Challenges of Mental Health

[Author Name(s), First M. Last, Omit Titles and Degrees]

[Institutional Affiliation(s)]

Author Note

[Include any grant/funding information and a complete correspondence address.]

**Challenges of Mental Health**

There has been an extraordinary increase in the number of mental disorders worldwide, the mainstream being placed in low‐income republics with inadequate resources in mental health maintenance. This paper reflects existing and current challenges for the increase in mental health disorders, counting expansions in research, theoretical models, communal and mental health interferences, and policy. A preceding examination displayed that mental health facility customers experienced deep loneliness, struggled to communicate with other individuals, and was cautious in thinking what to share with health‐care specialists (Ådnøy Eriksen, Arman, Davidson, Sundfør, & Karlsson, 2014). Being acknowledged by specialists in relations may subsidize to recovery processes categorized by connectedness, hopefulness and positivity, individuality, importance, and empowerment.

The studies have shown that individuals with mental health problems have least interactions with the people in the surroundings. It has also observed that patients seeking services of mental health problems to specialists have a faster recovery as compared to the others (Brådvik, 2018). These interactions promote recovery in persons with severe mental health disorders. Patients diagnosed with mental health disorders such as anxiety, depression, schizophrenia, and post-traumatic stress disorders observed with loneliness and isolation. They have the least connection with the societies and communities. The mental health disorders and diseases usually face these challenges to encounter in healthcare facilities worldwide. Interactions with the family and surroundings have a strong impact on the management of depression and anxiety disorders. People with schizophrenia often observed to be scared of people as they think that people are trying to control them.

Mental health problems in teenagers are snowballing day by day. It is suggested to initiate an evidence-based program for youth and children at universities and institutions to have better health of children. Other challenges include the association of mental health problems with socio-economic status and no access to healthcare facilities. This requires the initiation of cognitive-behavioral rehabilitation such as in societies where underprivileged children have minimum access to attend schools and colleges. The need for these interventions is recommended based on areas identified with higher proportions of low socio-economic problems. For example, the low socio-economic status is directly linked with an adaptation of isolation and loneliness (Okkels, Kristiansen, Munk-Jørgensen, & Sartorius, 2018). These areas have higher proportions of adaptation of bad and impaired behaviors in adults.

Child abuse, substance abuse, and other kinds of mental health problems are more prevalent in the areas of low socioeconomic status. It is avoidable and preventable by engaging community associates to recruit healthy behavioral courses at the community level for the advancement and recovery of mental health problems among adults. The mental health problems are associated with minimum access to health care services such as patients with depression and other mental health disorders who need regular care and sessions with the consultants. This is mandatory to acquire good behaviors and get recovery from mental health disorders (Zeanah, 2018). Unfortunately, individuals with less access to healthcare services usually develop more complicated mental health disorders. By applying interactive strategies, such as availability and accessibility to the services, is required essentially. These services, if available for a patient with mental health disorders, can have a chance to live a better life. These challenges can effectively be minimized with interactive approaches, collaboration with the organizations, and community-based health programs. The prevention programs can significantly decline the rate of mental health problems in children and adults.

**References**

Ådnøy Eriksen, K., Arman, M., Davidson, L., Sundfør, B., & Karlsson, B. (2014). Challenges in relating to mental health professionals: Perspectives of persons with severe mental illness. *International Journal of Mental Health Nursing*, *23*(2), 110–117.

Brådvik, L. (2018). *Suicide Risk and Mental Disorders*. Multidisciplinary Digital Publishing Institute.

Caserta, A., Fabiano, G. A., Hulme, K., Pyle, K., Isaacs, L., & Jerome, S. (2018). A waitlist-controlled trial of behavioral parent training for fathers of preschool children. *Evidence-Based Practice in Child and Adolescent Mental Health*, *3*(2), 106–116.

Zeanah, C. H. (2018). *Handbook of infant mental health*. Guilford Publications.