agencies Medicine portal Society portal Mental health is often mistakenly equated with the absence 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 conditions such as depression, anxiety disorders, or schizophrenia that 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] Mental health encompasses emotional, psychological, and social well-being, influencing cognition, perception, and behavior. Mental health plays a crucial role in the individuals' daily life when managing stress, engaging with others, and contributing to life overall. According to the World Health Organization (WHO), mental health is a state of well-being where an individual realizes their own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to contribute to their community. [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-isolation (though introversion and isolation are not necessarily unhealthy), and frequently zoning out. [6] See also: Mental disorder Mental 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 illnesses. [9] which are a component of mental health. In 2019, about 970 million people worldwide suffered from a mental disorder, with anxiety and depression being the most common. The number of people suffering from mental disorders has risen significantly throughout the years. [10] Mental disorders are defined as health conditions that affect and alter cognitive functioning, emotional responses, and behavior associated with distress and/or impaired 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 illness is associated with a number of lifestyle factors such as diet, exercise, stress, drug abuse, social connections and interactions. [15][16] Psychiatrists, psychologists, licensed professional clinical counselors, social workers, nurse practitioners, and family therapists are trained to manage mental health issues. [17][18] 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 (1802-1887) 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 normally 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 programs. [27] When US government-run hospitals were accused of violating human rights, advocates pushed for deinstitutionalization: the replacement of federal mental hospitals for community 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 that poor living conditions prevailed, patients were lonely, and they did not acquire proper medical care in these treatment homes. [31] Additionally, patients that were moved from state psychiatric care to nursing and residential homes had deficits in crucial aspects of their treatment. Some cases result in the shift of care from health workers to 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 a case of "deinstitutionalization", where the area of prison and state-prison inmates is independent. In other words, patients are sent to prisons instead of mental hospitals, thus drawing out criminal justice systems. Thus, this means that individuals with mental health problems end up in the same jails as criminals. [32] Although some studies suggest that 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 much 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] This comparison prisoners then lose prospective job opportunities, face social marginalization, and lack access to resocialization programs, which ultimately facilitate reoffending. [32] The research sheds light on how the mentally ill in this case, the poorest further punished for certain circumstances that are beyond their control, and that this is a vicious cycle that repeats itself. Thus, prisoners embody another face state-provisioned mental hospital. Families of patients, advocates, and mental health professionals still calling 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 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 disorders Mental illnesses are more prevalent in the United States than in other countries. Of 16 million people aged 18 and older in the United States, 26.5 million people have a mental health condition. [34] The prevalence of mental health conditions is highest among young adults, followed by middle-aged adults. [35] The prevalence of mental health conditions is lowest among older adults. [36] 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 lead to problems such as the inability to make adequate 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 ailments 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 and alcohol 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 country The Two Continua Model of Mental Health and Mental Illness Mental health can be seen as a continuum, where an individual's mental health may have many different possible values. [42] Mental wellness is viewed as a positive attribute; this definition of mental health 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 for improving one's psychological and emotional states. [44] [45] The tripartite model of mental well-being [42] [46] views mental well-being as encompassing three components of emotional well-being, social well-being, and psychological well-being. Emotional well-being is defined as having high levels of positive emotions, whereas social and psychological 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 (MHCF-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 psychopathology See also: Depression in childhood and adolescence and Adverse childhood experiences As of 2019, about one in seven of the world's 1019 year olds experienced a mental health disorder; about 165 million young people in total. [52] [53] A 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