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Good mental health is related to mental and psychological well-being. WHO's work to improve the mental disorders, the protection of human rights and the care of people affected by mental disorders. Skip to main content Explore a world of health dataIndicators Countries If you have any feedback, you are welcome to write it here. Skip to main content Browse selected WHO news below. Since its identification in the Kingdom of Saudi Arabia and Jordan in 2012, Middle East respiratory syndrome coronavirus (MERS-CoV), a zoonotic virus that... From 3 to 5 December 2024, the World Health Organization (WHO), in collaboration with the United Nations Children's Fund (UNICEF), convened a regional... WHO convened a meeting of... In 2022, an estimated 874 million women of reproductive age (15-49 years) were using a modern method of contraception, reflecting the widespread... Skip to main content Worldwide, the number of additional people expected to be enjoying better health and wellbeing is projected to be 1.5bn (1.2bn - 1.8bn) by 2025 compared to 2018. Universal health coverage Worldwide, the number of additional people expected to be covered by essential services and not experiencing financial hardship is projected to be 776.9m (647.4m - 912.5m) by 2025 compared to 2018. Health emergencies is projected to be 776.9m (647.4m - 912.5m) by 2025 compared to 2018. Skip to main content WHO / Vismita Gupta-Smith Please send us your comment or question by e-mail. Concepts in mental health Mental health is a state of mental well, and contribute to their community. It is an integral component of health and well-being that underpins our individual and collective abilities to make decisions, build relationships and shape the world we live in. Mental health is a basic human right. And it is crucial to personal, community and socio-economic development. Mental health is more than the absence of mental disorders. It exists on a complex continuum, which is experienced differently from one person to the next, with varying degrees of difficulty and distress and potentially very different social and clinical outcomes. Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. People with mental health Conditions are more likely to experience lower levels of mental health Throughout our lives, multiple individual, social and structural determinants may combine to protect or undermine our mental health and shift our position on the mental health continuum. Individual psychological factors such as emotional skills, substance use and genetics can make people more vulnerable to mental health problems. Exposure to unfavourable social, economic, geopolitical and environmental circumstances - including poverty, violence, inequality and environmental deprivation - also increases people's risk of experiencing mental health conditions. Risks can manifest themselves at all stages of life, but those that occur during developmentally sensitive periods, especially early childhood, are particularly detrimental. For example, harsh parenting and physical punishment is known to undermine child health and bullying is a leading risk factor for mental health conditions. Protective factors similarly occur throughout our lives and serve to strengthen resilience. They include our individual social and emotional skills and attributes as well as positive social interactions, quality education, decent work, safe neighbourhoods and community cohesion, among others. Mental health risks and protective factors can be found in society at different scales. Local threats heighten risk for individuals, families and communities. Global threats heighten risk for individuals, families and communities. growing climate crisis. Each single risk and protective factor has only limited predictive strength. Most people do not develop a mental health condition. Nonetheless, the interacting determinants of mental health serve to enhance or undermine mental health. Mental health. Mental health promotion and prevention reduce risks, build resilience and establish supportive environments for mental health. Interventions can be designed for individuals specific groups or whole populations. Reshaping the determinants of mental health often requires action beyond the health sector and so promotion and prevention programmes should involve the education, labour, justice, transport, environment, housing, and welfare sectors. The health sector can contribute significantly by embedding promotion and prevention efforts within health services; and by advocating, initiating and, where appropriate, facilitating multisectoral collaboration and coordination. Suicide prevention is a global priority and included in the Sustainable Development Goals. Much progress can be achieved by limiting access to means, responsible media reporting, social and emotional learning for adolescents and early intervention. Banning highly hazardous pesticides is a particularly inexpensive and cost-effective intervention for reducing suicide rates. Promoting child and adolescent mental health, supporting caregivers to provide nurturing care, implementing school-based programmes and improving the quality of community and online environments. School-based social and emotional learning programmes are among the most effective promotion strategies for countries at all income levels. Promoting and protecting mental health at work is a growing area of interest and can be supported through legislation and regulation, organizational strategies, manager training and interventions for workers. Mental health, it is vital to not only protect and promote the mental well-being of all, but also to address the needs of people with mental health conditions. This should be done through community-based mental health care, which is more accessible and acceptable than institutional care, helps prevent human rights violations and delivers better recovery outcomes for people with mental health conditions. Community-based mental health care should be provided through a network of interrelated services that comprise: mental health services that are integrated in general hospitals and through task-sharing with non-specialist care providers in primary health care; community mental health services that may involve community mental health centers and teams, psychosocial rehabilitation peer support services and supported living services; andservices that deliver mental health care in social services and non-health services and non-health services and non-health services, and prisons. The vast care gap for common mental health care in social services, and prisons. The vast care gap for common mental health services and non-health services and non-health services. scale up care for these conditions, for example through non-specialist psychological counselling or digital self-help. WHO member States are committed to implementing the "Comprehensive mental health by strengthening effective leadership and governance, providing comprehensive, integrated and responsive community-based care, implementing promotion and prevention strategies, and strengthening information systems, evidence and research. In 2020, WHO's "Mental health atlas 2020" analysis of country performance against the action plan showed insufficient advances against the targets of the agreed action plan. WHO's "World mental health for all" calls on all countries to accelerate implementation of the action plan. It argues that all countries can achieve meaningful progress towards better mental health for their populations by focusing on three "paths to transformation":deepen the value given to mental health by individuals, communities and governments; and matching that value with commitment, engagement and investment by all stakeholders, across all sectors; reshape the physical, social and economic characteristics of environments - in homes, schools, workplaces and the wider community - to better protect mental health and prevent mental health conditions; and strengthen mental health needs is met through a community-based network of accessible, affordable and quality services and supports. WHO gives particular emphasis to protecting and promoting human rights, empowering people with lived experience and ensuring a multisectoral and multistakeholder approach. WHO continues to work nationally and internationally and internationally and internationally and technical support to strengthen a collective response to mental health and enable a transformation towards better mental health for all. The World Health Organization (WHO) today launched new guidance to help all countries reform and strengthen mental health services worldwide remain underfunded, with major gaps in access and quality. In some countries, up to 90% of people with severe mental health services worldwide remain underfunded, with major gaps in access and quality. In some countries, up to 90% of people with severe mental health services worldwide remain underfunded, with major gaps in access and quality. many existing services rely on outdated institutional models that fail to meet international human rights standards. The guidance provides a clear framework to transform mental health services in line with the latest evidence and international human rights standards, ensuring quality care is accessible to all. "Despite rising demand, quality mental health services remain out of reach for many people," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "This new guidance gives all governments the tools to promote and protect mental health and build systems that services remain out of reach for many people," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "This new guidance gives all governments the tools to promote and protect mental health and build systems that services remain out of reach for many people," said Dr Tedros Adhanom Ghebreyesus, which is a service of the services remain out of reach for many people, and the services remain out of the services rema interventions exist, most people living with mental health conditions do not have access to these. The new WHO guidance sets out concrete actions to help countries close these gaps and ensure mental health is promoted and protected, with a focus on:protecting and upholding human rights, ensuring mental health policies and services are aligned with international human rights standards; promoting holistic care with an emphasis on lifestyle and physical health, psychological, social, and economic interventions; addressing social and economic factors that shape and affect mental health including employment, housing and education; implementing prevention strategies and promote population wide mental health and well-being; and ensuring people with lived experience are empowered to participate in policy planning and design to ensure mental health policies and services are responsive to their needs. The quidance identifies five key policy areas requiring urgent reform: leadership and governance, service organization, workforce development, person-centred interventions, and addressing social and structural determinants of mental health systems and improve access to mental health systems and improve access to mental health systems and improve access to mental health systems. care. By offering a menu of policy directives, strategies and actions to guide reform efforts, the guidance supports policy makers to prioritize and tailor policies to their specific national context, in line with their available resources and operational structures. "This new WHO guidance provides practical strategies for countries to build inclusive, responsive and resilient mental health systems. Designed to be flexible, it allows all countries - whether low- middle- or high-income - to adapt their approach to mental health systems. Designed to be flexible, it allows all countries," said Dr Michelle Funk, Unit Head, Policy, Law and Human Rights in the WHO Department for Mental Health and Substance Abuse. Developing and implementing the guidance was developed in consultation with global experts, policymakers and individuals with lived experience. The policy guidance also builds on the resources, guidance and tools developed under the WHO QualityRights initiative, aiming to promote a person-centred, recoveryoriented and rights-based approach to mental health. WHO will support countries in implementing the quidance through technical assistance and capacity-building initiatives. Skip to main content Mental health is a public health priority and a fundamental human right. Yet, many systems remain reliant on biomedical models and institutional care. overlooking social and structural determinants and international human rights standards. People with mental health conditions and psychosocial disabilities often face discrimination, stigma, and coercion in care settings. The COVID-19 pandemic intensified awareness of mental health needs, the harms of isolation, service disruptions, and confinement in institutions. Broader challenges—climate change, conflict, displacement, and economic instability—have worsened trauma and adverse social conditions like poverty and inequality. These stressors, combined with fragmented governance, insufficient funding, and outdated laws that allow involuntary treatment and guardianship, entrench inequities. A lack of coordinated action across sectors like education, housing, and employment demands urgent attention. WHO's Mental Health, Human Rights and Legislation provide complementary, rights-based frameworks for reform. Both call for coordinated policy and legislative dedicated coordination bodies, and active participation of people with lived experience in both policy and legislative development. The transformation of services, including: mental health services integrated into general health care; community and legislative development. mental health centres; outreach, providing care at home or in public spaces; and access to key social and other support roles to deliver person-centred, rights-based care. Financing reforms that align budgets and formal inclusion of peer support roles to deliver person-centred, rights-based care. Financing reforms that align budgets and formal inclusion of peer support roles to deliver person-centred, rights-based care. insurance schemes to prioritize community services over institutional care, ensuring better outcomes and respect of human rights. Cross-sectoral actions that address social and structural determinants—through education, employment, housing, social protection and other policies—to reduce stigma and discrimination and protect and promote mental health. The elimination of coercion and discrimination: replacing guardianship with supported decision-making, eliminating forced admission and treatment, upholding informed consent, and embedding anti-discrimination provisions in policy and law. Robust monitoring, evaluation, and accountability systems- including key indicators in national information systems - and periodic policy and legislative reviews allowing countries to track progress, inform continuous improvement, and safeguard human rights. WHO Guidance on mental health policy and strategic action plans The guidance is organized into five modules that provide a comprehensive approach to the development and implementation of policy and strategic action plans. The Guidance centres on five policy areas, each of which includes a menu of directives, strategies and actions to help policymakers tailor reforms to their specific context and resources. Policy Area 1: Leadership, governance and enablers - coordination, financing, information systems, involvement of people with lived experience, civil society and communities, and rights-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based, rights-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based, rights-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based, rights-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based, rights-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based, rights-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based, rights-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based, rights-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based, rights-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based law reform. Policy Area 2: Service organization and development - comprehensive, community-based law reform. Policy Area 2: Service organization and development - comprehensive and development and rights protection; and deinstitutionalization. Policy Area 3: Human resource and workforce development - a diverse, competent, resilient, multidisciplinary workforce through task-sharing, competency-based curricula, training, recruitment, retention and staff well-being. Policy Area 4: Person-centred, recovery-oriented and rights based assessment, interventions and support - multidisciplinary assessment of mental health and support needs; physical h and exclusion; and joint actions on social and structural determinants and society-wide issues affecting mental health and well-being.WHO/OHCHR guidance outlines essential legal provisions to safeguard rights: uphold autonomy, informed consent, and equality. It mandates deinstitutionalization, oversight of involuntary detention, and access to a full range of community-based services and embeds anti-discrimination protections in all sectors. Supported decision-making, prohibition of forced treatment, and recognition of advance directives are key components. The guidance also calls for participatory lawmaking and offers a practical checklist to evaluate alignment with human rights standards. Leveraging both guidance frameworks for implementation Countries can adopt a stepwise, adaptable process starting with a comprehensive analysis, followed by the formation of a multistakeholder. drafting committee. Using WHO Guidance, stakeholders can co-develop policies and laws tailored to national contexts. After public consultation and adoption, implementation requires monitoring and evaluation with clear indicators—ensuring systems are effective, inclusive, and rights-based. Key messages: Five key policy areas can be reformed to promote rights-based mental health: leadership and governance; service organization; workforce development; person-centered interventions; and addressing social and structural determinants of mental health. These policy areas are designed to protect human rights; promote holistic care with an emphasis on lifestyle, physical health, and psychological, social and economic interventions; address social and economic factors that shape mental health; and implement prevention strategies and promote population-wide mental health and well-being. Attention to the social determinants of mental health, a focus on rights-based care at the community level, and involvement of PWLE in policies and programmes that affect them are integral to creating supportive societies and mental health systems that promote strong mental health and well-being. A mental disorder is characterized by a clinically significant disturbance in an individual's cognition, emotional regulation, or behaviour. It is usually associated with distress or impairment in important areas of functioning. There are many different types of mental disorders. Mental disorders may also be referred to as mental states associated with significant distress, impairment in functioning, or risk of self-harm. This fact sheet focuses on mental disorders as described by the International Classification of Diseases 11th Revision (ICD-11). In 2019, 1 in every 8 people, or 970 million people around the world were living with a mental disorder, with anxiety and depressive disorders the most common (1). In 2020, the number of people living with anxiety and depressive disorders rose significantly because of the COVID-19 pandemic. Initial estimates show a 26% and 28% increase respectively for anxiety and major depressive disorders in just one year (2). While effective prevention and treatment options exist, most people with mental disorders do not have access to effective care. Many people also experience stigma, discrimination and violations of human rights. Anxiety Disorders are characterised by excessive fear and worry and related behavioural disturbances. Symptoms are severe enough to result in significant distress or significant distress or significant impairment in functioning. There are several different kinds of anxiety disorder (characterised by excessive worry), panic disorder (characterised by excessive worry), panic disorder (characterised by excessive fear and worry in social situations), separation anxiety disorder (characterised by excessive fear or anxiety about separation from those individuals to whom the person has a deep emotional bond), and others. Effective psychological treatment exists, and depending on the age and severity, medication may also be considered. Depression from those individuals to whom the person has a deep emotional bond), and others. Effective psychological treatment exists, and depending on the age and severity, medication may also be considered. Depression from those individuals to whom the person has a deep emotional bond), and others. million children and adolescents (1). Depression is different from usual mood fluctuations and short-lived emotional responses to challenges in everyday life. During a depressive episode, the person experiences depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for most of the day, nearly every day, for at least two weeks. Several other symptoms are also present, which may include poor concentration, feelings of excessive guilt or low self-worth, hopelessness about the future, thoughts about dying or suicide, disrupted sleep, changes in appetite or weight, and feeling especially tired or low in energy. People with depression are at an increased risk of suicide. Yet, effective psychological treatment exists, and depending on the age and severity, medication may also be considered. Bipolar Disorder experience alternating depressive episodes with periods of manic symptoms. During a depressive episode, the person experiences depressed mood (feeling sad, irritable, empty) or a loss of pleasure or interest in activities, for most of the day, nearly every day. Manic symptoms may include euphoria or irritability, increased self-esteem, decreased need for sleep distractibility, and impulsive reckless behaviour. People with bipolar disorder are at an increased risk of suicide. Yet effective treatment options exist including psychoeducation. Post-Traumatic Stress Disorder (PTSD)The prevalence of PTSD and other mental disorders is high in conflict-affected settings (3). PTSD may develop following exposure to an extremely threatening or horrific event or series of events. It is characterised by all of the following: 1) re-experiencing the traumatic event or series of events. It is characterised by all of the following: 2) avoidance of thoughts and memories of the event(s), or avoidance of activities, situations, or people reminiscent of the event(s); and 3) persistent perceptions of heightened current threat. These symptoms persist for at least several weeks and cause significant impairment in functioning. Effective psychological treatment exists. Schizophrenia affects approximately 24 million people or 1 in 300 people worldwide (1). People with schizophrenia have a life expectancy 10-20 years below that of the general population (4). Schizophrenia is characterised by significant impairments in perception and changes in behaviour, or extreme agitation. People with schizophrenia may experience persistent difficulties with their cognitive functioning. Yet, a range of effective treatment options exist, including medication, psychoeducation, family interventions, and psychosocial rehabilitation. Eating Disorders including almost experienced eating disorders including almost experienced eating disorders. 3 million children and adolescents (1). Eating disorders, such as anorexia nervosa and bulimia nervosa, involve abnormal eating and preoccupation with food as well as prominent body weight and shape concerns. The symptoms or behaviours result in significant risk or damage to health, significant distress, or significant impairment of functioning Anorexia nervosa often has its onset during adolescence or early adulthood and is associated with premature death due to medical complications or suicide. Individuals with bulimia nervosa are at a significantly increased risk for substance use, suicidality, and health complications. Effective treatment options exist, including family-based treatment and cognitive-based therapy. Disruptive behaviour and dissocial disorder, also known as conduct disorder, is one of two disruptive behaviour and dissocial disorders, the other is oppositional defiant disorder. Disruptive behaviour and dissocial disorders are characterised by persistently defiant or disobedient to behaviour problems such as persistently violate the basic rights of others or major age-appropriate societal norms, rules, or laws. Onset of disruptive and dissocial disorders, is commonly, though not always, during childhood. Effective psychological treatments exist, often involving parents, caregivers, and teachers, cognitive problem-solving or social skills training. Neurodevelopmental disorders are behavioural and cognitive disorders, that? arise during the developmental disorders are behavioural and cognitive problem-solving or social skills training. Neurodevelopmental disorders are behavioural and cognitive disorders, that? arise during the developmental disorders are behavioural and cognitive disorders. execution of specific intellectual, motor, language, or social functions. Neurodevelopmental disorders include disorders of intellectual development, autism spectrum disorder, and attention and/or hyperactivity-impulsivity that has a direct negative impact on academic, occupational, or social functioning. Disorders of intellectual development are characterised by significant limitations in intellectual functioning and adaptive behaviour, which refers to difficulties with everyday conceptual, social, and practical skills that are performed in daily life. Autism spectrum disorder (ASD) constitutes a diverse group of conditions characterised by some degree of difficulty with social communication, as well as persistent restricted, repetitive, and inflexible patterns of behaviour, interests, or activities. Effective treatment options exist including psychosocial interventions, behavioural interventions, occupational and speech therapy. For certain diagnoses and age groups, medication may also be considered. Who is at risk from developing a mental disorder? At any one time, a diverse set of individual, family, community, and structural factors may combine to protect or undermine mental health. Although most people are resilient, people who are exposed to adverse circumstances - including poverty, violence, disability, and inequality - are at higher risk. Protective and risk factors include individual psychological and biological factors, such as emotional skills as well as genetics. Many of the risk and protective factors are influenced through changes in brain structure and/or function. Health systems and social supportHealth systems have not yet adequately responded to the needs of people with mental disorders and are significantly under resourced. The gap between the need for treatment and its provision is wide all over the world; and is often poor in quality when delivered. For example, only 29% of people with psychosis (5) and only one third of people with depression receive formal mental disorders also require social support in developing and maintaining personal, family, and social relationships. People with mental disorders may also need support for educational programmes, employment, housing, and participation in other meaningful activities. WHO responseWHO's Comprehensive Mental Health Action Plan 2013-2030 recognizes the essential role of mental health for all people. The plan includes 4 major objectives: to strengthen effective leadership and governance for mental health; to provide comprehensive, integrated and responsive mental health and social care services in community-based settings; to implement of strategies for promotion and prevention in mental health. WHO's Mental Health Gap Action Programme (mhGAP) uses evidence-based technical guidance, tools and training packages to expand services in countries, especially in resource-poor settings. It focuses on a prioritized set of conditions, directing capacity building towards non-specialized health-care providers in an integrated approach that promotes mental health at all levels of care. The WHO mhGAP Intervention Guide 2.0 is part of this Programme, and provides guidance for doctors, nurses, and other health workers in non-specialist health Data Exchange (GHDx), (accessed 14 May 2022).(2) Mental Health Metrics and Evaluation. Global Health Metrics and Evaluation. Global Health Metrics and Evaluation. Organization; 2022.(3) Charlson, F., van Ommeren, M., Flaxman, A., Cornett, J., Whiteford, H., & Saxena, S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. Lancet. 2019;394,240–248.(4) Laursen TM, Nordentoft M, Mortensen PB. Excess early mortality in schizophrenia. Annual Review of Clinical Psychology, 2014;10,425-438.(5) Mental health atlas 2020. Geneva: World Health Organization; 2021(6) Moitra M, Santomauro D, Collins PY, Vos T, Whiteford H, Saxena S, et al. The global gap in treatment coverage for major depressive disorder in 84 countries from 2000-2019: a systematic review and Bayesian meta-regression analysis. PLoS Med. 2022;19(2):e1003901. doi:10.1371/journal.pmed.1003901. Skip to main content Global public health days observed throughout the year related to specific health issues or conditions - from Alzheimer's to zoonoses. However, WHO focuses particular attention on the 11 days and 2 weeks that WHO Member States have mandated as "official" global public health days and 2 weeks that WHO Member States have mandated as "official" global public health days and 2 weeks that WHO Member States have mandated as "official" global public health days and weeks. Help WHO improve the impact of our public health campaigns by responding to this survey. Whether you are taking the kids to be vaccinated, talking to students on the devastating health effects of tobacco, organizing a mobile blood collection in your community, or contributing to the online conversation through social media, you can play a part in these worldwide efforts to create a healthier world. Leading up to each day, this is where you will find background information, graphics, multi-media links, facts and figures that help highlight the issues and focus global attention on today's major public health challenges. If you have comments or questions, please write to: mediainquiries@who.int WHO Member States and officially certified partners supporting the campaigns can adapt these materials and focus global attention on today's major public health challenges. 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For more questions, please write to logo@who.int Skip to main content One in seven adolescents has a mental health condition. Suicide is the third leading cause of death among young people's (CYP) education, employment and relationships, limiting life trajectories. Timely care and enabling environments can improve outcomes and reduce long-term costs. Every dollar invested in adolescent mental health yields an estimated US\$24 return over 80 years. Today, climate change, conflict, poverty, inequality and displacement are intensifying risks. Yet investment remains low: mental health receives less than 2% of national health budgets on average, with little allocated to children and adolescents. In low-income countries, there are fewer than 0.01 child mental health workers per 100,000 people, and services are often out of reach. From fragmented efforts to holistic impactWHO advocates for a comprehensive response to the mental health needs of children and young people, with a focus on strengthening policies and legislation; promoting enabling environments (in homes, schools, communities, workplaces and digital spaces) and building preventive and care services. Multiple sectors have a role in creating enabling policy environments for child and adolescent mental health, to protect families against economic and social adversity, support caregivers in promoting nurturing care, ensure access to learning opportunities and employment and to reduce self-harm and substance use. National laws, policies and plans are also important to build systems for delivery of mental health preventative and care services. In Viet Nam, for example, the government formally has initiated a process to create psychosocial counselling positions in all primary and secondary education schools. At family level, interventions to preventing mental health conditions in children and youth - these interventions are relevant for caregivers of young children as well as older children and adolescents, and of particular importance when caregivers and/or their children are experiencing mental health conditions, they could reduce the risk of mental health conditions in their children by 40%. For caregivers of children with developmental delays or neurodevelopmental conditions, parenting programmes can empower them to foster their children's learning, social communication and adaptive behaviour. Schools can be places that nurture well-being, inclusion, equipping students with the knowledge, skills, competencies and lifestyles they need to thrive. School-based anti bullying programmes and socioemotional learning are important components of a whole-school-health-promoting approach, can be delivered for all school ages, can improve students' well-being, academic performance and reduce risk behaviours, including self-harm and harmful substance use. Beyond schools, any intervention that successfully addresses stigma, violence and other adversity in the community can be considered promotive. There is growing concern on the impact of engaging with social media and digital platforms on young people's mental health. In the past few years, several countries have initiated actions to regulate access to mobile phones and social media for children and adolescents. Evidence to inform a public health approach for safe and healthy engagement with social media; and technology for children is limited. However, promising interventions include skills-building programmes for adolescents and for caregivers to promote responsible and safe engagement with social media; and technological tools to promote online safety, including reporting systems. Services need to be responsive to different levels of need, from prevention to recovery. Care services should be provided through both health (general and community health services) and non-health services should be provided through both health (general and community health services) and non-health services should be provided through both health (general and community health services) and non-health services. connectedness, and addresses structural issues such as housing, education, and employment. It expands community-based services, whilst phasing out care in custodial settings. To make this happen, it is critical that system strengthening is supported by strong leadership and governance, solid coordination across sectors, sufficient financing, a skilled and diverse workforce, and robust health information systems. Maximising opportunities to drive change Despite the evidence on effective interventions, many opportunities to make information and services for mental health available to CYP and their caregivers through the health, education and other sectors remain untapped. To that end, WHO has partnered with UNICEF, governments, and local stakeholders to deliver a Joint Programme on Mental Health and Psychosocial Wellbeing and Development of Children and Adolescents to strengthen country leadership and capacity to provide services for CYP and their caregivers. Each year, over 10 million children and young people have access to improved services, with more than 6 million reached through prevention efforts and at least 330,000 receiving care. Across regions, there are encouraging examples of evidence-based interventions and good practices that have been successfully implemented and scaled including: In Serbia, a digital one-stop shop developed by the government provides educational resources and counselling sessions for young people in need of mental health support. It has directly reached nearly 170 000 young people and is accessible to more than one million young people in the country. The Ministry of Health of Cote d'Ivoire in partnership with the Ministry of Social Affairs established a roster of social accessible to more than one million young people in the country. workers trained in child mental health and deployed to emergency-affected areas in response to the Central Sahel crisis, providing services to 50 000 people living in refugee camps and host communities. In Kenya, in a stepped care model called Shamwiri, young high school graduates were trained as peer counsellors to identify cases and deliver support in schools, or coordinate referrals to more intensive support according to mental health needs. In Brazil, community-based mental health service provision takes place through child psychosocial care centres (Centro de Atenção Psicossocial Infantil, CAPSi), which provide multisectoral services to CYP with mental health needs and their caregivers across the country. Strengthening advocacy and accountability and capacity to track progress globally and in countries did not have capacity to disaggregate mental health data by age.WHO is working with UNICEF and other partners, including youth, to facilitate platforms to define commitments for children and young people's mental health care and enabling environments support young people to meet their potential and lay a foundation for a health adulthood - yet investment in the mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and adolescent mental health of children and young people remains low. WHO calls for a comprehensive approach to child and young people remains low. WHO calls for a comprehensive approach to child and young people remains low. WHO calls for a comprehensive approach to child and young people remains low. WHO calls for a comprehensive approach to child and young people remains low. WHO calls for a comprehensive approach to child and young people remains low. WHO calls for a comprehensive approach to child and young people remains low. WHO calls for a comprehensive approach to child and young people remains low. WHO calls for a comprehensive approach to child and young people remains low. WHO calls for a comprehensive approach to child and young peopl across health, education, social welfare, youth, sports and justice. There are multiple untapped, cost-effective opportunities to integrate mental and brain health into health services, with growing evidence of successful, scalable interventions. Advocacy efforts must meaningfully involve children, young people and caregivers, ensuring government action meets their needs. Abortion Abuse of older people Adolescent and young adult health Adolescent pregnancy Ageing and health Alcohol Ambient (outdoor) air pollution Anaemia Animal bites Antimicrobial resistance Anxiety disorder Blindness and vision impairment Blood safety and availability Botulism Breast cancer Chagas disease (also known as American trypanosomiasis) Chikungunya Child maltreatment Child mortality Botulism Breast cancer Candidiasis (yeast infection) Cardiovascular diseases (CVDs) Cervical cancer Chagas disease (also known as American trypanosomiasis) Chikungunya Child maltreatment Child mortality Botulism Breast cancer Candidiasis (yeast infection) Cardiovascular diseases (CVDs) Cervical cancer Chagas disease (also known as American trypanosomiasis) Chikungunya Child maltreatment Child mortality Botulism Breast cancer Candidiasis (yeast infection) Cardiovascular disease (also known as American trypanosomiasis) Chikungunya Child maltreatment Child mortality Botulism Breast cancer Candidiasis (yeast infection) Cardiovascular disease (also known as American trypanosomiasis) Chikungunya Child maltreatment Child mortality Botulism Breast cancer Candidiasis (yeast infection) Cardiovascular disease (also known as American trypanosomiasis) Chikungunya Child maltreatment Child mortality Botulism Breast cancer Candidiasis (yeast infection) Cardiovascular disease (also known as American trypanosomiasis) Chikungunya Child maltreatment Child mortality Botulism Breast cancer Child mortality Botulism Breast cancer Child mortality Breast Child mo (under 5 years) Childhood cancer Chlamydia Cholera Chromoblastomycosis Chronic obstructive pulmonary disease (COVID-19) Corporal punishment and health Crimean-Congo haemorrhagic fever Deafness and hearing loss Deliberate events Dementia Dengue and severe dengue Depressive disorder (depression) Diabetes Diarrhoeal disease Echinococcosis El Niño Southern Oscillation (ENSO) Electricity in health-care facilities Electronic waste (e-waste) Emergency contraception Endometriosis Epilepsy Essential mutilation Food additives Food safety Foodborne trematode infections Fragility fractures Free health care policies Gambling (Neisseria gonorrhoeae infection) Guillain-Barré syndrome Health literacy Health-care waste Health literacy He Hypertension ICD-11 Immunization coverage Infant and young child feeding Infertility Influenza (avian and other zoonotic) Influenza (seasonal) Injuries and violence Ionizing radiation coverage Infant and young child feeding Infertility Influenza (seasonal) Injuries and violence Ionizing radiation coverage Infant and young child feeding Infertility Influenza (seasonal) Injuries and violence Ionizing radiation and health effects Japanese encephalitis Lassa fever Lead poisoning Legionellosis Leishmaniasis Leprosy Listeriosis Low back pain Lung cancer Lymphatic filariasis Malaria Malnutrition Marburg virus disease Mental health of adolescents Mental health of older adults Mercury Middle East respiratory syndrome coronavirus (MERS-CoV) Migraine and other headache disorders Millennium Development Goals (MDGs) Mpox Multi-drug resistant gonorrhoea Multiple sclerosis Musculoskeletal health Mycetoma Mycotoxins Natural toxins in food Newborn mortality Newborns: improving survival and well-being Nipah virus Noma Noncommunicable diseases Nursing and midwifery Obesity and overweight Occupational health: health workers Older children and young adolescent mortality (5 to 14 years) Onchocerciasis One Health Original lymphoedema) Poliomyelitis Polycystic ovary syndrome Post COVID-19 condition (long COVID) Post-traumatic stress disorder Pre-eclampsia Prequalification of medicines by WHO Preterm birth Primary health Rehabilitation Respiratory syncytial virus (RSV) Rheumatic heart disease Rheumatoid arthritis Rift Valley fever Ringworm (tinea) Road traffic injuries Rubella Salmonella (non-typhoidal) Sand and dust storms Sanitation Scabies Schistosomiasis S Social determinants of health Sodium reduction Soil-transmitted helminth infections Spinal cord injury Sporotrichosis Substandard and falsified medical products Sugars and dental caries Suicide Syphilis Taeniasis/cysticercosis Tetanus The top 10 causes of death Tobacco Trachoma Trans fat Trichomoniasis Trypanosomiasis, human African (sleeping sickness) Tuberculosis Tungiasis Typhoid Ultraviolet radiation Universal health Coverage (UHC) Urban health Vector-borne diseases Violence against women West Nile virus White phosphorus Yaws Yellow fever Youth violence Zika virus Zoonoses Conceptos sobre la salud mental es un estado de bienestar mental que permite a las personas hacer frente a los momentos de estrés de la vida, desarrollar todas sus habilidades, poder aprender y trabajar adecuadamente y contribuir a la mejora de su comunidad. Es parte fundamental de la salud y el bienestar que sustenta nuestras capacidades individuales y colectivas para tomar decisiones, establecer relaciones y dar forma al mundo en el que vivimos. La salud mental es, además, un derecho humano fundamental, Y un elemento esencial para el desarrollo personal, comunitario y socioeconómico. La salud mental es más que la mera ausencia de trastornos mentales. Se da en un proceso complejo, que cada persona experimenta de una manera diferente, con diversos grados de dificultad y angustia y resultados sociales y clínicos que pueden ser muy diferentes. Las afecciones de salud mental comprenden trastornos mentales y discapacidad funcional o riesgo de conducta autolesiva. Las personas que las padecen son más propensas a experimentar niveles más bajos de bienestar mental, aunque no siempre es necesariamente así. Determinantes individuales, sociales y estructurales pueden combinarse para proteger o socavar nuestra salud mental y cambiar nuestra situación respecto a la salud mental. Factores psicológicos y biológicos y biológicos y biológicos y biológicos y biológicos y la genética, pueden hacer que las personas sean más vulnerables a las afecciones de salud mental. La exposición a circunstancias y la genética, pueden hacer que las personas sean más vulnerables, como la salud mental. La exposición a circunstancias y la genética, pueden hacer que las personas sean más vulnerables a las afecciones de salud mental. pobreza, la violencia, la desigualdad y la degradación del medio ambiente, también aumenta el riesgo de sufrir afecciones de salud mental. Los riesgos pueden manifestarse en todas las etapas de la vida, pero los que ocurren durante los períodos sensibles del desarrollo, especialmente en la primera infancia, son particularmente perjudiciales. Por ejemplo, se sabe que la crianza severa y los castigos físicos perjudican la salud infantil y que el acoso escolar es un importante factor de riesgo de las afecciones de salud mental. Los factores de protección se dan también durante toda la vida y aumentan la resiliencia. Entre ellos se cuentan las habilidades y atributos sociales y emocionales individuales, así como las interacciones sociales positivas, la educación de calidad, el trabajo decente, los vecindarios seguros y la cohesión social, entre otros. Los riesgos para la salud mental y los factores de protección se encuentran en la sociedad en distintas escalas. Las amenazas locales aumentan el riesgo para las personas, las familias y las comunidades. Las amenazas mundiales incrementan el riesgo para poblaciones enteras; entre ellas se cuentan las recesiones económicas, los brotes de enfermedades, las emergencias humanitarias y los desplazamientos forzados, y la creciente crisis climática. Cada factor de riesgo o de protección tiene una capacidad predictiva limitada. La mayoría de las personas no desarrollan afecciones de salud mental aunque estén expuestas a un factor de riesgo, mientras que muchas personas no expuestas a factores de riesgo conocidos desarrollan una afección de salud mental. En todo caso, los determinantes de la salud mental, que están relacionados entre sí, contribuyen a mejorar o socavar la salud mental. Promoción de la salud mental y prevención de las afecciones de salud mental y prevención se centran en identificar los determinantes individuales, sociales y estructurales de la salud mental, para luego intervención se centran en identificar los determinantes individuales, sociales y estructurales de la salud mental y prevención de las afecciones de promoción y prevención se centran en identificar los determinantes individuales, sociales y estructurales de la salud mental. mental. Pueden ir dirigidas a individuos, grupos específicos o poblaciones enteras. Actuar sobre los determinantes de la salud, por lo que los programas de promoción y prevención deben involucrar a los sectores responsables de educación, trabajo, justicia, transporte, medio ambiente, vivienda y protección social. El sector de la salud puede contribuir de modo significativo integrando los esfuerzos de promoción y la coordinación multisectoriales. La prevención del suicidio es una prioridad mundial y forma parte de los Objetivos de Desarrollo Sostenible. Algunas medidas permitirían avanzar considerablemente al respecto, como limitar el acceso a los medios de suicidio, fomentar una cobertura mediática responsable, promover el aprendizaje socioemocional en los adolescentes y favorecer la intervención temprana. Prohibir los plaguicidas muy peligrosos es una intervención particularmente económica y rentable para reducir las tasas de suicidio.La promoción de la salud mental, apoyando a los cuidadores para que ofrezcan un cuidado cariñoso, poniendo en marcha programas escolares y mejorando la calidad de los entornos comunitarios y en línea. Los programas de aprendizaje socioemocional en las escuelas son de las estrategias de promoción y protección de la salud mental en el trabajo es una esfera de interés creciente, que puede favorecerse mediante la legislación y la reglamentación, estrategias organizacionales, capacitación de gerentes e intervenciones dirigidas a los trabajadores. Atención y tratamiento de la salud mental Las iniciativas nacionales de fortalecimiento de la salud mental no deben limitarse a proteger y promover el bienestar mental de todos, sino también atender las necesidades de las personas que padecen afecciones de salud mental. Esto debe hacerse mediante la atención de salud mental de base comunitaria, que es más accesible y aceptable que la asistencia institucional, ayuda a prevenir violaciones de derechos humanos y ofrece mejores resultados en la recuperación de quienes padecen este tipo de afecciones. La atención de salud mental de base comunitaria debe proporcionarse mediante una red de servicios de salud mental integrados en los servicios en los serv primaria no especializado; servicios comunitarios de salud mental a nivel comunitario, que puedan involucrar a centros y equipos comunitarios de salud mental, rehabilitación psicosocial, servicios de apoyo entre pares y servicios de apoyo entre pares y servicios de apoyo entre pares y servicios de salud mental, rehabilitación psicosocial, servicios de apoyo entre pares y servicios de apoyo ent sanitarios, como la protección infantil, los servicios de salud escolar y la ansiedad, los países deben encontrar formas innovadoras de diversificar y ampliar la atención para estas afecciones, por ejemplo mediante servicios de asesoramiento psicológico no especializado o de autoayuda digital. Respuesta de la OMSTodos los Estados Miembros de la OMSTodos Miembros de la OMSTodos integrada y adaptada a las necesidades en un marco comunitario, la aplicación de estrategias de promoción, y el fortalecimiento de los sistemas de información, los datos científicos y las investigaciones. El Atlas de Salud Mental 2020 de la OMS mostró que los países habían obtenido resultados insuficientes en relación con los objetivos del plan de acción acordado. En el Informe mundial sobre salud mental: transformar la salud mental para todos, publicado por la OMS, se hace un llamamiento a todos los países pueden lograr progresos significativos en la mejora de la salud mental de su población si se concentran en las siguientes tres «vías de transformación»: aumentar el valor que otorgan a la salud mental las personas, las comunidades y los gobiernos, y hacer que todas las partes interesadas, de todos los sectores, se comprometan en favor de la salud mental e inviertan en ella; actuar sobre las características físicas, sociales y económicas de los medios familiares, escolares, laborales y comunitarios en general a fin de proteger mejor la salud mental y prevenir las afecciones de salud mental, yfortalecer la atención de salud mental para que todo el espectro de necesidades en la materia sea cubierto por una red comunitaria y por servicios de apoyo accesibles, asequibles y de calidad.La OMS hace especial hincapié en la protección y la promoción de los derechos humanos, el empoderamiento de las personas que experimenten afecciones de salud mental y la elaboración de un enfoque multisectorial en que intervengan diversas partes interesadas. La OMS sique trabajando a escala nacional e internacional, en particular en entornos humanitarios, para proporcionar a los gobiernos y asociados el liderazgo estratégico, los datos científicos, las herramientas y el apoyo técnico necesarios para fortalecer una respuesta colectiva a la salud mental y permitir una transformación que favorezca una mejor salud mental para todos.

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