

# Mental Disorders – A Serious Global Concern that Needs to Address

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## ABSTRACT

A major global health concern that affects millions of individuals globally is mental illness. Recent estimates place the number of people with mental or behavioral disorders at 450 million worldwide, making up over 12% of all diseases (Friedrich, 2017). These issues include substance use disorders, bipolar disorder, schizophrenia, depression, and concern disorders, among many other conditions. It is projected that 322 million people worldwide, or 4.4% of the total population, suffer from depression alone. These figures were featured in the report “Depression and Other Common Mental Disorders: Global Health Estimates,” released by the World Health Organization (WHO) in 2017. The prevalence of anxiety disorders, which currently affect 260 million individuals worldwide, or 3.6% of the total population, is another topic covered in the report. The consequences of mental diseases are prevalent in low and mid-income countries as well; they are not exclusive to high-income ones. According to the report, mental health issues are rising in these countries.

**Keywords:** Mental health, Mental disorder, Depression.

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## INTRODUCTION

The World Health Organization (WHO) Multiple International Diagnostic Interview Version 3.0, created by Kessler and Üstün in 2004, is a diagnostic tool used across various World Mental Health (WMH) surveys for assessing mind conditions. It employs the diagnostic criteria from both DSM-IV and ICD-10, allowing trained non-clinician interviewers to generate psychiatric diagnoses. The DSM-IV conditions are specifically managed to align the findings with earlier WMH surveys. Historically, reassessments by blinded clinicians have shown good agreement with the CIDI-based diagnoses.<sup>1-5</sup> A recent revision of the diagnostic thresholds for social nervousness, parting nervousness illness, and fanatical-obsessive syndrome, discussed in an accompanying paper, reflects particular relevance to the cultural context of KSA.<sup>6-9</sup> Consequently, prevalence estimates for these conditions in the Saudi National Mental Health Examine are conservative, and future analyses will focus on subthreshold symptoms.

There is a general underinvestment in mental health research and care compared to other non-communicable diseases within the EU. This highlights the need for increased funding and more equitable financial distribution among member states. Population-based studies employing standardized diagnostic criteria are crucial for accurately

assessing mental disorders (MDs) among European youth.<sup>10-13</sup> These studies help in understanding the true prevalence, identifying risk and protective factors, and designing early intervention strategies to prevent co-morbidity and long-term impairment. This study evaluates the prevalence and impact of mind illnesses between male and female teenagers and adults aged 15 to 24 across 31 European countries from 1990 to 2019.<sup>14-17</sup> It emphasizes both years lived with infirmity (YLDs) and years of life lost (YLLs) attributable to these conditions. By examining the relationship between disease burden and social demographics using a socio-demographic index, the study highlights the potential of the Universal Weight of Illness Survey. This approach not only tracks the prevalence and emergence of diseases over time and across countries but also assesses the impact of mental disorders and substance abuse issues, providing valuable insights into health trends and challenges.<sup>18-20</sup>

The analysis aims to map these patterns over 30 years and correlate them with each country's socioeconomic status. In the SNMHS, disorders were not only analyzed individually but also grouped into categories such as disruptive performance illnesses, state disorders, and import use illnesses. Anxiety syndromes cover a range, including social anxiety and panic disorders. Diagnoses for all except substance use disorders

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applied organic exclusion and hierarchical principles, while substance use disorders were diagnosed based on the presence of either abuse or dependence without considering hierarchical rules.

Globally, depression is a leading cause of the over 800,000 suicides occurring each year. Despite the rise in mental health issues noted from 1990 to 2013, this increase has been attributed more to demographic changes rather than a rise in disorder prevalence per se. Post-Arab Spring, the affected regions need time to stabilize before commencing comprehensive mental health surveillance.<sup>21-23</sup>

The stigma surrounding mental illness can hinder case recognition and treatment seeking. Recent evaluations have explored the psychological impacts of the Arab Spring, indicating a need for focused mental health initiatives in these regions. Mental disorders commonly seen in primary care, often referred to as neurotic illnesses, include various forms of depression and anxiety and represent a significant share of the global disease burden due to mental health conditions. Studies consistently demonstrate higher rates of these disorders among marginalized and economically disadvantaged groups.<sup>24,25</sup>

### Severity of Disorders Assessment

Following the approach used in previous WMH studies,<sup>26</sup> disorders were evaluated and sorted into three categories based on their severity: Severe, reasonable, or minor. An illness fit as basic if, within the last year, it encountered one or more of the next standards: substantial loss in at least two out of four applied areas as measured by a modified Sheehan Incapacity; a suicide attempt associated with the disorder; or a diagnosis of bipolar I illness or medication habit with physical essential. A disorder was deemed moderate if there was at smallest reasonable failing in any SDS realm or in cases of substance dependence without physical dependence. Disorders not meeting the criteria for severe or moderate were classified as mild.

### Mental Health Overview

Global mental health is a global perspective on various properties of rational happiness. It is defined as the zone of research, study, and training aimed at achieving mental health equity worldwide and enhancing mental health across all nations. Despite its noble goals, the global mental health movement has faced criticism for potentially representing a neo-colonial or profit-driven agenda by pharmaceutical interests seeking to expand their markets. This field theoretically considers cultural variances and specific national circumstances, focusing on the prevalence of cerebral illnesses, available treatments, mental health education, political and economic influences, the structure of mental health care organizations, mental well-being workforce issues, and humanoid truths concerns. The primary objective of global mental health is to bolster mental wellness globally by sharing insights into the mental health statuses of countries and pinpointing the mental health care necessities to formulate affordable and effective interventions.

### Risk Factors for Mental Disorders

Research has identified several contributors to common mental conditions, including lower socioeconomic status, mental diseases, compromised reproductive health, gender inequality, and chronic physical diseases. Notably, bad generative conditions and core usage conditions, specifically tobacco plant use, as well as chronic physical conditions, have been directly associated with lower socioeconomic standings. These factors interplay with poverty, which has been repeatedly linked to various behavioral and mental health challenges. These mental health issues often perpetuate financial difficulties, thus forming a continuous cycle of socioeconomic and health disadvantages.<sup>27</sup>

### The Most Prevalent Mental Illnesses are

#### *Depression*

A conventional but critical mood disease, depression is frequently mentioned to as general unhappiness, foremost miserable syndrome, or medical unhappiness. Harsh indicators result, which have a bearing on a person's mood, considerations, and ability to go about daily tasks, including eating, slumbering, and driving.

An estimated 4.4% of people worldwide suffered from depression in 2015. The error bars in the bar graph display the higher and smaller doubt periods. Females experience depression at a higher rate (5.1%) than males (3.6%). According to WHO region, prevalence varies; among men, it is 2.6% in the Western Pacific region, and among females, it is 5.9% in the African region.

- *Symptoms*

These consist of a constant feeling of hopelessness and despair, fluctuations in consuming behavior, failure of interest in activities, and trouble sleeping.<sup>28</sup>

- *Impact*

Depression can have a detrimental effect on relationships, daily activities, and overall quality of life if it is left untreated.<sup>29</sup>

#### *Disorders of anxiety*

An occasional sense of anxiety is a normal part of life. Worrying about family, finances, or health is a common experience for many people. However, anxiety disorders go beyond temporary fears or concerns. Those suffering from nervousness illnesses repeatedly face constant and accelerating fear that can intensify over time.<sup>30</sup> The symptoms can interfere significantly with daily activities such as socializing, working, and attending school. It is estimated that 3.6% of people worldwide suffered from fear conditions in 2015. Comparable to poverty, worry illnesses are more frequent in women than in men (4.6 *versus* 2.6% globally). It is projected that up to 7.7% of females and 3.6% of males in the Americas territory suffer from anxiety disorders.<sup>31,32</sup>

- *Symptoms*

For example, the concern conditions entering fears, anxiety illness, or pole-shocking anxiety syndrome are a form of excessive concern, fear, and avoidance behaviors.

• *Impact*

Relationships, daily performance, and mental prosperity could be affected by anxiety disorders negatively.

*Psychoses*

Patients with psychosis may not be able to tell what is real, and therefore, the symptoms could be in the form of delusion (holding untrue beliefs), hallucinations (perceiving what is not there to others), and disorganized speech or thoughts.<sup>33</sup>

• *Treatment challenges*

Psychoses are usually well managed

These shocking and worrying events may contain being subjected to manipulation, abandonment, or other forms of emotional or physical violence, as well as relatives strife. It can be traumatizing to witness a paternal being mistreated, for example, or to be the victim of abuse or assault. Stresses that are protracted or do not receive attention from supportive adults, such as parental divorce or separation, or even more serious stresses like physical or emotional abuse, can lead to issues. For certain youngsters, even a minimal move or the birth of a sibling can be a major source of stress.

**Suicide**

The WHO Global Health Estimations offer a thorough evaluation of death from illnesses and injuries across all global areas. An estimated 788,000 persons died by suicide in 2015; a much larger number attempted self-destruction but did not complete the act. Suicide entered the top 20 leading produces of death in 2015, accounting for over 1.5% of all deaths globally. Suicide is a disease that affects groups of all ages, and in 2015, it was the second largest cause of death worldwide for folks aged 15 to 29.<sup>34-36</sup>

The suicide rate differs by WHO area and gender, with women in low- and central-income republics in the Eastern Mediterranean and American areas reporting less than 5 suicides per 100,000 people, while males in high-income countries, as well as low- and central-revenue republics in the African, European, and South-East Asiatic regions, report 20 suicides or more. In 2015, 78% of suicides worldwide happened in low- and central-revenue countries.<sup>37</sup>

Researchers have consistently shown that people with psychological health issues crash at a developed rate than those in general. As to Malzberg’s 1937 report, the death rate

of mental inpatients was six times greater than that of the usual population in New York. The mortality risks connected with various mental illnesses (such as schizophrenia, depression<sup>8,9</sup> and bipolar disorder<sup>10</sup>), as well as diagnoses, have been extensively studied and evaluated since that time.

Learning<sup>12</sup> on the global burden of the disease shows that the burden of mental diseases is increasing; nevertheless, this burden has mainly been expressed in impairment rather than mortality. Most persons with mental illnesses die from heart disease and other continuing contaminations, contaminations, suicide, and other causes rather than from their illness itself, therefore, the relationship between mental illnesses and mortality is complex.<sup>11,12</sup> The complex component that links mental sicknesses to mortality risk factors is another one. Adverse health behaviors, including drug and alcohol misuse, inactivity, eating poorly, and tobacco use, are highly common among those suffering from mental health disorders. As a result, these behaviors contribute to the high rate of long-term health problems among the population with mental diseases.<sup>13,14</sup>

Assessing and understanding the excess mortality among folks with cerebral illnesses could provide solutions to this old-standing issue and encourage a more comprehensive discussion about the connection between mental illnesses and mortality. This study investigated the higher death rate among those with mental health issues by undertaking a comprehensive review of the literature, building on earlier assessments of certain disorders. Providing comprehensive estimates of the mortality rates linked to mental illnesses at the individual and population levels was our aim.

The WHO and WMH surveys initiative broad population assessments reveal that up to 25% of adults in several countries suffer from a mental disease at some point in any given year (Table 1). Despite the prevalence of mental health situation, a significant number of affected individuals do not receive treatment within a year, a trend observed even in severe cases where treatment gaps remain large. It’s main to note that treatment likelihood increases with the severity of the condition, yet considerable disparities in treatment approachability persist. Additionally, it is foolish to generalize the discoveries from one nation to another, even surrounded by the same geographical region, due to noticeable variations in trends across countries.

**Table 1:** Mental health illnesses in elementary care

<i>Type</i>	<i>Description</i>	<i>Examples of disorders</i>	<i>Current care</i>
1	Illnesses are clearly defined and linked to impairments for which there are efficient medical and psychosocial interventions. <sup>2</sup>	OCD, panic disorder, pure depression, general anxiety, and obsessive-compulsive illness.	It can typically be handled completely.
2	Disorders in which drugs must a more limited role, but for which psychological therapies are available. <sup>6</sup>	Fears, a stigmatized display of discomfort, chronic fatigue, eating disorders	Only a tiny percentage of cases are handled by expert services; most are handled by primary care.
3	Disorders that usually get well on their own.	Loss and adjustment disorders	Instead of a particular mental health expertise, supportive assistance is required. <sup>26</sup>
4	Severe mental illnesses linked to significant handicaps that are unlikely to go away on their own. <sup>19</sup>	Bipolar disorder, schizophrenia, and organic illnesses.	Include basic and supplementary healthcare.

Particularly, Saudi Arabia has not yet conducted a thorough national survey to determine the prevalence of mental health conditions and the effectiveness of treatments available. Such data are crucial for strategic public health planning and policymaking. To approximate the mental health burden, the Global Burden of Disease Study 2015 aggregated results from 108 epidemiological studies across the Eastern Mediterranean from 1990 to 2015. This analysis indicated that in Saudi Arabia, drug use illnesses, depressive syndromes, and anxiety disorders are the third, fourth, and sixth most common causes of incapacity, respectively. However, none of the surveys included were specifically conducted within Saudi Arabia, pointing to a need for more localized data to inform policy decisions.<sup>36</sup>

### Factors Contributing to Global Mental Disorders

There are countless factors contributing to the state of mental health covering the world, and they are all intricately intertwined. Furthermore, the study's global findings directly link the mean weighting between various income categories and the only effect on mental disease. Three variables contribute significantly to the exacerbation of mental health issues: poverty, poor health and, constrained access to healthcare services, and education. When it comes to the denial aspects of mental health, individuals with mental illnesses may avoid treatments out of fear of stigma or irrational beliefs, in addition to their behaviors. Naturally, this makes the overall picture of mental health worse.

The scope of the global problem of mental diseases is extremely complex to analyze; often, no single cause can account for all the variables that can contribute to the development of a disorder; instead, these variables typically constitute a complex network of interrelated and frequently dependent parts.<sup>15</sup> The role of socioeconomic status is growing in the global market for mental health diseases due to the widening socioeconomic divide. Information deficits, access to healthcare, and spatial challenges related to poverty will all contribute to the decline of mental health.<sup>37</sup> This is exemplified by the fact that various forms of bias, such as cultural prejudice and unfavorable views regarding mental health issues, discourage people from obtaining treatment.

People choose one way of living at the expense of others because of the division of the world into many lifestyles, work patterns, and social standards. This causes tension and stressful events to arise, which may be beyond the threshold of mental health.<sup>23</sup> Problems mostly losses, regular acts of aggression, or natural calamities, can make you sick and make you a patient with mental illnesses. This issue can be addressed and resolved by taking into consideration the circumstances surrounding local and global mental health and working together with a comprehensive strategy that includes all stakeholders.<sup>17</sup>

### Treatment and Management of Global Mental Disorders

Because of the intricacies in culture, resources, and the stigma associated with health care, there is little about global mental

illness treatment programs and management that is simple. To overcome such a hurdle, one should use thorough psychotherapy in conjunction with the support and reinforcement provided by the mechanism I mentioned earlier: the community. Cognitive behavioural therapy (CBT) is highly effective in treating a wide range of global mental health issues.<sup>29</sup> It also assists individuals in using practical skills to continue managing their symptoms and enhance their overall health. In addition to therapy, another crucial idea is that psychotropic therapies give medical professionals the finest means of responding quickly to the most serious mental health issues.<sup>30</sup>

Even currently, when physicians are generally accessible in many areas, the fortunate ones are those who can afford to pay for or receive free medical care. Through community service projects, such as peer groups and educational programs to promote awareness about mental diseases, the community will battle the stigmatization of mental health problems. Through ongoing support and care, such community initiatives will also aid in the symptom relief of those who have had mental health concerns. Using that as a starting point, the convergence of community support, medication, and treatment is the most efficient structural method for treating mental health issues globally, leading to a happier and healthier life for the individual.

The best course of action is to advocate for different methods of treating mental illness on both an individual and a population level, including intervention. - If a patient is chosen for and receives CBT treatment, there is little doubt that they will feel better and have a higher quality of life.

### CONCLUSION

It is beyond doubt that the entire world must put multiple tactics in place, which involve different types of factors, and without that, the quality of life of our societies will be at stake. Scouring for resources to boost mental health care is the highest need, especially in disadvantaged nations where such services are rarely sufficient or even non-existent. Therefore, it will become crucial to invest in building mental health facilities and increased enforcement of mental health in primary health care to allow more people to have regular visits, just like how they visit their optometrists and dentists. At the same time, establishing neutrality to the stigma attached to mental illness in the social discourse is as important as getting rid of the prejudice against mental health. The negative attitude or stigma prohibits him or her from seeking assistance as he or she may be concerned about the potential social segregation and discrimination. Through educating society on the various public platforms and community outreaches, there can be great learning and a build-up of a better understanding and compassionate social attitude towards mental health.

Lack of accessibility and stigmatization of mental health care is not the only thing that is needed to improve the mental health care system, but also mobilizing investors who are committed and deliberate policy frameworks bundling up all the roles of government<sup>33</sup>. Such a case calls for increased funding of psychological programs and research, as well as

arming professionals with the actual ways and operational procedures towards providing positive outcomes based on evidence-based therapies and treatments. These days, we have to pay attention to newly developed and affordable treatment agents for patients somewhat easier. This principle contains the technology of employing telecare and mobile health applications that facilitate the provision of mental health services even to very far and chaotic places. Alongside this, authors firmly believe that interventions must also be appropriate and intend to fulfill the different needs of diverse communities. Therefore, this could help in the success of these interventions.

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