

# **A Comprehensive Review of Mental Health Disorders and their Impact Across the Lifespan**

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**Abstract:** *Mental health is an essential part of overall health and affects how think, feel, and act. This review explains the major mental health disorders, including anxiety disorders, depressive disorders, bipolar disorder, schizophrenia, trauma- and stressor-related disorders, and neurocognitive disorders. It also discusses mental health problems seen in teenagers and adults, especially the growing impact of social media, stress, and lifestyle changes. Anxiety and depression are the most common disorders worldwide and often lead to difficulties in daily life. Bipolar disorder and schizophrenia are more severe and require long- term treatment. Trauma-related disorders develop after stressful or frightening events, while neurocognitive disorders affect memory and thinking, especially in older adults. Treatment for these conditions includes therapy, medicines, healthy lifestyle habits, and strong social support. This review highlights the need for better awareness, early diagnosis, and accessible mental health services to reduce the increasing burden of mental illness in society.*

**Keywords:** Mental health, Anxiety, Depression, Bipolar, Schizophrenia, neurocognitive, Disorders

## **I. INTRODUCTION**

According to WHO Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. It has intrinsic and instrumental value and is a basic human right.[1]

About 14% of health issues worldwide are caused by mental and brain-related disorders, such as depression, substance misuse, and psychoses, mainly because they result in long-term incapacity. Mental diseases, including unipolar and bipolar affective disorders, substance and alcohol use disorders, schizophrenia, and dementia, are the neuropsychiatric ailments that account for the greatest number of disability-adjusted life years.[2]

Mental health is intrinsically linked to an individual's behavioral patterns, as well as their psychological and social well-being. Dozens of distinct mental illnesses have been identified and formally defined, including common conditions such as depression, generalized anxiety disorder, bipolar disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and schizophrenia. These conditions have a significant prevalence rate within the population, affecting approximately 19% of adults, 46% of teenagers, and 13% of children annually..[3]

Mental illnesses such as depression, anxiety, bipolar disorder, and schizophrenia contribute significantly to the global burden of disease and disability. The increasing prevalence of these conditions is linked to multiple factors including rapid urbanization, lifestyle changes, social isolation, unemployment, and exposure to stress and trauma. Despite advances in medical science and growing awareness, mental health continues to be stigmatized and under prioritized in many societies, leading to delayed diagnosis and inadequate treatment.

The most commonly reported facilitators and barriers of mental health care utilization among children and adolescents were grouped into (1) individual factors, e.g. the (lack of) knowledge about MH and MH services, (2) social factors, e.g. views and attitudes towards MH and help-seeking in the environment, (3) relationship factors, e.g. perceived confidentiality, and (4) systemic and structural factors



## **2. Teenager's Mental Health:-**

Now a days, social media dominates the lives of teenagers, which affects many aspects of their mental health. With a focus on anxiety, despair, self-esteem, and overall wellbeing, this study examines the effects of youths' social media use on their mental health. The study highlights the benefits and drawbacks of social media by looking at the roles of cyberbullying, social comparison, and social media's addictive properties. As part of a mixed-method approach, teens ages 13 to 19 were polled and interviewed. The study found a clear correlation between higher levels of anxiety and despair and excessive use of social media. [4]

A small percentage of young people who were admitted to a mental health facility because they were at risk of hurting themselves or others reported viewing online content that encouraged self-harm (16.6%) or suicide (14.8%) in the two weeks before their admission, per a recent study that involved over 400 youth. The possible connections between increased social media use and a variety of mental health concerns, including depression, disordered eating and body image difficulties, and externalizing problems, have been the subject of numerous research. These studies have frequently produced contradictory findings, with many indicating that social media use has a minor but significant negative influence on mental health. [5]

## **3. Adults Mental Health:-**

The world's population is getting older very quickly. In 2015, about 12% of all people were above 60 years of age. By 2050, this number is expected to increase to 22%. In actual numbers, this means older adults will increase from 900 million to 2 billion worldwide. A mental health issue refers to a mental health problem or mental illness caused by biological, psychological, or social factors

## **4. Mental Disorders:-**

A person's ideas, feelings, behavior, and day-to-day functioning are all impacted by mental diseases, commonly known as mental illnesses or psychiatric disorders. They may make it challenging to manage daily activities, relationships, employment, and daily living. Mental diseases vary in form and severity and may include conditions like depression, anxiety, bipolar disorder schizophrenia, and many others. These are actual medical problems that can be managed with assistance, medicine, therapy, and lifestyle modifications.

Types of Mental Disorders :-

1. Anxiety Disorders
2. Depressive Disorders
3. Bipolar Disorders
4. Schizophrenia Disorders
5. Trauma And Stressor- Related Disorders
6. Neurocognitive Disorders

### **Anxiety Disorders :-**

The anxiety disorders are the most prevalent, or often occurring, mental disorders. They include a collection of disorders where the primary disruption of mood or emotional tone is severe or pathological [habitual or obsessive] anxiety. Anxiety is characterized by disruptions in mood, thoughts, behavior, and physiological activity. It can be thought of as the pathological equivalent of normal fear. Anxiety disorders are accompanied with physical symptoms, such as palpitations, shortness of breath, and dizziness.[6]

### **Types of Anxiety Disorders :-**

There three main types of Anxiety Disorders

1. Panic Anxiety Disorders
2. Generalized Anxiety Disorders
3. Phobia Anxiety Disorders



1. **Panic Anxiety Disorders:-** Multiple unplanned panic attacks are a feature of this illness. The fact that the attacks typically occur suddenly and aren't brought on by any medical or mental health issue is one of the condition's key characteristics. Agoraphobia can coexist with panic disorder in certain individuals. Panic disorder is nearly twice as common in women compared to men. The most common age range for onset is mid- adulthood to late adolescence.[6]

2. **Generalized Anxiety Disorders:-** For the fifth edition of the Diagnostic and Statistical Manual of Medical Disorders, a new name, generalized worry disorder, was considered but not selected. Individuals with generalized anxiety disorder are more likely to experience other mental and physical health problems, such as inflammatory bowel disease, asthma or chronic obstructive pulmonary disease, and chronic pain syndromes.[7]

3. **Agoraphobia Anxiety Disorders:-** The old word for agoraphobia is translated as "fear of an open market" from Greek. These days, the term "agoraphobia" describes a severe and pervasive fear of being in situations from which escape may be difficult or of avoiding situations. This condition causes a severe dread of being overwhelmed or unable to escape or seek help. People who suffer from agoraphobia often fear unexpected events and places, such as large, open or confined spaces, crowds, and places outside of their homes.<sup>6</sup>

#### **Causes of Anxiety Disorders:-**

**Biological Factors:-** Family history: Anxiety can run in families.

**Brain chemistry:** Imbalance in certain brain chemicals can lead to anxiety.

**Hormonal changes:** Stress hormones can affect anxiety levels.

**Psychological Factors:-** Personality traits: People who are shy, perfectionists, or easily stressed may develop anxiety more easily. Negative thinking patterns: Constant worrying or expecting the worst increases anxiety.

**Environmental Factors:-** Stressful life events: Trauma, accidents, loss of a loved one, or major life changes (like moving or divorce). Childhood experiences: Abuse, neglect, or early life stress can increase the risk. Work or school pressure: High expectations or heavy workload.

**Medical Factors:-** Chronic illnesses: Conditions like heart problems, asthma, or thyroid issues. Medications: Some medicines or substances can trigger anxiety. Substance use: Alcohol, drugs, or caffeine can increase anxiety symptoms.

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**Genetic Factors:-** A person may inherit a higher likelihood of developing anxiety from their parents.

#### **Symptoms of Anxiety Disorders:-**

1. Excessive worry
2. Restlessness or feeling tense
3. Fast heartbeat
4. Sweating or trembling
5. Trouble concentrating
6. Sleep problems
7. Feeling scared or nervous without a clear reason



### Treatments of Anxiety Disorders:-

1. The finest long-term remedies are psychological treatments. Cognitive behavioral therapy, or CBT, aids in identifying and changing harmful behaviors and fearful beliefs. Therapy Based on Exposure: In order to reduce fear, a person is gradually exposed to frightening objects, situations, or memories. Stress-Reduction and Relaxation Therapy: teaches breathing exercises, muscle relaxation, and coping strategies.
2. Drugs: Doctors may suggest the following drugs to reduce symptoms: SSRIs and SNRIs, or antidepressants:-First-line medications for chronic anxiety. Benzodiazepines, which are anti-anxiety medications, offer quick relief but are only used temporarily. Beta-blockers: Often taken for performance anxiety, they help control bodily symptoms like trembling or an accelerated heartbeat.
3. Lifestyle Approaches: Regular, healthful activities promote healing. Frequent exercise. Keeping a regular sleep schedule, abstaining from coffee and alcohol, Eating balanced meals engaging in mindfulness, yoga, or meditation.
4. Supportive interventions include family therapy, support groups, anxiety education, and the development of coping and problem-solving techniques.
5. Combined Therapy: For the best outcomes, many patients benefit from a combination of therapy and medication.

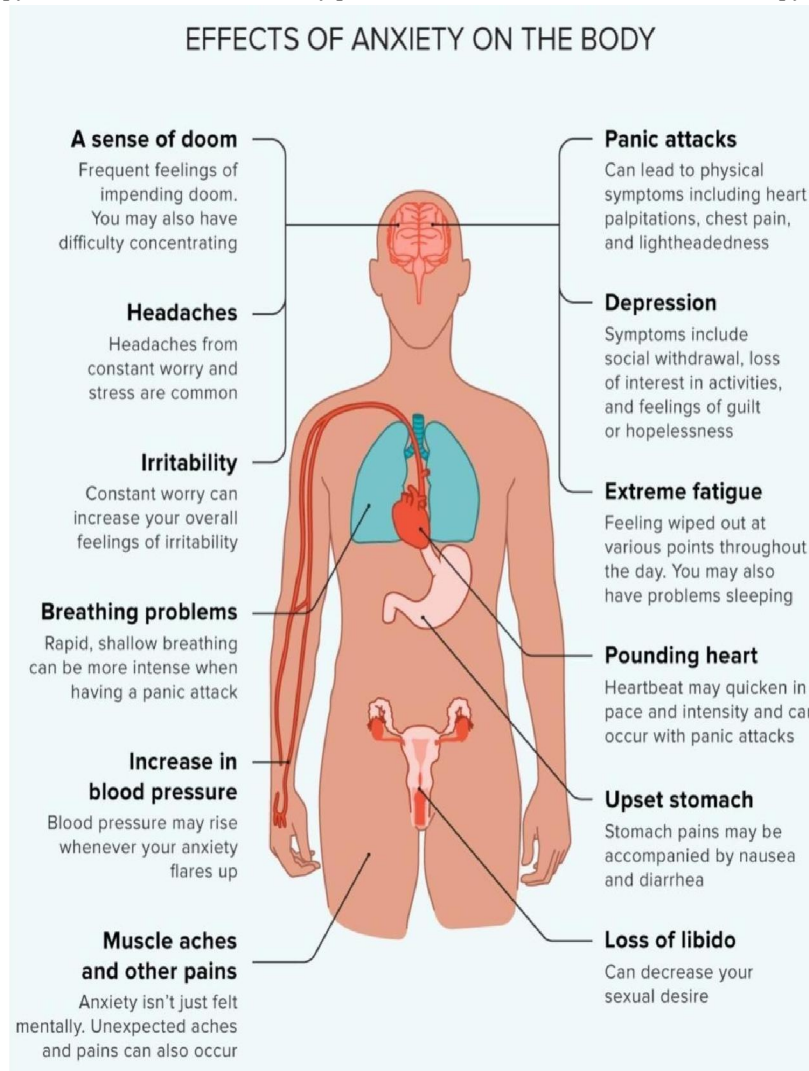


Fig no. 1 Effect of Anxiety on the Body



### **Depressive Disorders**

Depression is a multifaceted illness with a wide range of medical histories, inconsistent treatment outcomes, and no known cause. The main contemporary approaches to comprehending the physiological mechanisms underlying severe depression are outlined in this overview.[8] The two primary components of depression, a complex diagnostic notion that is applied to individuals with a particular combination of symptoms, are a low mood and a loss of interest. Sadness, low morale, misery, discouragement, hopelessness, emptiness, unhappiness, distress, pessimism, and other related affects are characteristics of depressed mood, a persistent emotional state that is difficult to distinguish from the emotional states that all people experience when confronted with life's challenges.[9]

### **What are the different forms of depression?**

There are several forms of depressive disorders. The most Common are major depressive disorder and dysthymic Disorder.

Major depressive disorder, Often referred to as serious depression, it is characterized by a number of symptoms that make it difficult for a person to work, sleep, study, eat, and engage in formerly enjoyable activities. Major depression is disabling and stops a person from functioning properly. Major depressive episodes can happen just once in a person's lifetime, although they frequently reoccur over time.[10]

Dysthymic disorder, Also known as dysthymia, it is characterized by less severe symptoms that last for two years or more. These symptoms may not be incapacitating, but they can make it difficult to feel good or work regularly.

People with Dysthymia may also endure one or more periods of serious depression during lifespan.

Some kinds of depression disorder have slightly different characteristics than those listed above, or they may Develop under unusual circumstances.

However, there is disagreement among scientists regarding the definition and characterization of different types of depression.<sup>19</sup>

Psychotic depression, This occurs when a severe depressive illness is followed by some sort of psychosis, such As a break with reality, hallucinations, and delusions.<sup>10</sup>

Postpartum depression, It is identified if a new mother experiences a significant depressive episode within a month of giving birth. After giving delivery, 10 to 15 percent of women are said to suffer from postpartum depression.<sup>10</sup>

Seasonal affective disorder (SAD), " It is typified by the start of a depressed illness in the winter, when sunlight is scarce. Usually, the depression lifts take place in the spring and summer. Light therapy may be a successful treatment for SAD, considering about half of SAD patients do not respond to it alone.

Antidepressant drugs and psychotherapy, either alone or in combination with mild treatment, can lessen the symptoms of SAD"<sup>10</sup>

### **Symptoms of Depressive Disorders:-**

1. Persistent sadness or low mood
2. Loss of interest in activities once enjoyed
3. Low energy or constant tiredness
4. Changes in sleep (sleeping too much or too little)
5. Changes in appetite (increased or decreased)
6. Difficulty concentrating or making decisions
7. Feelings of guilt, worthlessness, or hopelessness
8. Irritability or restlessness
9. Physical symptoms like headaches or body pain

### **Causes of Depressive Disorders**

Depressive disorders are usually caused by combination of factors, such as:

Brain chemical changes (neurotransmitter imbalance) Genetics (family history of depression)





Stressful life events (loss, conflict, failure, trauma) Personality factors (low self-esteem, negative thinking) Physical illnesses and some medications Substance abuse and social isolation

#### **Treatments of Depressive Disorders :**

1. Medications: Antidepressants help improve mood by balancing brain chemicals.
2. Psychotherapy: Therapies like CBT and IPT change negative thoughts and improve coping.
3. Lifestyle Changes: Exercise, good sleep, healthy diet, and stress control support recovery.
4. Brain Stimulation: ECT or TMS is used for severe or treatment-resistant depression.
5. Hospitalization: Needed when the person is unsafe or unable to care for themselves.
6. Combination Therapy: Using both medication and therapy often works best.

#### **Bipolar Disorders**

A person with bipolar disorder experiences frequent mood swings.

These mood fluctuations might endure for a long time (chronic) or come and go from time to time (episodic). In the past, people used to call bipolar disorder “manic- depressive disorder” or “manic depression.” [11]

Symptoms of bipolar disorder typically emerge in late adolescence or early adulthood, although they are occasionally observed in toddlers. Bipolar disorder can have a significant impact on an individual’s life, contributing to self-harm, unemployment, functional impairment, and family conflict.<sup>11</sup>For some women, the condition may first appear during or shortly after pregnancy. While postpartum depression is more frequent, mania (a “high”) affects only one in a thousand pregnant women. Bipolar disorder is a treatable medical condition, not the result of a “weak” or unstable personality, and it is no one’s fault.

Nonetheless, individuals suffering from bipolar disorder have a higher rate of suicide than persons with any other mental illness.[12]

#### **Types of Bipolar Disorders**

There are different types of Bipolar Disorders

1. Bipolar I Disorder:- Involves manic episodes that last at least 7 days or are so severe that hospital care is needed. Depressive episodes generally occur too, lasting at least 2 weeks. Mood swings can be severe and upsetting.
2. Bipolar II Disorder:-Includes both major depressive episodes and hypomanic episodes, which are lesser forms of mania. Hypomania does not cause serious impairment, but depression can be powerful and long-lasting.
3. Cyclothymic Disorder (Cyclothymia):-Involves many periods of hypomanic symptoms and mild depressive symptoms for at least 2 years (1 year in children/teens). Symptoms are not as severe as full hypomania or major depression but can still disrupt daily life.

#### **Causes of Bipolar Disorders**

The exact cause of bipolar disorder is still not known, but research shows that it likely develops due to a combination of different factors.

Genetics: The illness often runs in families, suggesting a strong hereditary link involving multiple genes. However, having a family history increases risk, but does not guarantee the illness will develop.<sup>11</sup>

Brain Biology: Research shows people with bipolar disorder may have unique brain structures and functions, which helps scientists understand the condition and improve treatment approaches.<sup>11</sup>

#### **Symptoms of Bipolar Disorders**

Bipolar disorder involves significant shifts in mood, characterized by two primary symptom types.

Manic episodes bring extremely high energy, rapid thoughts and speech, reduced need for sleep, and impulsive, often risky behaviors. Conversely, depressive episodes involve intense sadness, fatigue, loss of interest in activities, changes in sleep and appetite, and feelings of worthlessness or guilt.



### **Treatments of Bipolar Disorders**

The treatment of bipolar depression is a major challenge, with few treatments of proven Efficacy and, in particular, substantial controversy about the role of antidepressant drugs.

1. Medications (Main Treatment):- Medication is essential because it helps keep mood stable and reduces the severity of episodes.

a. Mood Stabilizers:-These are the first-line medicines used to prevent both manic and depressive episodes.

b. Antipsychotic Medications:-Used when mood stabilizers alone are not enough or when symptoms are severe.

They help control: Mania

Psychosis (hallucinations, delusions)

Severe depression

c. Antidepressants (Used Carefully):-These are used only with mood stabilizers to avoid triggering mania. They help reduce deep sadness, hopelessness, and low energy during depressive episodes.

### **Schizophrenia Disorders**

Schizophrenia is a long-lasting mental health condition in which a person may lose touch with reality. People with schizophrenia may believe things that are not true or that seem impossible to others. They might also see or hear things that aren't really there — these experiences are called hallucinations.[13]

The word “Schizophrenia” originated from the Greek words schizo (split) and phrene (mind).<sup>13</sup>

Schizophrenia significantly affects the lives of those who have it, their families, and the wider community. The symptoms often make everyday activities difficult, interfering with work, relationships, and the ability to care for oneself. People with this condition frequently face unfair judgment and negative social stigma, making it harder for them to find a place to live, a job, or even access medical care.[14]

Schizophrenia is a long-lasting brain disorder with varied genetic and biological causes that affect how the brain develops early in life. It appears as a mix of symptoms, including hallucinations (seeing or hearing things that aren't there), delusions (false beliefs), disorganized thinking, and issues with motivation and thinking skills. Men and women are affected by this condition in equal numbers.[15]

Schizophrenia was first described as a distinct mental illness by German psychiatrist Emil Kraepelin in 1887. He used the term “Dementia Praecox” (meaning “premature dementia”).

The term “schizophrenia” was introduced into psychiatric terminology by Swiss psychiatrist Eugen Bleuler in 1908. He intended the phrase to characterize a disruption— or “splitting”—of integrated brain functions, specifically those related to personality, cognition, memory, and perception. Bleuler formally established the nomenclature during a presentation at a 1908 psychiatric conference in Berlin and published the concept in an accompanying paper. He subsequently elaborated upon his foundational theory of the illness in a comprehensive monograph in 1911.

### **Phases Of Schizophrenia**

There are three stages of Schizophrenia: prodromal (or early), active, and residual

1. Prodromal Phase:- This is the early stage when the illness is beginning Person shows subtle changes like social withdrawal, mood changes, and reduced performance in work or studies. Mild confusion, unusual thinking, or lack of motivation may start appearing.

2. Active Phase:- This is the stage when schizophrenia symptoms become very clear. The person may experience hallucinations, delusions, and disorganized behavior. Thinking becomes difficult, and daily functioning is heavily affected.

3. Residual Phase:- This phase comes after the active symptoms decrease. The person still has some remaining symptoms like low energy, reduced emotions, or difficulty concentrating. Functioning improves, but some support and treatment are still needed.



### **Symptoms Of Schizophrenia Disorders**

Schizophrenia's "positive symptoms" are unusual experiences that represent an addition to normal mental function:

Hallucinations: Experiencing sensory input (most commonly hearing voices) without a real external source.

Delusions: Holding strong, false beliefs that are resistant to change, such as paranoia or grandiose ideas.

Disorganized Speech: Communication that is incoherent, illogical, or jumps erratically between unrelated topics.

Disorganized Behavior: Unpredictable, contextually inappropriate actions that interfere with daily self-care and functioning.

Negative Symptoms:- Negative symptoms mean the person has lost some normal abilities or functions.

a) Reduced Emotional Expression:- The face may look blank or less expressive. The person may speak in a flat or dull tone. They may not show joy, sadness, or excitement normally.

b) Lack of Motivation (Avolition):- Difficulty starting or completing daily tasks. They may sit for long periods without doing anything. Things like bathing, dressing, or cleaning feel very hard.

c) Social Withdrawal:- The person may avoid friends, family, or social activities. They prefer to stay alone and may not show interest in relationships.

d) Reduced Speech (Alogia):- They may speak very little. Answers may be short

Cognitive symptoms" affect a person's memory, attention, and overall thinking skills: Attention Problems: Difficulty concentrating on tasks and being easily distracted.

Memory Issues: Trouble recalling information or

instructions, and difficulty learning new things. Poor Executive Function: Struggling with planning and organizing activities, difficulty making decisions, and slow thinking or processing information quickly.

### **Causes of Schizophrenia Disorders**

Genetics (Family History):- Schizophrenia can run in families.

If a close family member has it, the chances are slightly higher, but genes alone do not cause it.

Brain Chemistry:- Imbalance of certain brain chemicals like dopamine and glutamate can affect thoughts, emotions, and behavior, contributing to schizophrenia.

Brain Structure:- Some people may have slight differences in brain structure or development, which increases risk.

Environmental Factors:- Stressful life events, childhood trauma, or complications during pregnancy or birth (like infections, malnutrition, or lack of oxygen) may increase the chances.

Substance Use:- Using drugs like cannabis, LSD, or other hallucinogens at a young age can trigger symptoms in people who are already at risk.

Neurodevelopmental Factors:- Problems that occur while the brain is developing (before birth, during birth, or early childhood) may contribute to schizophrenia later in life.

### **Trauma And Stressor- Related Disorders**

Trauma and Stressor-Related Disorders are mental health problems that start after a shocking or painful event. The mind gets "stuck" in stress mode and can't easily go back to normal.

These disorders happen after tough life events—like accidents, abuse, or disasters—that affect people of all ages worldwide. Symptoms often appear along with depression or anxiety.

### **Types Of Trauma And Stressor- Related Disorders**

1. PTSD (Post-Traumatic Stress Disorder):- Happens after a very scary or shocking event. The person keeps remembering it, gets nightmares, and feels scared even when safe.

2. Acute Stress Disorder:- Like PTSD but happens right after the trauma and lasts a short time (up to 1 month). Person feels confused, anxious, and keeps thinking about the event.

3. Adjustment Disorders:- Happens after a stressful life change (breakup, failure, job loss, moving). Person cannot adjust and feels very sad, worried, or behaves differently.





4. Reactive Attachment Disorder (RAD):- Seen in young children who did not get proper love or care. They do not trust others, avoid closeness, and don't respond to comfort.
5. Disinhibited Social Engagement Disorder (DSED):- Also in children who did not get proper care. They are too friendly with strangers and have no sense of danger or boundaries.

#### **Symptoms Of Trauma And Stressor- Related Disorders**

- 1) Reliving trauma: Flashbacks, nightmares, scary memories
- 2) Avoidance: Staying away from reminders of the event
- 3) Mood changes: Sadness, anger, numbness, hopelessness
- 4) Anxiety/fear: Always tense, easily startled, trouble sleeping
- 5) Behavior changes: Losing interest, acting differently; in kids— either distant (RAD) or too friendly (DSED)

#### **Causes**

1. Experiencing Trauma:- Accidents, natural disasters, violence, abuse, or war. Any event that is extremely frightening or life- threatening.
2. Sudden Stressful Life Changes:- Death of a loved one, breakup, losing a job, moving to a new place.
3. Childhood Neglect or Abuse:- Lack of care, love, or protection during early years. Can lead to disorders like RAD or DSED in children.
4. Genetic and Biological Factors:- Some people may be more sensitive to stress due to family history or brain chemistry.
5. Personality and Coping Style:- People who find it harder to cope with stress are more likely to develop these disorders.

#### **Neurocognitive Disorders**

Neurocognitive Disorders are defined by significant cognitive decline from a previous level of performance. Memory, executive functioning, learning, attention, perceptual-motor skills, and language can all decline. NCDs differ from normal aging since the deficiencies are more severe, progressive, and connected to identifiable brain pathology.

Neurocognitive dysfunction is a generic term that reflects reduced mental function due to a medical condition other than a psychiatric illness. Three subcategories comprise neurocognitive disorders: delirium.

Mild neurocognitive disorder: able to maintain independence and carry out regular tasks despite slightly diminished mental function.

Major neurocognitive disorder – reduced mental function and lack of capacity to accomplish daily tasks. Also called dementia.

#### **Causes of NCDs**

1. Neurodegenerative diseases: Alzheimer's disease, Lewy body disease, frontotemporal degeneration
2. Vascular causes: Stroke, reduced blood supply to the brain
3. Traumatic brain injury (TBI)
4. Infections: HIV, neutrophils, viral encephalitis
5. Substance/medication use: Alcohol, long-term sedatives
6. Nutritional deficiencies: Thiamine deficiency (Wernicke– Korsakoff)
7. Systemic illnesses: Thyroid disorders, renal/hepatic failure

#### **Symptoms of NCDs**

1. Memory loss
2. Confusion
3. Trouble thinking
4. Poor concentration



5. Language difficulty
6. Mood or behavior changes Difficulty doing daily tasks

#### **Treatments of NCDs**

- ☐ Medicines that help slow memory and thinking problems
- ☐ Brain activities like reading, games, and learning to keep the mind active
- ☐ Physical exercise to improve brain health
- ☐ Healthy food and proper sleep
- ☐ Counseling or behavior therapy for mood and behavior changes
- ☐ Support from family/caregivers to manage daily tasks
- ☐ Controlling health problems such as high BP, diabetes, and cholesterol

## **II. CONCLUSION**

Across the lifespan, there is a noted increase in mental health conditions, which profoundly affect an individual's emotions, conduct, thought patterns, and capacity for daily functioning. Disorders such as anxiety, depression, bipolar disorder, schizophrenia, trauma-related illnesses, and neurocognitive impairments present significant challenges for individuals, their families, and society at large. While mental health issues in adults and older populations are often associated with biological, psychological, and social factors, adolescents face unique vulnerabilities driven by pressures from social media, general stress, and typical emotional fluctuations. Although these conditions can be severe, effective treatment strategies—including psychotherapy, medication, lifestyle adjustments, and robust support networks—can substantially enhance a person's quality of life. Early detection, public awareness initiatives, reduced stigma, and readily available mental health services are essential for minimizing the overall impact of mental illness and helping people live healthier, more fulfilling lives.

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