Key facts

- **1 in every 8 people in the world live with a mental disorder**
- **Mental disorders involve significant disturbances in thinking, emotional regulation, or behaviour**
- **There are many different types of mental disorders**
- **Effective prevention and treatment options exist**
- **Most people do not have access to effective care**

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 health conditions. The latter is a broader term covering mental disorders, psychosocial disabilities and (other) 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

In 2019, 301 million people were living with an anxiety disorder including 58 million children and adolescents (1). Anxiety disorders are characterised by excessive fear and worry and related behavioural disturbances. Symptoms are severe enough to result in significant distress or significant impairment in functioning. There are several different kinds of anxiety disorders, such as: generalised anxiety disorder (characterised by excessive worry), panic disorder (characterised by panic attacks), social anxiety 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

In 2019, 280 million people were living with depression, including 23 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

In 2019, 40 million people experienced bipolar disorder (1). People with 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 activity or energy, and other symptoms such as increased talkativeness, racing thoughts, 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, reduction of stress and strengthening of social functioning, and medication.

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 events in the present (intrusive memories, flashbacks, or nightmares); 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

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. Symptoms may include persistent delusions, hallucinations, disorganised thinking, highly disorganised 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

In 2019, 14 million people experienced eating disorders including almost 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 disorders

40 million people, including children and adolescents, were living with conduct-dissocial disorder in 2019 (1). This 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 persistent behaviour problems such as persistently defiant or disobedient to behaviours that 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

Neurodevelopmental disorders are behavioural and cognitive disorders, that? arise during the developmental period, and involve significant difficulties in the acquisition and execution of specific intellectual, motor, language, or social functions.

Neurodevelopmental disorders include disorders of intellectual development, autism spectrum disorder, and attention deficit hyperactivity disorder (ADHD) amongst others. ADHD is characterised by a persistent pattern of inattention

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 and reciprocal social interaction, 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 support

Health 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 health care (6).

People with mental disorders also require social support, including 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 response

WHO's Comprehensive Mental Health Action Plan 2013-2030 recognizes the essential role of mental health in achieving 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; and**
- **to strengthen information systems, evidence, and research for 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 settings on assessment and management of mental disorders.

References

(1) Institute of Health Metrics and Evaluation. Global Health Data Exchange (GHDx), (https://vizhub.healthdata.org/gbd-results/, accessed 14 May 2022).

(2) Mental Health and COVID-19: Early evidence of the pandemic's impact. Geneva: World Health 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.

Key facts

- **Autism – also referred to as autism spectrum disorder - constitutes a diverse group of conditions related to development of the brain.**
- **About 1 in 100 children has autism.**
- **Characteristics may be detected in early childhood, but autism is often not diagnosed until much later.**
- **The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support.**
- **Evidence-based psychosocial interventions can improve communication and social skills, with a positive impact on the well-being and quality of life of both autistic people and their caregivers.**
- **Care for people with autism needs to be accompanied by actions at community and societal levels for greater accessibility, inclusivity and support.**

Overview

Autism spectrum disorders (ASD) are a diverse group of conditions. They are characterized by some degree of difficulty with social interaction and communication. Other characteristics are atypical patterns of activities and behaviours, such as difficulty with transition from one activity to another, a focus on details and unusual reactions to sensations.

The abilities and needs of autistic people vary and can evolve over time. While some people with autism can live independently, others have severe disabilities and require life-long care and support. Autism often has an impact on education and employment opportunities. In addition, the demands on families providing care and support can be significant. Societal attitudes and the level of support provided by local and national authorities are important factors determining the quality of life of people with autism.

Characteristics of autism may be detected in early childhood, but autism is often not diagnosed until much later.

People with autism often have co-occurring conditions, including epilepsy, depression, anxiety and attention deficit hyperactivity disorder as well as challenging behaviours such as difficulty sleeping and self-injury. The level of intellectual functioning among autistic people varies widely, extending from profound impairment to superior levels.

Epidemiology

It is estimated that worldwide about 1 in 100 children has autism *(1)*. This estimate represents an average figure, and reported prevalence varies substantially across

studies. Some well-controlled studies have, however, reported figures that are substantially higher. The prevalence of autism in many low- and middle-income countries is unknown.

Causes

Available scientific evidence suggests that there are probably many factors that make a child more likely to have autism, including environmental and genetic factors.

Extensive research using a variety of different methods and conducted over many years has demonstrated that the measles, mumps and rubella vaccine does not cause autism. Studies that were interpreted as indicating any such link were flawed, and some of the authors had undeclared biases that influenced what they reported about their research *(2,3,4)*.

Evidence also shows that other childhood vaccines do not increase the risk of autism. Extensive research into the preservative thiomersal and the additive aluminium that are contained in some inactivated vaccines strongly concluded that these constituents in childhood vaccines do not increase the risk of autism.

Assessment and care

A broad range of interventions, from early childhood and across the life span, can optimize the development, health, well-being and quality of life of autistic people. Timely access to early evidence-based psychosocial interventions can improve the ability of autistic children to communicate effectively and interact socially. The monitoring of child development as part of routine maternal and child health care is recommended.

It is important that, once autism has been diagnosed, children, adolescents and adults with autism and their carers are offered relevant information, services, referrals, and practical support, in accordance with their individual and evolving needs and preferences.

The health-care needs of people with autism are complex and require a range of integrated services, that include health promotion, care and rehabilitation. Collaboration between the health sector and other sectors, particularly education, employment and social care, is important.

Interventions for people with autism and other developmental disabilities need to be designed and delivered with the participation of people living with these conditions. Care needs to be accompanied by actions at community and societal levels for greater accessibility, inclusivity and support.

Human rights

All people, including people with autism, have the right to the enjoyment of the highest attainable standard of physical and mental health.

And yet, autistic people are often subject to stigma and discrimination, including unjust deprivation of health care, education and opportunities to engage and participate in their communities.

People with autism have the same health problems as the general population. However, they may, in addition, have specific health-care needs related to autism or other co-occurring conditions. They may be more vulnerable to developing chronic noncommunicable conditions because of behavioural risk factors such as physical inactivity and poor dietary preferences, and are at greater risk of violence, injury and abuse.

People with autism require accessible health services for general health-care needs like the rest of the population, including promotive and preventive services and treatment of acute and chronic illness. Nevertheless, autistic people have higher rates of unmet health-care needs compared with the general population. They are also more vulnerable during humanitarian emergencies. A common barrier is created by health-care providers' inadequate knowledge and understanding of autism.

WHO resolution on autism spectrum disorders

In May 2014, the Sixty-seventh World Health Assembly adopted a resolution entitled Comprehensive and coordinated efforts for the management of autism spectrum disorders, which was supported by more than 60 countries.

The resolution urges WHO to collaborate with Member States and partner agencies to strengthen national capacities to address ASD and other developmental disabilities.

WHO response

WHO and partners recognize the need to strengthen countries' abilities to promote the optimal health and well-being of all people with autism.

WHO's efforts focus on:

- increasing the commitment of governments to taking action to improve the quality of life of people with autism;
- providing guidance on policies and action plans that address autism within the broader framework of health, mental and brain health and disabilities;

- contributing to strengthening the ability of the health workforce to provide appropriate and effective care and promote optimal standards of health and well-being for people with autism; and
- promoting inclusive and enabling environments for people with autism and other developmental disabilities and providing support to their caregivers.

WHO *Comprehensive mental health action plan 2013–2030* and World Health Assembly Resolution WHA73.10 for "global actions on epilepsy and other neurological disorders" calls on countries to address the current significant gaps in early detection, care, treatment and rehabilitation for mental and neurodevelopmental conditions, which include autism. It also calls for counties to address the social, economic, educational and inclusion needs of people living with mental and neurological disorders, and their families, and to improve surveillance and relevant research.

References

1. Global prevalence of autism: A systematic review update. Zeidan J et al. Autism Research 2022 March.

2. Wakefield's affair: 12 years of uncertainty whereas no link between autism and MMR vaccine has been proved. Maisonneuve H, Floret D. Presse Med. 2012 Sep; French (https://www.ncbi.nlm.nih.gov/pubmed/22748860).

3. Lancet retracts Wakefield's MMR paper. Dyer C. BMJ 2010;340:c696. 2 February 2010 (https://pubmed.ncbi.nlm.nih.gov/20124366/)

4. Kmietowicz Z. Wakefield is struck off for the "serious and wide-ranging findings against him" BMJ 2010; 340 :c2803 doi:10.1136/bmj.c2803 (https://www.bmj.com/content/340/bmj.c2803)

Key facts

- **Currently more than 55 million people have dementia worldwide, over 60% of whom live in low-and middle-income countries. Every year, there are nearly 10 million new cases.**
- **Dementia results from a variety of diseases and injuries that affect the brain. Alzheimer disease is the most common form of dementia and may contribute to 60–70% of cases.**

- **Dementia is currently the seventh leading cause of death and one of the major causes of disability and dependency among older people globally.**
- **In 2019, dementia cost economies globally US$ 1.3 trillion, approximately 50% of these costs are attributable to care provided by informal carers (e.g. family members and close friends), who provide on average 5 hours of care and supervision per day.**
- **Women are disproportionately affected by dementia, both directly and indirectly. Women experience higher disability-adjusted life years and mortality due to dementia, but also provide 70% of care hours for people living with dementia.**

Overview

Dementia is a term for several diseases that affect memory, thinking, and the ability to perform daily activities.

The illness gets worse over time. It mainly affects older people but not all people will get it as they age.

Things that increase the risk of developing dementia include:

- age (more common in those 65 or older)
- high blood pressure (hypertension)
- high blood sugar (diabetes)
- being overweight or obese
- smoking
- drinking too much alcohol
- being physically inactive
- being socially isolated
- depression.

Dementia is a syndrome that can be caused by a number of diseases which over time destroy nerve cells and damage the brain, typically leading to deterioration in cognitive function (i.e. the ability to process thought) beyond what might be expected from the usual consequences of biological ageing. While consciousness is not affected, the impairment in cognitive function is commonly accompanied, and occasionally preceded, by changes in mood, emotional control, behaviour, or motivation.

Dementia has physical, psychological, social and economic impacts, not only for people living with dementia, but also for their carers, families and society at large. There

is often a lack of awareness and understanding of dementia, resulting in stigmatization and barriers to diagnosis and care.

Signs and symptoms

Changes in mood and behaviour sometimes happen even before memory problems occur. Symptoms get worse over time. Eventually, most people with dementia will need others to help with daily activities.

Early signs and symptoms are:

- forgetting things or recent events
- losing or misplacing things
- getting lost when walking or driving
- being confused, even in familiar places
- losing track of time
- difficulties solving problems or making decisions
- problems following conversations or trouble finding words
- difficulties performing familiar tasks
- misjudging distances to objects visually.

Common changes in mood and behaviour include:

- feeling anxious, sad, or angry about memory loss
- personality changes
- inappropriate behaviour
- withdrawal from work or social activities
- being less interested in other people's emotions.

Dementia affects each person in a different way, depending upon the underlying causes, other health conditions and the person's cognitive functioning before becoming ill.

Most symptoms become worse over time, while others might disappear or only occur in the later stages of dementia. As the disease progresses, the need for help with personal care increases. People with dementia may not be able to recognize family members or friends, develop difficulties moving around, lose control over their bladder and bowls, have trouble eating and drinking and experience behaviour changes such as aggression that are distressing to the person with dementia as well as those around them.

Common forms of dementia

Dementia is caused by many different diseases or injuries that directly and indirectly damage the brain. Alzheimer disease is the most common form and may contribute to 60–70% of cases. Other forms include vascular dementia, dementia with Lewy bodies (abnormal deposits of protein inside nerve cells), and a group of diseases that contribute to frontotemporal dementia (degeneration of the frontal lobe of the brain). Dementia may also develop after a stroke or in the context of certain infections such as HIV, as a result of harmful use of alcohol, repetitive physical injuries to the brain (known as chronic traumatic encephalopathy) or nutritional deficiencies. The boundaries between different forms of dementia are indistinct and mixed forms often co-exist.

Treatment and care

There is no cure for dementia, but a lot can be done to support both people living with the illness and those who care for them.

People with dementia can take steps to maintain their quality of life and promote their well-being by:

- being physically active
- taking part in activities and social interactions that stimulate the brain and maintain daily function.

In addition, some medications can help manage dementia symptoms:

- Cholinesterase inhibitors like donepezil are used to treat Alzheimer disease.
- NMDA receptor antagonists like memantine are used for severe Alzheimer disease and vascular dementia.
- Medicines to control blood pressure and cholesterol can prevent additional damage to the brain due to vascular dementia.
- Selective serotonin reuptake inhibitors (SSRIs) can help with severe symptoms of depression in people living with dementia if lifestyle and social changes don't work, but these should not be the first option.

If people living with dementia are at risk of hurting themselves or others, medicines like haloperidol and risperidone can help, but these should never be used as the first treatment

Self-care

For those diagnosed with dementia, there are things that can help manage symptoms:

- Stay physically active.

- Eat healthily.
- Stop smoking and drinking alcohol.
- Get regular check-ups with your doctor.
- Write down everyday tasks and appointments to help you remember important things.
- Keep up your hobbies and do things that you enjoy.
- Try new ways to keep your mind active.
- Spend time with friends and family and engage in community life.

Plan ahead of time. Over time, it may be harder to make important decisions for yourself or your finances:

- Identify people you trust to support you in making decisions and help you communicate your choices.
- Create an advance plan to tell people what your choices and preferences are for care and support.
- Bring your ID with your address and emergency contacts when leaving the house.
- Reach out to family and friends for help.
- Talk to people you know about how they can help you.
- Join a local support group.

It is important to recognize that providing care and support for a person living with dementia can be challenging, impacting the carer's own health and well-being. As someone supporting a person living with dementia, reach out to family members, friends, and professionals for help. Take regular breaks and look after yourself. Try stress management techniques such as mindfulness-based exercises and seek professional help and guidance if needed.

Risk factors and prevention

Although age is the strongest known risk factor for dementia, it is not an inevitable consequence of biological ageing. Further, dementia does not exclusively affect older people – young onset dementia (defined as the onset of symptoms before the age of 65 years) accounts for up to 9% of cases. Studies show that people can reduce their risk of cognitive decline and dementia by being physically active, not smoking, avoiding harmful use of alcohol, controlling their weight, eating a healthy diet, and maintaining healthy blood pressure, cholesterol and blood sugar levels. Additional risk factors

include depression, social isolation, low educational attainment, cognitive inactivity and air pollution.

Human rights

Unfortunately, people living with dementia are frequently denied the basic rights and freedoms available to others. In many countries, physical and chemical restraints are used extensively in care homes for older people and in acute-care settings, even when regulations are in place to uphold the rights of people to freedom and choice.

An appropriate and supportive legislative environment based on internationally-accepted human rights standards is required to ensure the highest quality of care for people with dementia and their carers.

WHO response

WHO recognizes dementia as a public health priority. In May 2017, the World Health Assembly endorsed the Global action plan on the public health response to dementia 2017-2025. The Plan provides a comprehensive blueprint for action – for policy-makers, international, regional and national partners, and WHO in the following areas: addressing dementia as a public health priority; increasing awareness of dementia and creating a dementia-inclusive society; reducing the risk of dementia; diagnosis, treatment and care; information systems for dementia; support for dementia carers; and, research and innovation

To facilitate the monitoring of the global dementia action plan, WHO developed the Global Dementia Observatory (GDO), a data portal that collates country data on 35 key dementia indicators across the global action plan's seven strategic areas. As a complement to the GDO, WHO launched the GDO Knowledge Exchange Platform, which is a repository of good practices examples in the area of dementia with the goal of fostering mutual learning and multi-directional exchange between regions, countries and individuals to facilitate action globally.

Key facts

- **Schizophrenia causes psychosis and is associated with considerable disability and may affect all areas of life including personal, family, social, educational, and occupational functioning.**
- **Stigma, discrimination, and violation of human rights of people with schizophrenia are common.**

- **More than two out of three people with psychosis in the world do not receive specialist mental health care.**
- **A range of effective care options for people with schizophrenia exist and at least one in three people with schizophrenia will be able to fully recover.**

Symptoms

Schizophrenia is characterised by significant impairments in the way reality is perceived and changes in behaviour related to:

- persistent delusions: the person has fixed beliefs that something is true, despite evidence to the contrary;
- persistent hallucinations: the person may hear, smell, see, touch, or feel things that are not there;
- experiences of influence, control or passivity: the experience that one's feelings, impulses, actions, or thoughts are not generated by oneself, are being placed in one's mind or withdrawn from one's mind by others, or that one's thoughts are being broadcast to others;
- disorganized thinking, which is often observed as jumbled or irrelevant speech;
- highly disorganised behaviour e.g. the person does things that appear bizarre or purposeless, or the person has unpredictable or inappropriate emotional responses that interfere with their ability to organise their behaviour;
- "negative symptoms" such as very limited speech, restricted experience and expression of emotions, inability to experience interest or pleasure, and social withdrawal; and/or
- extreme agitation or slowing of movements, maintenance of unusual postures.

People with schizophrenia often also experience persistent difficulties with their cognitive or thinking skills, such as memory, attention, and problem-solving.

At least one third of people with schizophrenia experiences complete remission of symptoms (1). Some people with schizophrenia experience worsening and remission of symptoms periodically throughout their lives, others a gradual worsening of symptoms over time.

Magnitude and impact

Schizophrenia affects approximately 24 million people or 1 in 300 people (0.32%) worldwide. This rate is 1 in 222 people (0.45%) among adults (2). It is not as common as many other mental disorders. Onset is most often during late adolescence and the twenties, and onset tends to happen earlier among men than among women.

Schizophrenia is frequently associated with significant distress and impairment in personal, family, social, educational, occupational, and other important areas of life.

People with schizophrenia are 2 to 3 times more likely to die early than the general population (3). This is often due to physical illnesses, such as cardiovascular, metabolic, and infectious diseases.

People with schizophrenia often experience human rights violations both inside mental health institutions and in community settings. Stigma against people with this condition is intense and widespread, causing social exclusion, and impacting their relationships with others, including family and friends. This contributes to discrimination, which in turn can limit access to general health care, education, housing, and employment.

During humanitarian and public health emergencies, extreme stress and fear, breakdown of social supports, isolation and disruption of health-care services and supply of medication can occur. These changes can have an impact on the lives of people with schizophrenia, such as exacerbation of existing symptoms. During emergencies, people with schizophrenia are more vulnerable than others to various human rights violations, including neglect, abandonment, homelessness, abuse and exclusion.

Causes of schizophrenia

Research has not identified one single cause of schizophrenia. It is thought that an interaction between genes and a range of environmental factors may cause schizophrenia. Psychosocial factors may also affect the onset and course of schizophrenia. Heavy use of cannabis is associated with an elevated risk of the disorder.

Services

Currently, the vast majority of people with schizophrenia around the world are not receiving mental health care. Approximately 50% of people in mental hospitals have a schizophrenia diagnosis (4). Only 31.3% of people with psychosis receive specialist mental health care (5). Most resources for mental health services are inefficiently spent on care within mental hospitals.

There is clear evidence that mental hospitals are not effective in providing the care that people with mental health conditions need and, regularly, violate the basic human rights of persons with schizophrenia. Efforts to transfer care from mental health institutions to the community need to be expanded and accelerated. Such efforts start with the development of a range of quality community-based mental health services. Options for community-based mental health care include integration in primary health and general hospital care, community mental health centres, day centres, supported housing, and outreach services for home-based support. The engagement of the person

with schizophrenia, family members and the wider community in providing support is important.

Management and support

A range of effective care options for people with schizophrenia exist, and these include medication, psychoeducation, family interventions, cognitive-behavioural therapy and psychosocial rehabilitation (e.g., life skills training). Facilitated assisted living, supported housing and supported employment are essential care options that should be available for people with schizophrenia. A recovery-oriented approach – giving people agency in treatment decisions – is essential for people with schizophrenia and for their families and/or caregivers as well.

WHO response

WHO's Comprehensive Mental Health Action Plan 2013-2030 highlights the steps required to provide appropriate services for people with mental disorders including schizophrenia. A key recommendation of the Action Plan is to shift services from institutions to the community. The WHO Special Initiative for Mental Health aims to further progress towards objectives of the Comprehensive Mental Health Action Plan 2013-2030 by ensuring 100 million more people have access to quality and affordable care for mental health conditions.

WHO's Mental Health Gap Action Programme (mhGAP) uses evidence-based technical guidance, tools and training packages to expand service in countries, especially in resource-poor settings. It focuses on a prioritized set of conditions, including psychosis, directing capacity building towards non-specialized health-care providers in an integrated approach that promotes mental health at all levels of care. Currently mhGAP is being implemented in more than 100 WHO Member States.

The WHO QualityRights Project involves improving the quality of care and human rights conditions in mental health and social care facilities and to empower organizations to advocate for the health of people with mental health conditions and psychosocial disabilities.

The WHO guidance on community mental health services and person-centred and rights-based approaches provides information and support to all stakeholders who wish to develop or transform their mental health system and services to align with international human rights standards including the UN Convention on the Rights of Persons with Disabilities.

References

(1) Harrison G, Hopper K, Craig T, Laska E, Siegel C, Wanderling J. Recovery from psychotic illness: a 15- and 25-year international follow-up study. Br J Psychiatry 2001;178:506-17.

(2) Institute of health Metrics and Evaluation (IHME). Global Health Data Exchange (GHDx). http://ghdx.healthdata.org/gbd-results-tool?params=gbd-api-2019-permalink/27a7644e8ad28e739382d31e77589dd7 (Accessed 25 September 2021)

(3) Laursen TM, Nordentoft M, Mortensen PB. Excess early mortality in schizophrenia. *Annual Review of Clinical Psychology*, 2014;10, 425-438.

(4) WHO. Mental health systems in selected low- and middle-income countries: a WHO-AIMS cross-national analysis. WHO: Geneva, 2009

(5) Jaeschke K et al. Global estimates of service coverage for severe mental disorders: findings from the WHO Mental Health Atlas 2017 *Glob Ment Health* 2021;8:e27.