University Of Maryland, Baltimore County (UMBC)

HIT 750: Data Analytics

Professor: Dr. Isaac Mativo

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Paper on "Global Trends in Mental Health Disorders"

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Abstract

Around the world, millions of people are quietly battling mental health disorders—conditions that profoundly affect how we live, connect, and work. This study dives into a global dataset to explore how common these conditions are, how they've evolved over time. By analyzing patterns in conditions like depression, anxiety, and substance abuse, this paper offers insights into which region is most affected and where help is most needed. With this knowledge, we hope to support better care, smarter policies, and more open conversations about mental health.

Introduction

Mental health is an essential part of what makes us who we are. It shapes our ability to build relationships, handle stress, and contribute meaningfully to our communities. Despite growing awareness, far too many people still face their mental health struggles in silence. Lack of access to care, stigma, and social inequalities mean that even those with treatable conditions often go without help. This paper focuses on the global state of mental health, drawing on extensive data to understand which conditions are rising, which reagion is at risk, and how we can do better in supporting those in need.

Overview of the topic

Prevalence of Mental Disorders - Approximately 1 in every 8 people worldwide live with a mental disorder, highlighting the widespread impact of these conditions [2].

Mental Health and Society - Mental health is a crucial aspect of overall well-being, influencing people's ability to work, maintain relationships, and engage with their communities [1].

Burden of Untreated Mental Illnesses - Despite the existence of effective prevention and treatment options, a large proportion of affected individuals do not receive proper care due to barriers such as stigma, lack of resources, and poor-quality treatment [1,2] Nature of

Mental Disorders - Mental disorders involve significant disturbances in thinking, emotional regulation, and behavior, affecting an individual's daily functioning [2].

The Need for Reliable Data - Comprehensive data collection is crucial to understanding mental health trends, identifying risk factors, and improving access to effective treatments [1].

Variety of Mental Health Conditions - There are numerous types of mental disorders, including depression, anxiety, schizophrenia, and bipolar disorder, each with varying degrees of severity and impact [2].

Gender Disparities in Mental Health - Studies estimate that 1 in 3 women and 1 in 5 men will experience major depression at some point in their lives [1].

Public Perception and Stigma - Many individuals feel uncomfortable discussing their mental health symptoms, which can lead to underreporting and misrepresentation of the true prevalence of mental illnesses [1].

Importance of the Topic

Mental health disorders are a significant public health concern worldwide, affecting individuals' well-being, productivity, and societal engagement. Understanding global trends in these disorders is crucial for developing effective prevention and treatment strategies, allocating resources appropriately, and reducing the stigma associated with mental health issues. The increasing prevalence of mental health conditions necessitates a comprehensive analysis to inform policy-making and healthcare practices.

Dataset Overview

Origin and Authors:

i) The dataset titled "Global Trends in Mental Health Disorder" is available on Kaggle.

ii) Saloni Dattani, Lucas Rodés-Guirao, Hannah Ritchie and Max Roser (2023) - "Mental Health" Published online at OurWorldinData.org. Retrieved from: 'https://ourworldindata.org/mental-health' [Original Online Resource]

Contents of the Dataset:

The dataset provides global statistics on various mental health disorders across different countries and years [05]. It includes the following columns:

- Entity The country or region being analyzed.
- Code The standardized country code.
- Year The year of data collection.
- Schizophrenia (%) The percentage of the population diagnosed with schizophrenia.
- Bipolar Disorder (%) The percentage of individuals with bipolar disorder.
- Eating Disorders (%) The prevalence of eating disorders.
- Anxiety Disorders (%) The percentage of people experiencing anxiety disorders.
- Drug Use Disorders (%) The proportion of the population with substance abuse disorders.
- Depression (%) The prevalence of depression in the population.
- Alcohol Use Disorders (%) The percentage of individuals affected by alcohol-related disorders.

Relevance to the Topic

This dataset is crucial for analyzing global trends in mental health disorders, as it provides:

Chronological Data – Helping track changes in mental health prevalence over time.

Geographical Comparisons – Allowing insights into how mental health issues vary across different regions.

Multiple Disorders – Covering a range of mental health conditions to examine patterns and co-occurrence.

Policy and Intervention Insights – Supporting decision-making for governments and health organizations to improve mental health care.

Research Questions

This project aims to explore global trends in the prevalence of mental health disorders using a dataset titled "Global Trends in Mental Health Disorders" available on Kaggle. The focus is on identifying patterns of mental disorders such as depression, anxiety, schizophrenia, and substance abuse across various regions and over time.

- 1. How have the prevalence rates of major mental health disorders (e.g., depression, anxiety, schizophrenia) changed globally over the past decade?
- 2. Are there notable differences in the prevalence of mental health disorders across geographic regions?
- 3. What demographic factors contribute to the variation in mental health trends?

Dataset Analysis using "R" Programming Language

Install and Import necessary Libraries:

library(readr) # for reading data files

library(dplyr) # for data manipulation (filtering, grouping, summarizing)

library(ggplot2) # for creating data visualizations

library(tidyr) # for reshaping and tidying data (e.g., pivoting)

library(tidyverse) # for loading a collection of data science packages including ggplot2, dplyr, tidyr, etc. # for visualizing correlation matrices library(corrplot) library(sf) # for handling and analyzing spatial data library(rnaturalearth) # for downloading natural earth map data (country boundaries, etc.) library(rnaturalearthdata) # for providing the actual natural earth datasets used in mapping library(viridis) # for printer-friendly visualizations library(gridExtra) # for arranging multiple ggplot plots in a grid layout library(reshape2) # for reshaping data between wide and long formats (e.g., melt, dcast) # for combining multiple ggplot2 plots using a simple and intuitive library(patchwork) syntax library(knitr) # for creating tables from dataframe library(fmsb) # for creating Radar Chart

Load and Explore the dataset:

head(data)

```
Entity Code Year Schizophrenia.... Bipolar.disorder.... Eating.disorders....
index
   O Afghanistan AFG 1990
                                    0.16056
                                                         0.697779
                                                                              0.101855
   1 Afghanistan AFG 1991
                                    0.160312
                                                         0.697961
                                                                              0.099313
   2 Afghanistan AFG 1992
                                    0.160135
                                                         0.698107
                                                                              0.096692
   3 Afghanistan AFG 1993
                                    0.160037
                                                         0.698257
                                                                              0.094336
   4 Afghanistan AFG 1994
                                    0.160022
                                                         0.698469
                                                                              0.092439
   5 Afghanistan AFG 1995
                                    0.160076
                                                                               0.09098
                                                         0.698695
Anxiety.disorders.... Drug.use.disorders.... Depression.... Alcohol.use.disorders....
            4.828830
                                   1.677082
                                                  4.071831
                                                                            0.672404
            4.829740
                                   1.684746
                                                  4.079531
                                                                            0.671768
            4.831108
                                   1.694334
                                                  4.088358
                                                                            0.670644
            4.830864
                                   1.705320
                                                  4.096190
                                                                            0.669738
            4.829423
                                   1.716069
                                                  4.099582
                                                                            0.669260
            4.828337
                                                  4.104207
                                                                            0.668746
                                   1.728112
```

Fig 1: Top 6 rows of the Dataset

Fig 2 : Structure of the Dataset

1 1	/ear	avg_depression	avg_anxiety	avg_bipolar	avg_schizophrenia	avg_eating	avg_drug	avg_alcohol
1	:	:	:	:	:	:	:	:
1	1990	3.506289	3.957269	0.7153922	0.2095478	0.2217740	0.8082830	1.546533
1	1991	3.510948	3.960009	0.7157397	0.2095864	0.2220757	0.8134662	1.553500
1	1992	3.515033	3.962778	0.7160909	0.2096338	0.2224809	0.8186920	1.559927
1	1993	3.518531	3.965405	0.7164302	0.2096901	0.2230327	0.8237798	1.565611
1	1994	3.521437	3.967976	0.7167552	0.2097508	0.2237100	0.8283886	1.570127
1	1995	3.523328	3.970051	0.7170366	0.2098097	0.2245139	0.8323908	1.573533
1	1996	3.524659	3.972869	0.7172930	0.2098770	0.2255810	0.8371238	1.576549
1	1997	3.525602	3.977437	0.7175644	0.2099663	0.2269802	0.8432169	1.579598
1	1998	3.525968	3.982739	0.7178432	0.2100751	0.2285810	0.8496641	1.582334
1	1999	3.525664	3.987662	0.7181169	0.2101995	0.2302642	0.8552107	1.584450
1 2	2000	3.524262	3.990991	0.7183706	0.2103350	0.2318384	0.8588487	1.585654
2	2001	3.522087	3.993043	0.7185775	0.2105296	0.2335096	0.8611829	1.585276
2	2002	3.519421	3.995073	0.7187576	0.2108082	0.2354974	0.8632400	1.583544
2	2003	3.516446	3.997061	0.7189386	0.2111250	0.2376357	0.8651759	1.581495
2	2004	3.513080	3.998890	0.7191385	0.2114301	0.2397504	0.8668751	1.580094
2	2005	3.509253	4.000271	0.7193662	0.2116707	0.2416567	0.8683891	1.580366
	2006	3.502707		0.7196410	0.2119313			
	2007	3.492855		0.7199654	0.2122912			
	2008	3.482217	4.002786	0.7203141	0.2126851			1.600392
	2009	3.472895		0.7206438	0.2130459			
	2010	3.467328		0.7209067	0.2133062			
	2011	3.464513		0.7211227	0.2134968			
	2012	3.461950		0.7213507	0.2136963			
	2013	3.459763		0.7216035	0.2139001			
	2014	3.458056	4.003861	0.7218661	0.2141051			
	2015	3.456916	4.003509	0.7221378	0.2143100			
	2016	3.456299	4.002900	0.7224088	0.2145112			
2	2017	3.456795	4.002347	0.7226935	0.2147051	0.2628057	0.9035755	1.590201

Fig 3: Average Global Mental Disorder Rates (%) by year

able:	Average Disorder	Rates in the	United State	s by Year			
				avg_schizophrenia			
				:			
1990					0.468676		
1991						2.345466	
1992						2.339515	
1993						2.347095	
1994						2.365738	
1995						2.392582	
1996						2.456048	
1997						2.564591	
1998						2.688823	
1999						2.800595	
2000						2.869426	
2001					0.518306	2.905605	2.0435
2002						2.936109	
2003					0.526130		
2004	4.785232	6.968875	0.654313	0.341472	0.529332	2.983414	2.0667
2005	4.791258	6.965249	0.654228	0.341427	0.531157	2.998771	2.0702
2006	4.793213	6.937038	0.654080	0.341031	0.532178	3.000826	2.0634
2007	4.786623	6.875454	0.653896	0.340069	0.533067	2.989141	2.0456
2008	4.776402	6.801899	0.653691	0.338901	0.533768	2.974336	2.0239
2009	4.765950	6.737790	0.653468	0.337887	0.534175	2.966808	2.0057
2010	4.761551	6.704455	0.653247	0.337390	0.534076	2.977144	1.9984
2011	4.762322	6.693384	0.653008	0.337190	0.533199	3.007049	1.9995
2012	4.765481	6.682107	0.652748	0.336852	0.531514	3.052340	2.0019
2013	4.772422	6.671047	0.652479	0.336404	0.528946	3.110712	2.0058
2014	4.782222	6.660473	0.652195	0.335860	0.525990	3.181115	2.0113
2015	4.795954	6.650662	0.651890	0.335243	0.522109	3.262674	2.0187
2016	4.813114	6.642099	0.651569	0.334578	0.517728	3.353142	2.0282
2017	4.835610	6.635055	0.651236	0.333890	0.512844	3.452476	2.0400

Fig 4: Average Mental Disorder Rates (%) by year in United States

Data Cleaning:

```
> str(data)
'data.frame':
               6468 obs. of 11 variables:
$ index
                           : int 0123456789...
                                  "Afghanistan" "Afghanistan" "Afghanistan" ...
"AFG" "AFG" "AFG" "AFG" ...
 $ Entity
                           : chr
 $ Code
                           : chr
                                 1990 1991 1992 1993 1994 ...
 $ Year
                           : num
 $ Schizophrenia....
                          : num 0.161 0.16 0.16 0.16 0.16 ...
 $ Bipolar.disorder....
                         : num 0.698 0.698 0.698 0.698 0.698 ...
: num 0.1019 0.0993 0.0967 0.0943 0.0924 ...
 $ Eating.disorders....
 $ Anxiety.disorders....
                           : num 4.83 4.83 4.83 4.83 ...
 $ Drug.use.disorders....
                           : num 1.68 1.68 1.69 1.71 1.72 ...
 $ Depression....
                           : num 4.07 4.08 4.09 4.1 4.1 ...
```

Fig 5 : Datatype Conversion

<pre>> summary(data)</pre>				
index Entit	ty Code	Year	Schizophrenia	
Min. : 0 Length:6	6468 Length:6468	Min. :1990	Min. :0.1469	
1st Qu.:1617 Class :0	character Class:charact	er 1st Qu.:1997	1st Qu.:0.1815	
Median :3234 Mode :d	character Mode :charact	er Median :2004	Median :0.1996	
Mean :3234		Mean :2004	Mean :0.2116	
3rd Qu.:4850		3rd Qu.:2010	3rd Qu.:0.2364	
Max. :6467		Max. :2017	Max. :0.3751	
Bipolar.disorder Ea	ating.disorders Anxiet	y.disorders Dru	g.use.disorders	Depression
Min. :0.3145 Mi	in. :0.07391 Min.	:2.023 Min	:0.3836	Min. :2.140
1st Qu.:0.6155 1s	st Qu.:0.12239 1st Qu	.:3.189 1st	Qu.:0.5351	1st Qu.:3.006
Median :0.6931 Me	edian :0.18252	:3.554 Med	ian :0.7264	Median :3.500
Mean :0.7191 Me	ean :0.24000 Mean	:3.990 Mea	n :0.8623	Mean :3.498
3rd Qu.:0.8351 3r	rd Qu.:0.29267 3rd Qu	.:4.682 3rd	Qu.:0.9402	3rd Qu.:3.912
Max. :1.2066 Ma	ax. :0.94399 Max.	:8.967 Max	. :3.4525	Max. :6.603
Alcohol.use.disorders				
Min. :0.4469				
1st Qu.:0.9937				
Median :1.4799				
Mean :1.5858				
3rd Qu.:1.8678				
Max. :5.4747				

Fig 6: Statistical Summary of the dataset

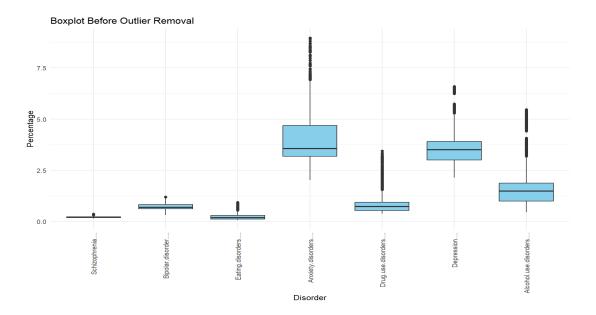


Fig 7: Boxplots before Outliers Removal

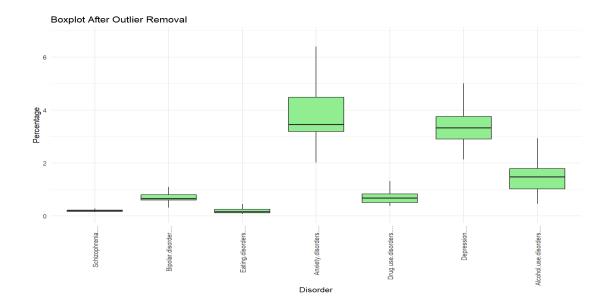


Fig 8: Boxplots after Outliers Removal

Exploratory Data Analysis:

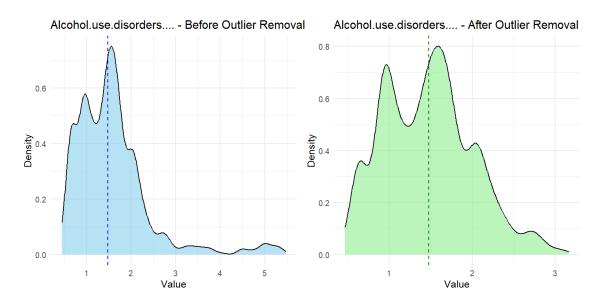


Fig 9: Density Plot for Alcohol use disorder rate, before and after Outliers Removal

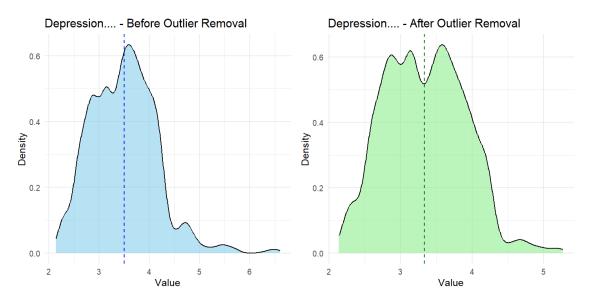


Fig 10: Density Plot for Depression rate, before and after Outliers Removal

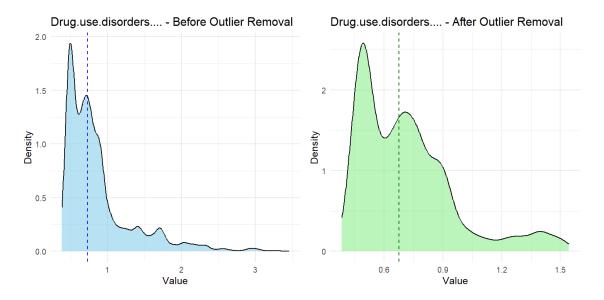


Fig 11: Density Plot for Drug use disorder rate, before and after Outliers Removal

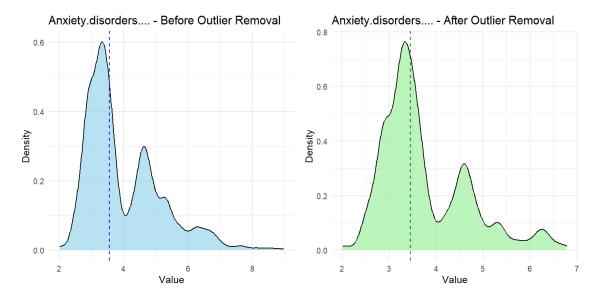


Fig 12: Density Plot for Anxiety disorder rate, before and after Outliers Removal

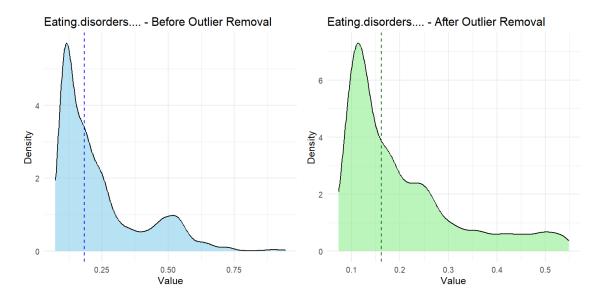


Fig 13: Density Plot for Eating disorder rate, before and after Outliers Removal

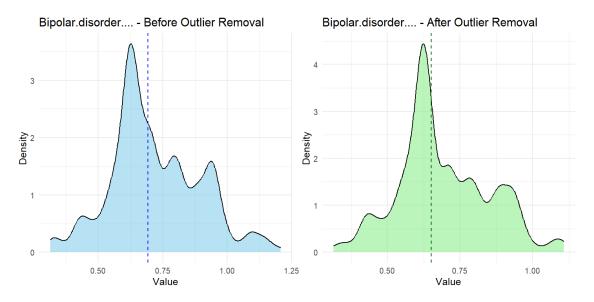


Fig 14: Density Plot for Bipolar disorder rate, before and after Outliers Removal

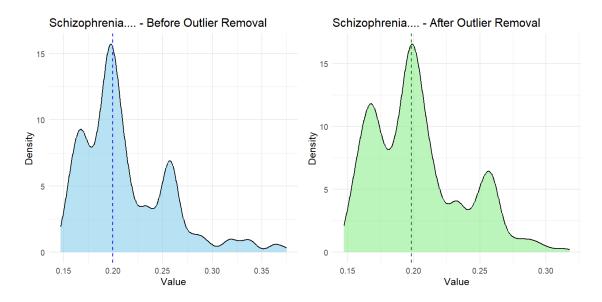


Fig 15: Density Plot for Schizophrenia rate, before and after Outliers Removal

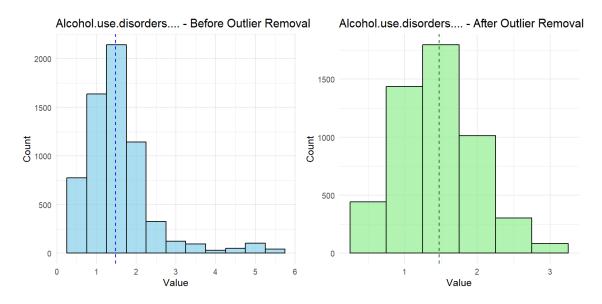


Fig 16: Histogram Distribution Plot for Alcohol use disorder rate, before and after

Outliers Removal

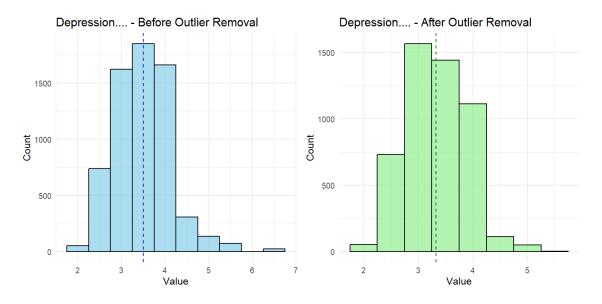


Fig 17 : Histogram Distribution Plot for Depression rate, before and after Outliers

Removal

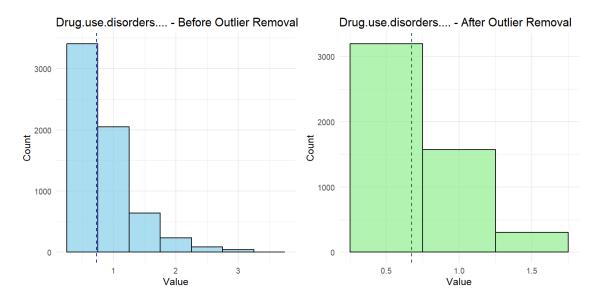


Fig 18: Histogram Distribution Plot for Drug use disorder rate, before and after Outliers Removal

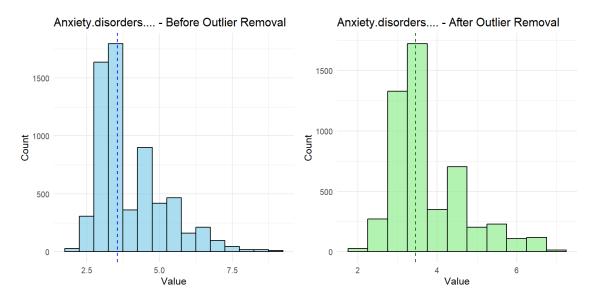


Fig 19: Histogram Distribution Plot for Anxiety disorder rate, before and after Outliers

Removal

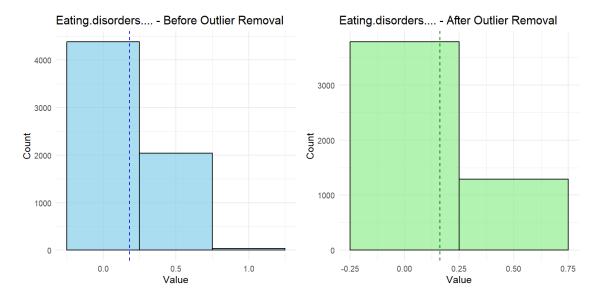


Fig 20 : Histogram Distribution Plot for Eating disorder rate, before and after Outliers

Removal

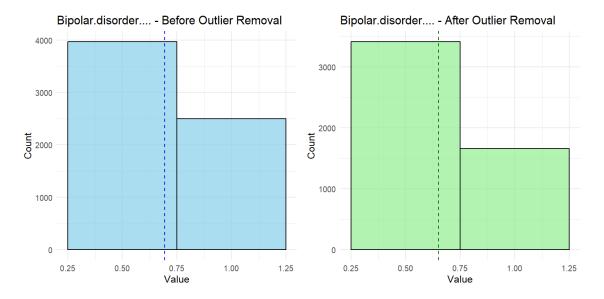


Fig 21 : Histogram Distribution Plot for Bipolar disorder rate, before and after Outliers

Removal

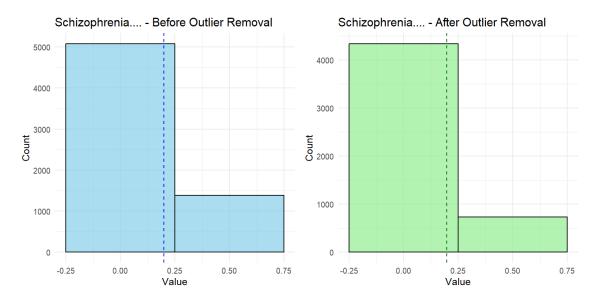


Fig 22 : Histogram Distribution Plot for Schizophrenia rate, before and after Outliers

Removal

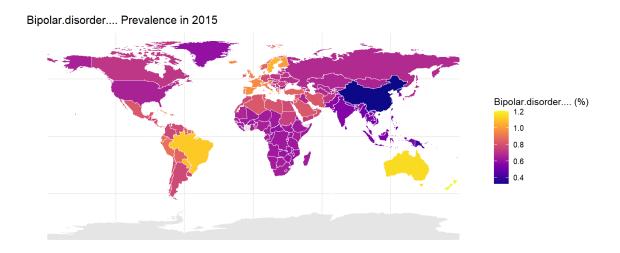


Fig 23: Global Distribution for Bipolar disorder rate in 2015

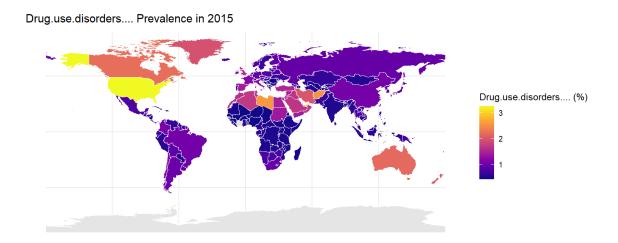


Fig 24: Global Distribution for Drug use disorder rate in 2015

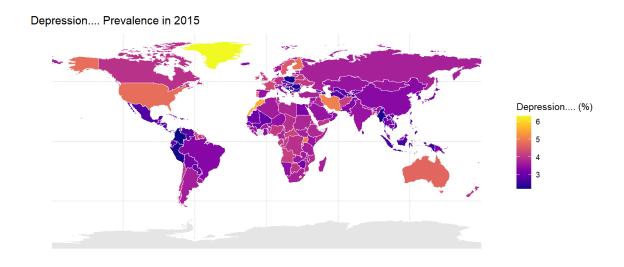


Fig 25 : Global Distribution for Depression rate in 2015

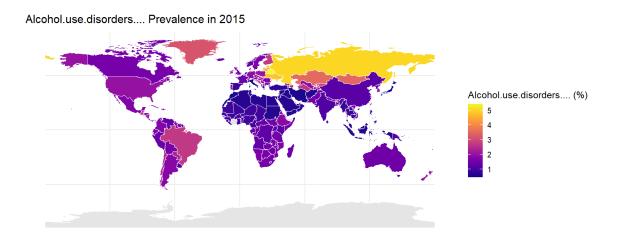


Fig 26: Global Distribution for Alcohol use disorder rate in 2015

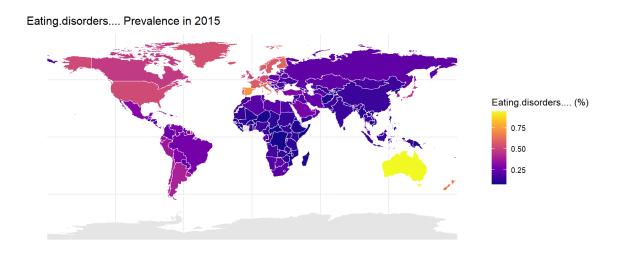


Fig 27: Global Distribution for Eating disorder rate in 2015

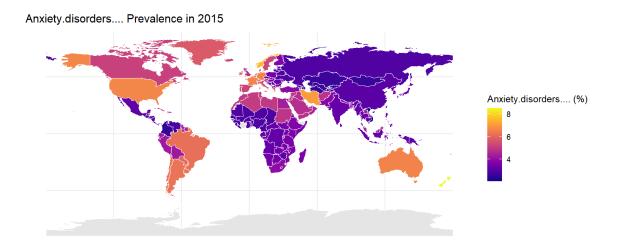


Fig 28: Global Distribution for Anxiety disorder rate in 2015

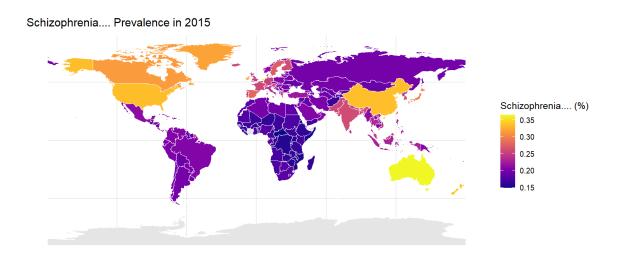


Fig 29: Global Distribution for Schizophrenia rate in 2015

Average Global Disorder Rates (2017)

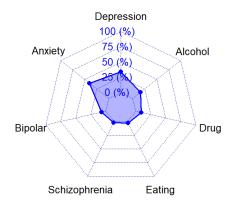


Fig 30 : Radar Chart for Average Mental Global Disorder rates in 2017

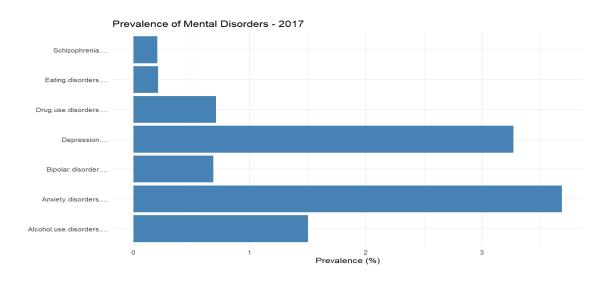


Fig 31: Bar Graph for Average Global Mental Disorder rates in 2017

Time Series Analysis to identify trends and patterns:

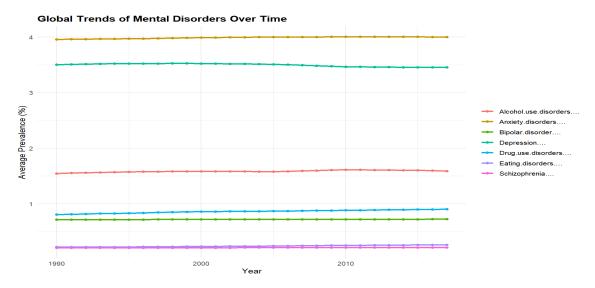


Fig 32 : Line Plot for the distribution of Average Global Mental Disorder rates over time

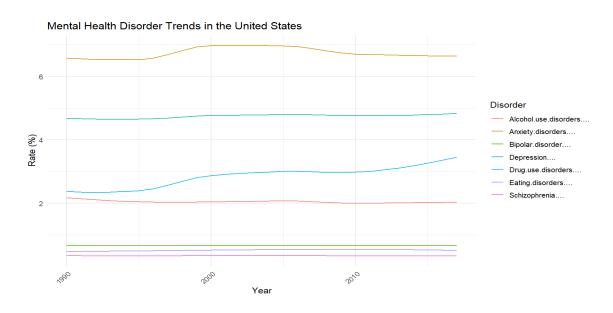


Fig 33 : Line Plot for the distribution of Mental Disorder rates over time in United States

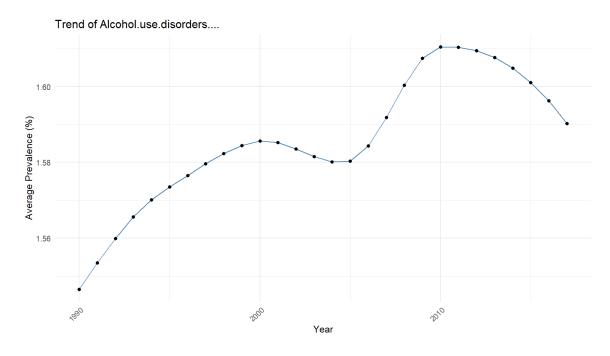


Fig 34: Time Series Analysis on Global Alcohol use disorder rates

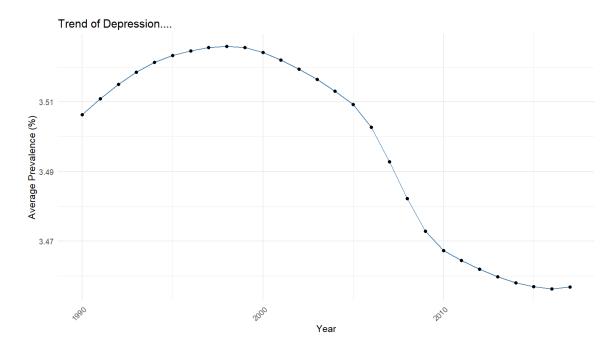


Fig 35 : Time Series Analysis on Global Depression rates

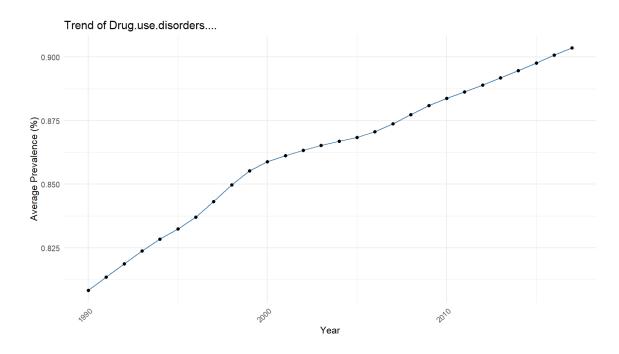


Fig 36: Time Series Analysis on Global Drug use disorder rates

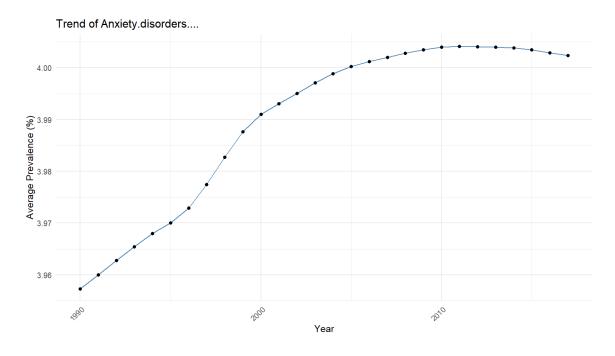


Fig 37: Time Series Analysis on Global Anxiety disorder rates

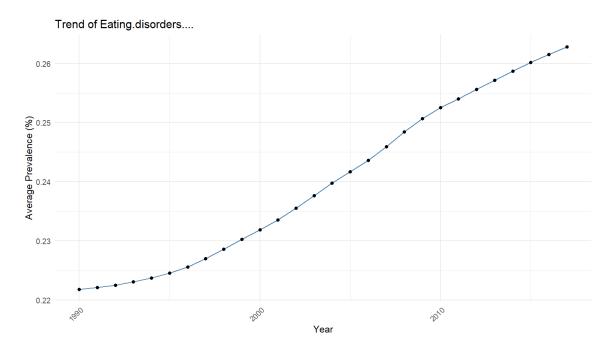


Fig 38: Time Series Analysis on Global Eating disorder rates

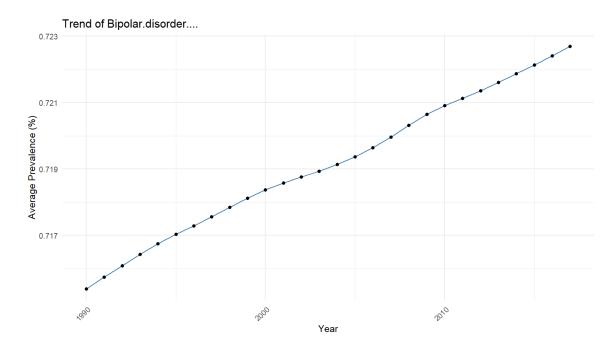


Fig 39: Time Series Analysis on Global Bipolar disorder rates

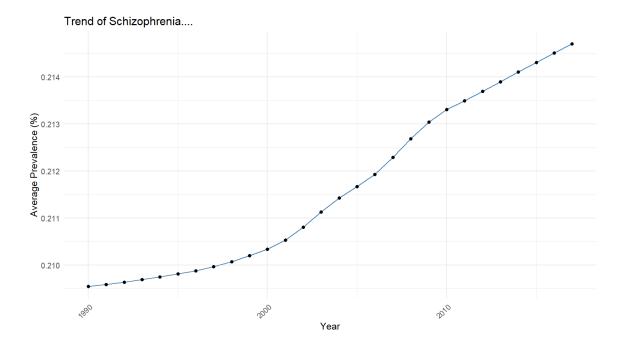


Fig 40: Time Series Analysis on Global Schizophrenia disorder rates

Correlation Analysis:

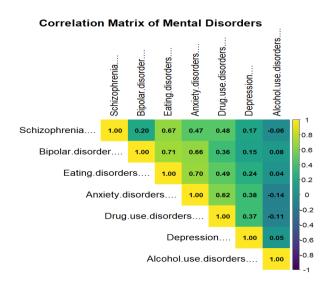


Fig 41: Correlation Analysis on Global disorder rates

Key Insights and Policy Recommendations:

i) Schizophrenia - Rates are slightly increasing but in minor increments globally. Resource allocation may focus more on chronic care than screening. Needs medication access, and

long-term support infrastructure, community-based psychiatric care and support services. Mostly reported in Netherlands and Australia.

- *ii) Bipolar Disorder -* Regional studies could help in addressing localized spikes, these rates are especially highest in South America, Europe, and Oceania.
- iii) Eating Disorder Rates are high in high-income Western regions and Australia.Awareness programs are vital.
- *iv) Anxiety Disorders* Considered a high-burden disorder with considerable variation. Mental health systems should be strengthened, especially in Oceania, Middle East, and the America. Rates are highest in New Zealand and Northern Ireland.
- v) Drug Use Disorders Certain countries, like North America and parts of the Middle East, likely inflate the global average. Policies should be tailored to national substance use patterns. Rates are notably high in the United States, and Canada.
- *vi) Depression* Policies should be prioritized for universal screening and prevention policies. Rates are high prevalence in the developed nations. This disorder is most common in Greenland and Morocco.
- vii) Alcohol Use Disorders Cultural and regional variability significant. Policies should be adaptive. Rates are significantly high in Eastern Europe and parts of Latin America, highest in Russia.

Conclusion

Eating disorders show strong correlations with both bipolar disorder and anxiety disorders. This means people with eating disorders often also struggle with mood swings or anxiety. So, treatment should focus on all these problems together. Mental health disorders show a rising global trend, with higher prevalence in high-income and Western countries due to lifestyle stress, and cultural influences [3, 4]. Universal screening and early intervention are essential for addressing depression and anxiety effectively. Substance abuse policies must be culturally and regionally tailored, considering differing norms and usage patterns. Women are disproportionately affected by depression, anxiety, and eating disorders, while men show higher prevalence in substance-related disorders [1]. There is an urgent global need for increased awareness, adaptive regional policies, and sustained investment in mental health infrastructure—especially in strengthening community-based services for long-term care and support [2].

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