

**AN INVESTIGATION ABOUT
PROBLEMS RELATED TO MENTAL
ILLNESS AND DISORDER
(A CASE STUDY OF DISTRICT
MUZAFFARGARH PUNJAB
PAKISTAN)**



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Abstract

Psychological and mental disorder is a problem that can affect both young and old men and women, it has nothing to do with physical health. Both physical and mental health are important for better performance and outcome at every stage of life and an emotionally fit and stable person always feels dynamic and truly alive. Pakistan has a lot of psychological issues. Psychological syndrome affect about 14 million persons in the country of Pakistan, People are experiencing psychological problems as a result of the first of these epidemics Psychological syndrome are denoting to an extensive choice of intellectual conditions, all of which have an impact on our mood, thinking capacity and human behavior. Depression, anxiety disorders, schizophrenia, cognitive problems and collective

behaviors are examples of mental disorders. Muzaffargarh & Layya district were select as the study universe. According to the district survey there are seven tehsil in both districts (Muzaffar garrh and Layya). In the 1st stage Tehsil Kot Addu, Muzaffar garrh, Chaubara and Tehsil Layya were selected as the universe and in 2nd stage two hospitals from each Tehsils were selected though the purposive sampling technique. Next with use of purposive sampling method 144 participants (36 participants from subset and 18 participants from in a hospital) were nominated for discussion. (SPSS) software is used to examine the composing records, and the moments were to make suitable commendations.

Keywords: Psychological issues, discriminative attitude, its influences on the mental health.

INTRODUCTION

Definition of Mental Illness or Mental Disorders

According to the World Health Organization, "it is a situation of wellbeing in which a person may use his potential to the best of his capacity to cope with the problems of life" (WHO, 2018). More The WHO acknowledges that adolescent mental illness has grown to be a significant public health concern. (WHO, 2014). Due to disease development, difficulties in effective care, and rising prevalence, psychologically associated problems are the primary cause of disability and a major challenge for global public mental wellness (Wainberg et al., 2017; Fene et al., 2020). It is extremely typical for mental illnesses to have an impact on one's thoughts, feelings, aspirations, attitude, and interpersonal connections (Holen & Waagene, 2014). Adolescent mental illness is painful for both society and the individual and results in significant expenses (Knapstad et al.,2021).

There are numerous definitions for "mental sickness," and expressions like "mental illness" and "mental agony" are widely used. Medical Report Writer Standards of Judgment. WHO (1999). This classification sought to identify the problem in both adults and children (Reneflot et al., 2018). The psychological health challenges in this idea encompass a wide range of psychological disorders, phobias, and somewhat unsettling moods in order to qualify as an opinion. Few mental health conditions, like worry and dissatisfaction, can be normal reactions to

a stressful life event and are typically just momentary in nature (Bremberg & Dalman, 2015).

Stress and anxiety are frequently brought on by our thoughts; worry gives us a sense of impending anxiety, and the fear it produces is a reflection of our feelings. Although the psychological environment and our family customs have a very strong association with these components, the causes of anxiety illness cannot be thoroughly examined (Kohrt et al., 2018). Passionate and psychosomatic individuals designate their target audience. According to the Department of Health and Human Services, it affects how people make decisions, handle stress, and interact with others (DHHS, 2016).

These strategies can change as a result of mental illness, which can also interfere with daily duties. This causes alterations in a person's disposition, thought process, methods, and attitudes. According to the National Alliance on Mental Illness (NAMI), 14% of people are diagnosed with a serious psychological condition like schizophrenia or anxiety disorder, which will affect 25% of people in a year. The majority of people with psychological diseases, as well as their families, caretakers, and other close friends are affected by them. As of 2016, the National Alliance on Mental Illness. Medical science is the study of the connection between a person's physical, mental, and emotional health. A common misconception about mental health is that it gradually declines until it becomes a mental disorder. It is defined by shifts in thought, feeling, or action (or a combination of these) (Russell et al., 2016).

Persons have been recognized as being in states of imagined confusion during the majority of the experiment's phases. The unfortunate thing about mental illness is that it began in the 1960s as a means of eradicating the stigma attached to those who suffer from mental health conditions (Prymachuk & Welsby, 2017). The President's mental health was enhanced between 2002 and 2003 thanks to the new Freedom Commission's scientific ideas. According to this mental health study, psychological problems have an impact on the brain system, which alters our ability for feeling and think. Mental illness is a result of poor mental health. Decreased mental development, individual operational, psychological, and

physical tension, and variances in feelings and performances are therefore all possible explanations (Ans et al., 2018; Fitzgerald, 2019).

Sadness, psychological difficulty, bipolar illness (BS), schizophrenia (SZ), substance abuse illnesses, and Corrigan are the most significant models of these diseases (2016). Fierceness, ineffectiveness, and volatility are among the unfavorable labels associated with psychological problems, and superior praise of such words has frequently been linked to an increase in rage, anxiety, and social warmth toward people with intellectual impairments (Makowski et al., 2016). If this is not addressed, stigmatization of those with mental diseases is a cross-investigative and a cross-social uniqueness (Mannarin et al., 2017).

Mental Illness and Disorder in Pakistan

Many individuals think that 85% of people in poor countries and 50% of people in wealthy countries, respectively, have mental health issues but cannot get treatment for mental illness (Pescosolido & Lafsdottir, 2013). According to estimates, 450 million people worldwide suffer from psychological illnesses, with 13% of all medical concerns being related to schizophrenia, epilepsy, alcohol dementia, dependence, and other psychological problems. Eighty percent of the world's psychologically ill people live in Low and Middle-Income Countries (LAMIC), where psychological diseases are more prevalent (Thyloth, Singh, & Subramanian 2016).

In LAMICs, psychological disorders make for roughly 11.1% of the total disease burden (Lopez et al., 2006). According to the WHO, 86 percent of all suicides in LAMIC are caused by mental illness (Ali et al., 2018).

A report found that psychiatric disease caused 1,894 DALYs per 100,000 people in the East Mediterranean Region (EMR), which is mostly made up of LAMICs and includes Pakistan, as opposed to 1,834 DALYs per 100,000 people globally (Charara et al., 2017). Pakistani data show that 10–16 percent of the population suffers from minor to moderate psychological concerns and that 1% of the population is rendered powerless by a range of spiritual afflictions (Gul, & Ali, 2018). According to the World Health Organization (2011), 11.9 percent of all symptoms and issues worldwide are related to intellectual health, and a sizable

fraction of patients are reported in Pakistan's 1,607 daily newspapers out of 100,000 people (Charara et al., 2017; Irfan 2013).

60 percent of Pakistanis who visit primary care clinics are thought to be experiencing psychological issues, with 154 million experiencing depression and about 25 million experiencing schizophrenia. There are 15 million people who take drugs. In Pakistan, there are 50 million people with epilepsy and 24 million people with various psychological conditions as a result of social, ethnic, personal, and economic problems. (Husain and others, 2007)

Socioeconomic position and psychological disorder

In an epidemiological study, the influence of socioeconomic class on the evolution of sickness patterns has long been acknowledged. Socioeconomic status was initially thought of as a substitute test based on direct comparisons above and below a "poverty line" (Javan et al., 2021).

At all socioeconomic levels, there were various changes in the state of people's health, which got better as their social position rose. Since then, these findings have been replicated globally (Weiss & Ferrand, 2019), as well as across a range of changed health situations and both mental and psychiatric diseases (Prins et al., 2015; Alofs, 2019). Research on the disparities in mental health has typically been at the forefront of efforts to develop a social model of mental illness. It is asserted that social class is taking the place of a lack of areas as geographic isolation has improved since the 1970s. All of this suggests that the cause is mental health issues rather than a lack of cash (Elliot, 2016).

There is currently a 67.4% difference in working level between individuals receiving minor psychological health treatments and the general population, making people with psychological diseases the largest category of wellbeing claimants in the UK (Smolar2018-19) (Jadhav et al., 2021). It suggests a few barriers to care for people with intellectual disorders, including the actual mental health condition and difficulties with employment arcades. The main factor that determines whether socioeconomic hardship has harmful effects is access to adequate social security (Prins et al., 2015). Despite the fact that knowledge regarding mental disorders is considered to be useful knowledge for people, useful information about mental disease is generally overlooked (Anger Meyer &

Dietrich, 2006). As a result, the majority of people are victims of detrimental mental illnesses and are unable to receive the appropriate treatment from society due to a lack of understanding and awareness among the general public. (2017) (Ratti et al.; (2009) (Jorm)). Although it is generally seen as desirable for the public to be informed of physical problems, MI awareness is sometimes neglected (Lien et al., 2021). Many people with common mental diseases may not receive enough social support (therapy) as a result of the lack of community awareness (Ahmad et al., 2021; Ratti et al., 2017).

Major health issues in the field of mental health

Problems in the mental health sector are categorized below:

Oriented consumption:

Laborers make up the majority of the population in our community; they work wherever and whenever they can, but they do not maintain proper financial records of their earnings or expenses. People who lack literacy typically spend more money when they do. A significant percentage of our population's income is spent on weddings, births, funerals, and numerous other rural events and celebrations. In the beginning, socioeconomic conditions were thought to be the root of poverty in the neighborhood Mehravar, as they were producing the observable patrons of illness (2021).

RESEARCH METHODOLOGY

To describe the scientific elements of data collection, processing, and presentation is the aim of the study methodology. Researchers can complete the data collection, data processing, and relevant statistical processes using the information and technique provided. This section covers the study methodology, respondent entry requirements, sample methodology, sampling size, and choice, as well as a variety of ideas and techniques used for data processing, like Uni-varieties analysis.

Research study region

The current study's topic is "an investigation about problems related to mental illness and disorder "in District Muzaffar Garh and Layyah." As a result, District Muzaffar Garh and Dist. Layyah was chosen as the universe for investigation.

Residents for research

The entire list of factors under consideration is mentioned by the inhabitants. The population could be made up of everyone living in the study region, just those who happen to live there, or just persons who belong to a certain ethnic or socioeconomic group, depending on the goals and parameters of the study. In order to conduct interviews, all male and female patients in the districts of Muzaffargarh and Layyah were picked. As a result, both male and female persons with mental illnesses participated in this study.

Sampling magnitude

Any empirical study whose goal is to draw conclusions about the population from a sample must take the sample size into account. In reality, the expense of data collection and the requirement for statistical power determine the sample size for a study. The number of explanations in the typical that define all inhabitants is increased by the mass of the model. The county survey indicates that both districts have seven tehsils (Muzaffar garrh and Layyah). Tehsils Kot Addu, Muzaffar Garh, Chaubara, and Tehsil Layya were chosen as the universe in the first step, and two hospitals from each Tehsil were chosen using the purposive sampling technique in the second stage. In the final phase, 36 patients from each Tehsil and 18 patients from each hospital were willing to participate in an interview. This was done with the assistance of a purposive random sample technique sample of 144 people.

Table : *Geographic area and sample taken*

Geographic area	Sample	Names of Hospital	Sample
Tehsil Kot Addu	36	THQ Kot Addu and City hospital Kot Addu	18,18
Tehsil Muzaffar garrh,	36	DHQ Muzaffar garrh and Indus hospital Muzaffar garrh	18,18
Tehsil Chaubara	36	THQ Chaubara and Aasiya Iqbal Hospital and Trauma Center	18,18

Tehsil Layyah	36	DHQ Hospital Layyah and Ghazi Hospital Layyah	18,18
Total	144		144

Method of Data Gathering

The process of collecting data is likely the most important for statistical analysis. The data were collected utilizing organized analysis tools (Interview schedule).

Prepared the interview schedules

Since it serves as the basis for the entire research plan and its execution, creating an interview schedule for the dissertation takes a lot of time. With the supervisor's assistance, an interview schedule was made based on the goal, and a questionnaire was made with this instruction in mind. The questionnaire was created with the respondents' viewpoint in mind, reducing the possibility of misinterpretation. The interview schedule avoided the delicate and challenging questionnaire, which caught respondents' interest. The main characteristics of content, structure, format, and sequencing were all taken into account when developing the questionnaire. The respondent's focus and attention are influenced by the order in which the questions are created and asked. Questions about family issues were included to the interview guide after the scientifically based inquiries about populations, politics, and social issues.

Early draughts of the data gathering tools were given to the supervisor for his input and suggestions. The following processes were used to finish the research tools after making the necessary adjustments with the supervisor's approval.

The development of questionnaire subjects, the creation of the research instrument, pretesting, and, based on feedback, the incorporation of more questionnaire components were all done after conducting a review of the literature.

With the aid of 40 questions in the interview meeting, all of the aforementioned techniques helped to construct a detailed structural investigation.

Pretesting

Before data collection starts, the interviewing schedule is pre-tested to see how it functions and to make any necessary adjustments. It makes it possible to identify and fix unforeseen issues with interview scheduling (Good & Hatt, 1992; Morshed, 2014). Prior to obtaining actual data in phases to ensure the accuracy of the interview guide, 20 investigators were completed. A few mistakes were found during the pre-testing, and certain adjustments have been made to increase the data's veracity.

Primary data

The purpose of the prepared set of questions was largely to learn more about the patient's social problems with mental illness and the kinds of problems they are facing. Face-to-face interviews were used to collect this data, with one respondent spending the majority of the interviewer's time with them during the initial round of questions and answers. It took a while before it was decided that it would be good to explore all of the topics in greater detail, including the respondents' socioeconomic situation, upbringing, occupation, sexual orientation, education, and mental illness. As a result, because the subject of a study into mental disease and disorder is so crucially significant, each and every patient who was chosen for the study was interviewed; nevertheless, as the interviews progressed and became more comfortable, they were shorter in length.

Conceptual model

Conceptualization is the process of using specific scientific language to accurately explain the intended goals of a study. It is crucial to conceptualise and define general notions with specialised and pure components. The social sciences provide the greatest conceptual model challenges of all fields due to the widespread use of the same terms in research (Merriam Webster Dictionary, 2021; Rai, 2021).

3.13.3 Mean findings

The mean is average of sum, its quantity defines like the value obtained to dividing the summation of all measurements from measurements. It gives an idea of the size of the observed values mean given by positioning the bar vertically over the symbol (Chaudhry, 1984). We can use this formula for mean findings:

$$\bar{x} = \frac{\sum x}{n}$$

Where

Where:

\bar{x} = The sum mean of a sample of size

\sum = Sum of observation

X = The response obtained by all respondents in a sample

n = Size of sample

Used of Chi-square Test

The Chi-square examination is supplied by figures and characterized as a statistic used to evaluate observations with recognized frequencies, as well as to establish the amounts of independence according to specified hypotheses (Fisher, 1928). There are several ways to display facts connected to the topic, but the table is the simplest and most effective. The formula for calculating the Chi-square (x^2) is:

$$x^2 = \sum \frac{(fo - fe)^2}{fe}$$

Where:

fo = Stands for the observed frequency

fe = Stand for the expected frequency

\sum = Stand for the total sum

- Regulate the discrepancy between every actual frequency and the predicted occurrence for every cell in the table.
- For each difference, use a square
- Divided every quadratic difference by the relevant frequency
- Added the divisions that resulted

Results and Discussions:

Table: *Mental Disorder and Mental health Effect on Relationships*

Causes of illness	Frequency	Percent
Strongly Disagree	9	6.3
Disagree	20	13.9

Undecided	12	8.3
Agree	76	52.8
Strongly Agree	27	18.8
Total	144	100.0

Table depicts that more than a half 52.8% of the respondents had agree that during the mental disorder mental health effect on relationships, 18.8% of those polled strongly agreed that psychological disorder has a negative impact on relationships. 13.9% of the replied disagree, 8.3% of the peoples had agree and only few of total which is 6.3% of the individuals had agree that mental disorder mental effect on relationships. Tough, Siegrist, & Fekete, (2017), Reviewed our mental health problems can sometimes limit our ability to empathize, or increase feelings of anxiety and loneliness. These symptoms can sometimes lead to misunderstandings or even resentment in a relationship.

Table: *Mentally ill cannot tell what will Happen next mints*

Causes of illness	Frequency	Percent
Strongly Disagree	13	9.0
Disagree	65	45.1
Undecided	18	12.5
Agree	38	26.4
Strongly Agree	10	6.9
Total	144	100.0

When it was asked from the respondents about the next moment fillings and activities the response of the respondents about the statement “you cannot tell what they will do from one minute to the next” Table depicts that 45.1% of the respondents had disagree that they cannot tell what they will do from one minute to the next, 26.4% of the respondents had agree that they cannot tell what they will do from one minute to the next, 12.5% of the respondents had undecided that they

cannot tell what they will do from one minute to the next, 9% of the respondents had strongly disagree that they cannot tell what they will do from one minute to the next and 6.9% of the respondents had strongly agree that they cannot tell what they will do from one minute to the next.

Table: *Mentally ill People should be Treated.*

Causes of illness	Frequency	Percent
At home	78	54.2
Hospital	42	29.2
by community	14	9.7
Any other place	10	6.9
Total	144	100.0

During the data calculation it was asked from the respondents where mentally ill people should be treated then a huge majority 54.2% of the participants agreed that psychologically ill human beings should be treated at home, 29.2 percent agreed that psychologically ill people be treated in a hospital, 9.7 percent agreed that psychologically ill people should be treated by the community, and 6.9 percent agreed that psychologically ill people should be treated by any other community location. Table 4.38 shows the data collected from respondents.

Table: *Association among Low Income Stress and Mental health Issues*

People bothered feeling down, depressed, or hopeless

Income in rupees	half day	Daily	Many days	Total	
Monthly income	15001-30000	21	9	6	36
		58.3%	25.0%	16.7%	100.0%
	30001-45000	5	18	14	37
		13.51%	48.64%	37.8%	100.0%
45001-60000	10	14	13	37	

	27.0%	37.8%	35.1%	100.0%
More than 60000	12	9	13	34
	35.3%	26.5%	38.2%	100.0%
Total	48	50	46	144
	33.3%	34.7%	31.9%	100.0%

S*= Significant, Chi-Square = 21.271 d.f = 6 p-value = 0.002 Gamma = 0.197

Table 4.41 represents the association between income and mental disorder. Chi-square value (21.271) shown a Significant (P=0.002) described strong association between income and mental disorder. The gamma value (0.197) indicates a substantial positive association between the variables. It means income have bring up the strong associate with mental issue. So the hypotheses “Association between income and mental illness” is accepted. Treviño, (2018), Reviewed mental disorder is not measured as a main social issue it is also known as a diverse public issues and peoples faced this trouble situation. (Farré, Fasani, & Mueller, 2018), Said “There is a strong link between unemployment and mental stress”.

Conclusion:

Based on the findings of the study, the following suggestions/recommendations are made:

Our Government's Mental Health Database Center for bringing together healthcare professionals and administrations to address key public policy issues facing the mental health and elemental care system across the country and the state. The power of will have to be used and negotiated.

- We must include mental health services in a global effort to minimize disorder, anxiety, and prejudice against persons who suffer from mental illness or substance abuse. In the aftermath of the conflict, we need to collaborate with important partners at the governmental and community levels to assist Liberia develop a sustainable mental health care infrastructure.

- We must present an understanding of the current situation of mental health, as well as obstacles and prospects for the mental health program's development.
- Numerous major emotional, neurological and substance problems are attributed to financial crises (psychological) and bear a bearable burden. People need to be made aware of bipolar disorder, depression, anxiety disorder, epilepsy and alcohol abuse disorder, intervention costs, health benefits and harms.

References

- Ali, T. M., & Gul, S. (2018). Community mental health services in Pakistan: Review study from Muslim world 2000-2015.
- Ans, A. H., Anjum, I., Satija, V., Inayat, A., Asghar, Z., Akram, I., & Shrestha, B. (2018). Neurohormonal regulation of appetite and its relationship with stress: *a mini literature review. Cureus, 10*(7).
- Bremberg, S., & Dalman, C. (2015). Begrepp, mätmetoder och förekomst av psykisk hälsa, psykisk ohälsa och psykiatriska tillstånd hos barn och unga: En kunskapsöversikt. Stockholm, Sweden: Forte
- Charara, R., Forouzanfar, M., Mohsen, N., Moradi-lakeh, M., Afshin, A., Vos, T., .Mokdad, A. H. (2017). The burden of mental disorders in the Eastern Mediterranean Region, 1990-2013. *PLoS One, 12*(1), Article e0169575. doi:10.1371/journal.pone.0169575
- Charara, R., Forouzanfar, M., Mohsen, N., Moradi-lakeh, M., Afshin, A., Vos, T., .Mokdad, A. H. (2017). The burden of mental disorders in the Eastern Mediterranean Region, 1990-2013. *PLoS One, 12*(1), Article e0169575. doi:10.1371/journal.pone.0169575.
- DHHS, (2016). Fryar, C. D., Gu, Q., Ogden, C. L., & Flegal, K. M. (2016). Anthropometric reference data for children and adults; United States, 2011-2014.
- Elliot, I. (2016). Poverty and Mental Health: A review to inform the Joseph Rowntree Foundation's Anti-Poverty Strategy London: Mental Health foundation.

- Gul, S., & Ali, T. M. (2018). Community mental health services in Pakistan: Review study from Muslim world 2000-2015. *Psychology, Community & Health*, 7(1).
- Husain, N., Chaudhry, I. B., Afridi, M. A., Tomenson, B., & Creed, F. (2007). Life stress and depression in a tribal area of Pakistan. *The British Journal of Psychiatry*, 190(1), 36-41. doi:10.1192/bjp.bp.106.022913
- Holen, S., & Waagene, E. (2014). *Psykisk helse i skolen: Utdanningsdirektoratets spørreundersøkelse blant lærere, skoleledere og skoleeiere*. Oslo: Nordisk institutt for studier av innovasjon, forskning og utdanning
- Javan, F. D., Samadzadegan, F., Mehravar, S., Toosi, A., Khatami, R., & Stein, A. (2021). A review of image fusion techniques for pan-sharpening of high-resolution satellite imagery. *ISPRS Journal of Photogrammetry and Remote Sensing*, 171, 101-117.
- Knapstad, M., Sivertsen, B., Knudsen, A. K., Smith, O. R. F., Aarø, L. E., Lønning, K. J., & Skogen, J. C. (2021). Trends in self-reported psychological distress among college and university students from 2010 to 2018. *Psychological medicine*, 51(3), 470-478.
- Kohrt, B. A., Lu, F. G., Wu, E. Y., Hinton, D. E., Aggarwal, N. K., Parekh, R., ... & Lewis-Fernández, R. (2018). Caring for families separated by changing immigration policies and enforcement: A cultural psychiatry perspective. *Psychiatric Services*, 69(12), 1200-1203.
- Mannarini, S., Boffo, M., Rossi, A., and Balottin, L. (2018). Etiological beliefs, treatments, stigmatizing attitudes towards schizophrenia. What do Italians and Israeli think? *Front. Psychol.* 8:2289. doi: 10.3389/fpsyg.2017.02289
- Makowski, A. C., Mnich, E.E., Angermeyer, M.C. and Von Dem Knesebeck, O. (2016). Continuum beliefs in the stigma process regarding persons with schizophrenia and depression: results of path analyses. *PeerJ*, 4, e2360
- Prymachuk, S., & Welsby, H. (2017). Services for children and young people. In *Psychiatric and mental health nursing* (pp. 641-654). Routledge.

- Pescosolido, B. A., & Lafsdottir, S. O. (2013). Beyond dichotomies: Confronting the complexity of how and why individuals come or do not come to mental health care. *World Psychiatry: Official Journal of the World Psychiatric Association (WPA)*, 12(3), 269-271. doi:10.1002/wps.20072.
- Prins, S. J., Bates, L. M., Keyes, K. M., & Muntaner, C. (2015). Anxious? Depressed? You might be suffering from capitalism: contradictory class locations and the prevalence of depression and anxiety in the USA. *Sociology of health & illness*, 37(8), 1352-1372.
- Russell, A. J., Murphy, C. M., Wilson, E., Gillan, N., Brown, C., Robertson, D. M., ... & Murphy, D. G. (2016). The mental health of individuals referred for *assessment of autism spectrum disorder in adulthood: a clinic report. Autism*, 20(5), 623-627.
- Ratti, M. M., Rossi, A., Delli Zotti, G. B., Sarno, L., and Spotti, D. (2017). Social support, psychological distress and depression in hemodialysis patients. *Psicologia della Salute* 1, 112–122. doi: 10.3280/PDS2017-001006
- Reneflot, A., Aarø, L. E., Aase, H., Reichborn-Kjennerud, T., Tambs, K., & Retrieved (2018) from http://www2.nami.org/factsheets/mentalillness_factsheet.pdf.
- Smolar, M., Regan, M., Henn, C., Burton, R., Marsden, J., & Smolar, M. 2018-19 Policies and interventions to reduce gambling-related harms in England: protocol for a Public Health England e-Delphi consensus study.
- Thyloth, M., Singh, H., & Subramanian, V. (2016). Increasing burden of mental illness across the globe: Current status. *Indian Journal of Social Psychiatry*, 32, 254-256. doi:10.4103/0971-9962.193208
- WHO. (2018). mental health: Strengthen our response. Fact sheets. Retrieved from <https://www.who.int/en/news-room/fact-sheets/detail/mental-health-strengthening-our-response>.
- WHO. (2014). Health for the world's adolescents: A second chance in the second decade: Summary.

Wainberg, M. L., Scorza, P., Shultz, J. M., Helpman, L., Mootz, J. J., Johnson, K. A & Arbuckle, M. R. (2017). Challenges and opportunities in global mental health: a research-to-practice perspective. *Current psychiatry reports*, 19(5), 28.

Weiss, H. A., & Ferrand, R. A. (2019). Improving adolescent health: an evidence-based call to action. *The Lancet*, 393(10176), 1073-1075.

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