QUALITATIVE RESEARCH JOURNAL FOR SOCIAL STUDIES
ISSN Online: 3006-4686, ISSN Print: 3006-4678
Volume No: 03 Issue No: 02 (2026)

THE SILENT STRUGGLE: UNCOVERING THE PREVALENCE OF MENTAL HEALTH ISSUES IN ECONOMIES

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Abstract:
Across the world, no matter where we go, mental health issues are a common concern that is often overlooked. It is a very serious problem that is affecting millions of people and their families. Although there has been increasing awareness, most people still suffer in silence due to stigma, lack of support, and existing systemic barriers. In this article, we look at how these conditions are affecting the world by demographics and type and the consequences of untreated mental health conditions. By reviewing existing research and statistics about mental health issues, this study reveals the fact that mental health issues do exist in silence. It requires much attention from people around us, more access to support services, and community-based initiatives to improve their wellbeing.
Keywords: *Mental health, Stigma, Systemic barriers, Statistics, Support services, Community-based initiatives*

Source: Wikipedia

Part # 01
Introduction:
Mental health is an essential part of whole health, but it is one of the least attended components of health care around the globe. Awareness campaigns and many efforts to stamp out stigma have only served to increase its reach. Even today, millions of people do not disclose their struggles with mental health. There are a wide range of conditions that come under mental

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health disorders, which include anxiety and depression, which may lead to severe psychiatric disorders like schizophrenia and bipolar disorder. These conditions do not affect emotional and psychological wellbeing only but have deep effects on physical health, relationships, employment, and overall quality of life.

It is known that mental health issues are rapidly increasing, and according to research, a major portion of the planet suffers from mental illness in some form at any given time in life. The statistics from NHS Digital show that almost one in six adults between the ages of 16 and 64 in England have a mental health problem. Yet this number is probably an understatement; it does not include rarer conditions or people who haven't looked for a professional diagnosis. So many factors can contribute to the growing prevalence of mental health disorders: more stress, uncertainty in the economy, societal expectations, digital technology, and social media are having major influences. Young people have been subjected to unprecedented stressors, which have particularly affected anxiety, depression, and self-harm.

While mental health conditions can and do affect all genders, people of various ages, and socio-economic backgrounds, certain demographics are overrepresented. For instance, one in five women have symptoms of common mental disorders such as anxiety and depression, whereas this ratio is one in eight among men. There are social and economic factors that also play in: being unequal in the workplace, dealing with a lot of caregiving responsibilities, and being looked down on in the eyes of society for your mental health struggles. On the other hand, men are less likely to report mental health concerns but more likely to commit suicide. Suicide continues to be the leading cause of death in the UK for men under 49, and men are three-quarters of suicides. The evidence of this gender gap demonstrates that mental health interventions should be tailored to the needs of both men and women so as to provide the best opportunity for effectiveness..

The mental health crisis is one of the most worrying thoughts in the people who don't receive the care and support they need. Medical treatment and interventions have been enhanced in mental health services, but these services remain underfunded and overstretched. Mental health takes up almost a quarter of all the NHS's work, yet mental health services account for less than 11 percent of all healthcare spending. Most people have to wait for a very long time for their treatments to begin; others don't have access to specialized care, and in some cases, they are given a drug without any complementary psychological support. In addition, the disparities in access to mental health services persist; people living in rural areas, in low-income communities, and those of ethnic minority groups still face additional barriers to good care.

The lack of adequate mental health services is driving an increasing number of individuals into the hands of mental health legislation without being given long-term solutions. Because of the lack of local mental health facilities, many patients are unable to get immediate help. Therefore, they spend long hours traveling to their closest facility, making them more isolated and distressed. In the worst case, acute mental health crisis sufferers have been transported to police stations where there were no beds because of a lack of beds in hospitals, a practice that has been condemned as inappropriate and inhumane.

Despite these, some progress has been made in mental health awareness and advocacy. Society's views on mental health have changed significantly with public campaigns such as **Times Change**, run by mental health charities "Mind and Rethink Mental Illness." It reveals that more people are now willing to talk about mental health and provide support to people struggling with mental health. Governments and policymakers are also beginning to realize the importance of reforming and covering mental health services, allocating more funding for the

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same, increasing accessibility of therapies, and supplying mental health support in primary healthcare delivery environments.

By highlighting and investigating all the above aspects, this research aims to explore the silent struggle of mental health issues by examining their prevalence, underlying causes, and the systemic barriers that prevent individuals from receiving adequate support. Through an analysis of research studies, statistical data, and real-world case studies, this research highlights the pressing need for increased awareness, improved mental health services, and community-driven initiatives prioritizing mental wellbeing. Mental health should not be treated as an afterthought—it is a fundamental human right that requires sustained attention, investment, and collective action to ensure that no one has to suffer in silence.

Research Questions

1. What are the primary barriers preventing individuals from accessing adequate mental health care and support services?
2. How do societal stigma and cultural perceptions influence mental health diagnosis, treatment, and recovery?

Objectives of the Study

1. **Investigate the major challenges and systemic barriers** that hinder access to mental health care, including stigma, financial constraints, and policy inefficiencies.
2. **Assess the effectiveness of current mental health policies and programs**, including government initiatives, non-profit interventions, and public awareness campaigns.

Source: Wikipedia

NHS Digital says more than a sixth of the population in the world aged 16 to 64 suffer a mental health problem at any one time. Probably we all know someone who's been affected, family or friends, neighbours or colleagues at work. Considering that the figure fails to address less commonly seen conditions and is in no way an absolute, we could easily say that it represents more of the upper figure than that. From the diagram of this paper, you can understand the extent of the challenge.

Part # 02

Literature Review:

The literature review is divided into several parts which are as follows,

1. The Rising Prevalence of Mental Health Issues

Research indicates that mental health disorders have been increasing globally, with anxiety and depression being among the most common conditions. According to the World Health Organization (WHO), approximately **1 in 4 people** will experience a mental health issue at

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some point in their lives. Studies suggest that societal pressures, economic instability, and the rapid evolution of technology have contributed to this rise ***(Steel et al., 2014).***

2. Gender Disparities in Mental Health

Women are affected considerably more than are men by mental health conditions such as anxiety and depression. Women are almost double the rate of men experiencing depression due to biological, psychological, and social reasons. Moreover, workplace inequality, caregiving responsibilities, and body image pressures play a major role in the higher prevalence of such mental health disorders in women ***(Seedat et al., 2009).***

3. The Link Between Social Media and Mental Health

Studies about the impact of social media on mental health have been conducted, particularly on young people. With regards to screen use, ranking the top three correlated responses for screen use resulted in depression and anxiety being ranked highly. Cyberbullying, social peer pressure and false flattery on the likes of Instagram and TikTok are causing a dip in mental well-being ***(Twenge et al., 2019).***

4. The Mental Health Crisis Among Young People

Mental health disorders are found to start in childhood or even adolescence, with 75% of mental illnesses occurring before the age of 24. An early-onset mental health disorder means that they have lasting effects on an individual's academic performance, social development and career progression ***(Kessler et al., 2005).***

5. Suicide Rates Among Men

Suicide among men are higher than for women; in fact, suicide ranks one of the 10 leading causes of death among all U.S. residents, and second among age 15 to 34, leading cause among age 15 to 24. As men gain masculinity in the society, they are less possible to seek professional help for mental health issues.. There is a need for mental health interventions aimed at men ***(Canetto & Sakinofsky, 1998).***

6. Barriers to Accessing Mental Health Care

Stigma is the most important obstacle, which is why people do not seek mental health care. Most people are afraid of discrimination, social exclusion, or unfavourable opinion of their employers or their family, so they postpone the treatment for this disease ***(Clement et al., 2015).***

7. The Role of Economic Factors in Mental Health

Mental health is linked with economic hardship. People who experience financial insecurity are more prone to depression and anxiety. Unemployment, debt, and job instability are among the contributors to mental health disorders ***(Lund et al., 2010).***

8. Over-Reliance on Medication for Mental Health Treatment

Medication is an essential component of mental health disorder management, but such interventions as therapy and holistic things are often overlooked. Research has shown that cognitive-behavioral therapy (CBT) is even more efficacious than antidepressants for the treatment of mid range to severe depression ***(Saxena et al., 2014)***

9. The Effectiveness of Public Awareness Campaigns

Public awareness, such as "Time to Change", has been a tool for reducing stigma and encouraging discussion about mental health. Such campaigns improved attitudes and increased help-seeking behaviour, but the stigma is still a long way to go ***(Henderson et al., 2012)***

10. The Importance of Community-Based Mental Health Support

Community-based mental health approaches have been quite effective in increasing accessibility and delivering longer-term support for people. Mental health care services can benefit from integration into primary care treatments and community support networks, especially in improving treatment outcomes ***(Thornicroft et al., 2016)***

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11. Structural Barriers to Mental Health Care

Structural factors such as income, education, and geography greatly impact mental health care access. Barriers such as financial constraints and lack of near points of services prevent the majority of males, youth, seniors and those with lower education levels from seeking mental health care. ***(Towns, 2010).***

12. Barriers to Mental Health Care in LGBTQ+ Communities

When seeking mental health care, LGBTQ+ individuals often encounter functional, communicative, and hybrid barriers. Research shows that there are very complex webs of constraints for LGBTQ+ individuals: stigma, a lack of care providers who are affirming LGBTQ+ identities, and bureaucratic obstacles. When it comes to caring for the LGBTQ+ population, the study highlights the importance of mental health providers receiving LGBTQ+ competency training ***(Crawford & Schuller, 2023).***

13. Barriers to Mental Health Services in Low-Income Countries

In low-income countries, lack of resources, skilled professionals and stigma put people in a severe treatment gap for mental health care. The two most important factors that prevent people from visiting a psychiatrist are economic constraints and social stigma ***(Campo-Arias et al., 2020).***

14. Barriers to Child and Adolescent Mental Health Services

Mental health care access is unique for children and adolescents. A systematic review concluded that many children could not get care for mental health services because of the lack of parental awareness, financial difficulty, and logistical issues. In addition, the study shows that minority and rural populations experience extra hardships due to not having enough services available ***(Kizaur, 2016).***

15. Barriers to Mental Health Care for Young Adults

Even though youngs are under a great deal of stress and have emotional difficulties, young adults are one of the least likely to seek mental health treatment. In the Netherlands, it was also found that 65.5 percent of young adults with mental health problems did not seek professional help, often believing their problems were self-limiting or fearing treatment would be ineffective ***(Vanheusden et al., 2008).***

Part # 03

Barriers to Mental Health Care

There are several problems and barriers to mental health which are discussed below,

1. Problems are on the increase

Mental illness seems to be more prevalent, particularly among those with severe symptoms. Although the current percentage of ill individuals seems stable over recent years, a retrospective analysis reveals a consistent increase over a longer timeframe. Research from the NHS Digital, for England, shows the rise to be due to an upswing in the number of women suffering sickness. What is the reason behind this? Undoubtedly, part of it may be attributed to individuals becoming more inclined to disclose and acknowledge mental health issues.

Experts indicate that self-harm is now acknowledged in a manner that was not the case twenty or thirty years ago. However, it is evident that 21st-century existence is adversely affecting some individuals. Economic insecurity, social media, media influence, and escalating life aspirations have all been proposed as potential reasons.

2. Men Vs Women

Women are more prone to mental illnesses. One out of five women experienced this, in contrast to one in 8 men in England. When considering just those with severe symptoms, the disparity is less pronounced, however still evident. Adolescents are especially vulnerable. Several

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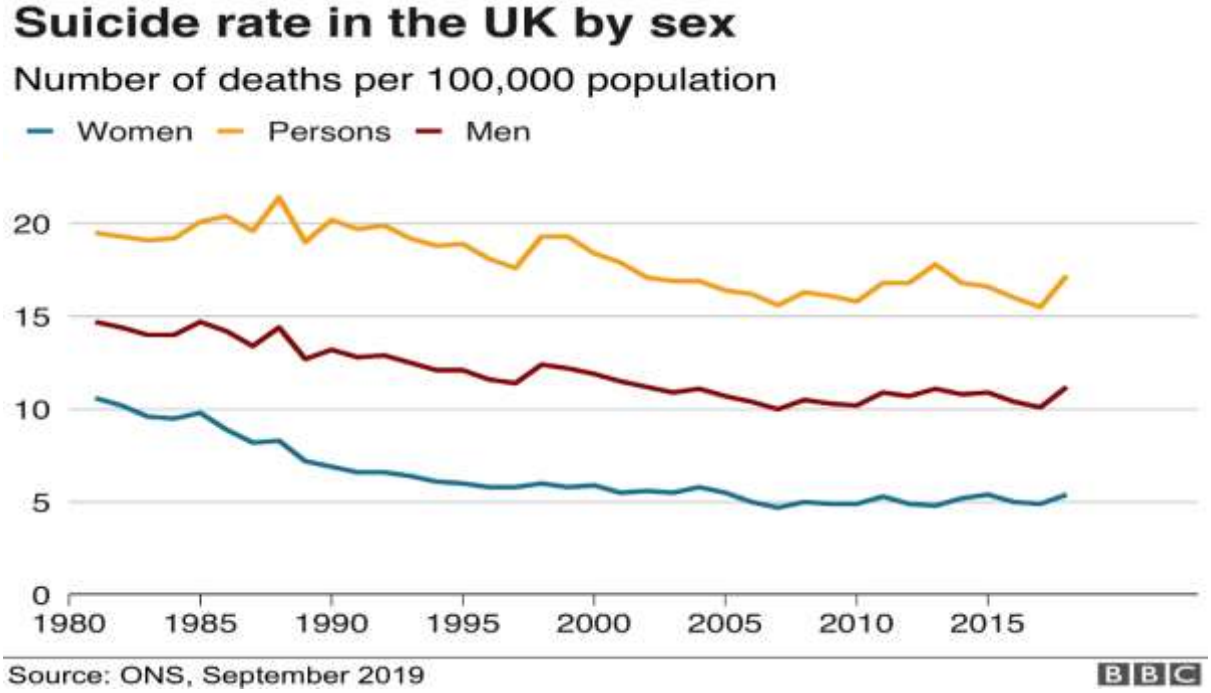
hypotheses have been proposed on this matter. The economic instability of the previous decade has significantly impacted the youth, complicating their entry into the workforce.

More and more psychiatrists and mental health experts are asking if social media aggravates peer pressure and online harassment. However, whatever the reason, experts are all agreed on the statistics.

3. Suicidal Cases

Thousands of individuals commit suicide as a result of mental health issues. In fact, of all the deaths of men aged 15–49 in the UK, suicide is the leading cause at around 6,000 per year. Three-quarters of the overall number are men.



The most precise overall metric is the number of suicides in per 100,000 people. Because the absolute number is highly unlikely to decrease as the population grows, there is a reason for this. It has been declining since the 1980s. With Northern Ireland having the highest suicide rate and England having the lowest, there is a significant national variance. Wales and Scotland are in the center and have comparable rates.

4. Beginning of mental health problems

It has been previously said that young people in the UK have an especially high prevalence of mental health issues. Actually, the majority of mental health issues manifest themselves throughout adolescence or early adulthood. By the age of 24, the majority of issues have already taken root.

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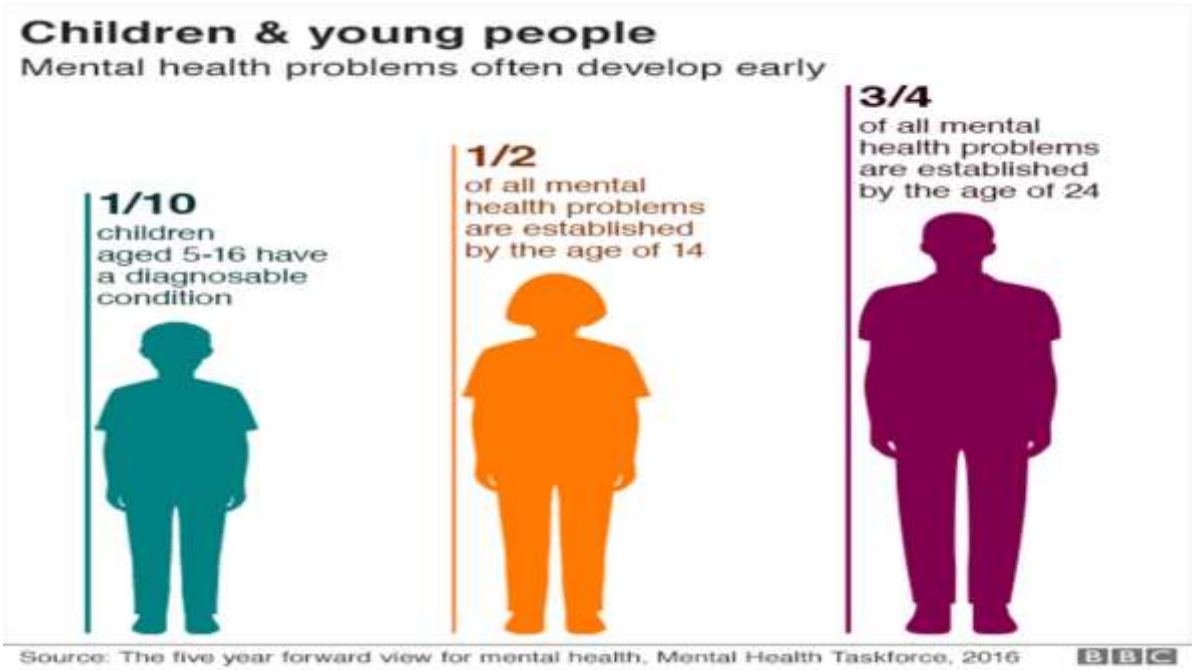
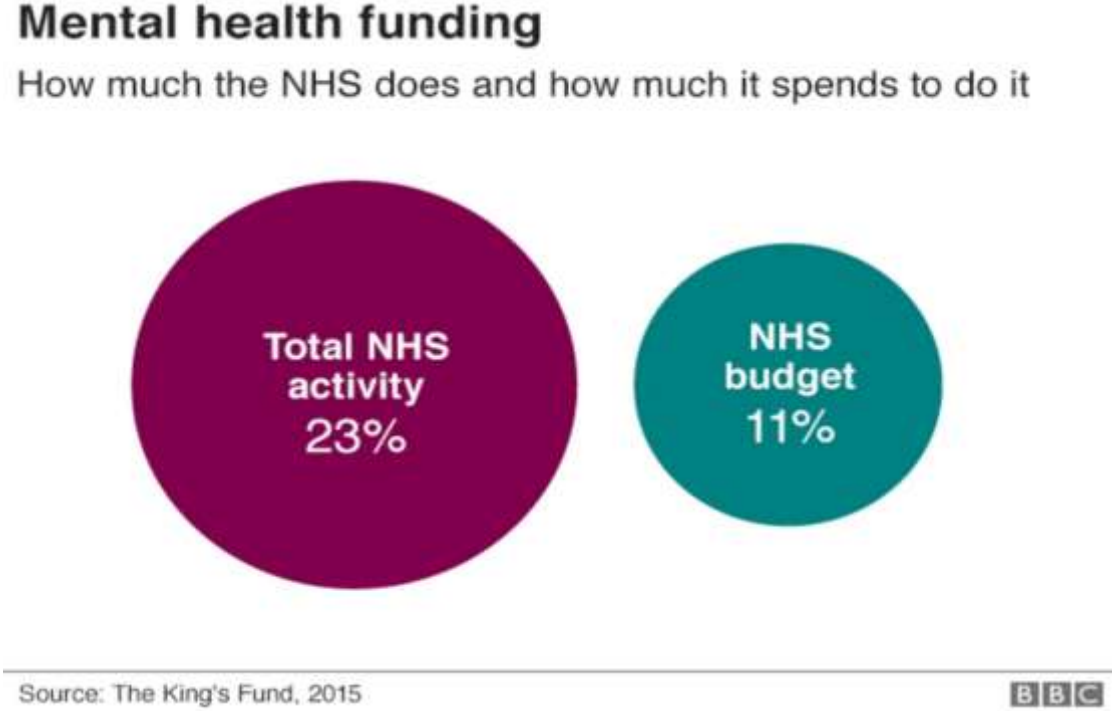


This explains the current focus on treating mental disorders in children. The governments pledged to enhance spending for mental health services for children and adolescents in 2015.

5. Mental health fundings

Adult services in England have received more funding. Spending should increase by £1.28 billion, in real terms, compared to 2015–16, thanks to investments in children's services. Ministers claim the money would be used to increase ambulance and emergency room mental health services, community crisis teams, and support new mothers, who report issues in the first year after giving birth. The King's Fund health think tank revealed 40% of English mental health trusts faced budget cuts in 2015-16.



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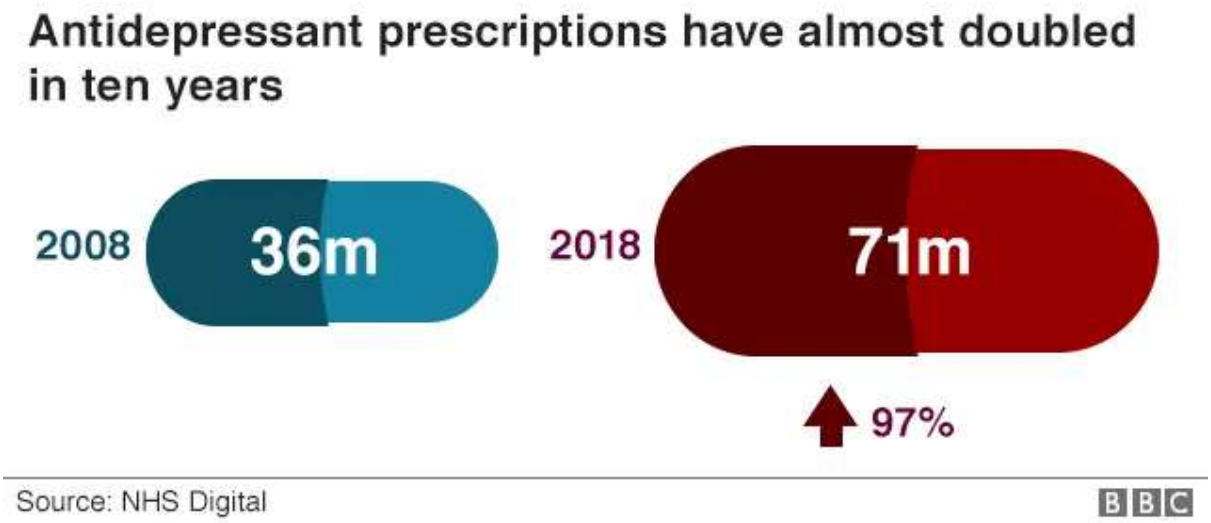
The administration is sure that things will change. They have to. Mental illness accounts for 23% of NHS activity, while mental health charities and trusts have only received roughly 11% of money in recent years. Further investment is being made in the rest of the nation's capital. Wales and Scotland have just announced fresh plans. However, mental health continues to be the poor relative in terms of expenditure on physical diseases.

6. Drugs usage

There has been an urge to reshape services, especially in terms of accessibility, in the hope of supporting the hope of investment. Waiting time targets were first set for the NHS in England in 2016, when the government introduced the first initial set. What they are saying is that the health service should in practice offer access for the use of talking therapies within 18 weeks, and treatment in two weeks for a half of the people who experience the first episode of psychosis.

Each country, Wales, Scotland and Northern Ireland too, has its own programme. Although, pharmaceuticals remain the most common method of treatment. For instance, in the last ten years or so, the quantity of medications for anxiety and melancholy, obsessive compulsive problems and stress attacks, nearly doubled.



One obvious contributing cause is the rise in the number of persons using antidepressants. However, prescription practices have also evolved. Since there is evidence that keeping patients on medications for longer is a more effective approach to treat them, doctors are far more willing to do so. Despite the widespread use of antidepressants, the majority of persons with mental illness still report not receiving assistance. According to NHS Digital, just one out of three respondents said they were undergoing therapy.

7. Detention of Patients

Given the raising rates of untreated ceases, it's not surprising that the number of persons imprisoned under the Mental Health Act is increasing in England. Campaigners claim that patients in crisis are only given enough therapy to stabilize them before being discharged prematurely to relieve bed strain. They face another dilemma and are jailed again. As a result, some individuals spend years in detention without ever recovering.

8. A long way from home

Long travels for therapy are another manifestation of systemic strain. Last year, a comprehensive research examined the matter and found that thousands of patients were transported more than 30 kilometers for treatments such as acute care, mental intensive care,

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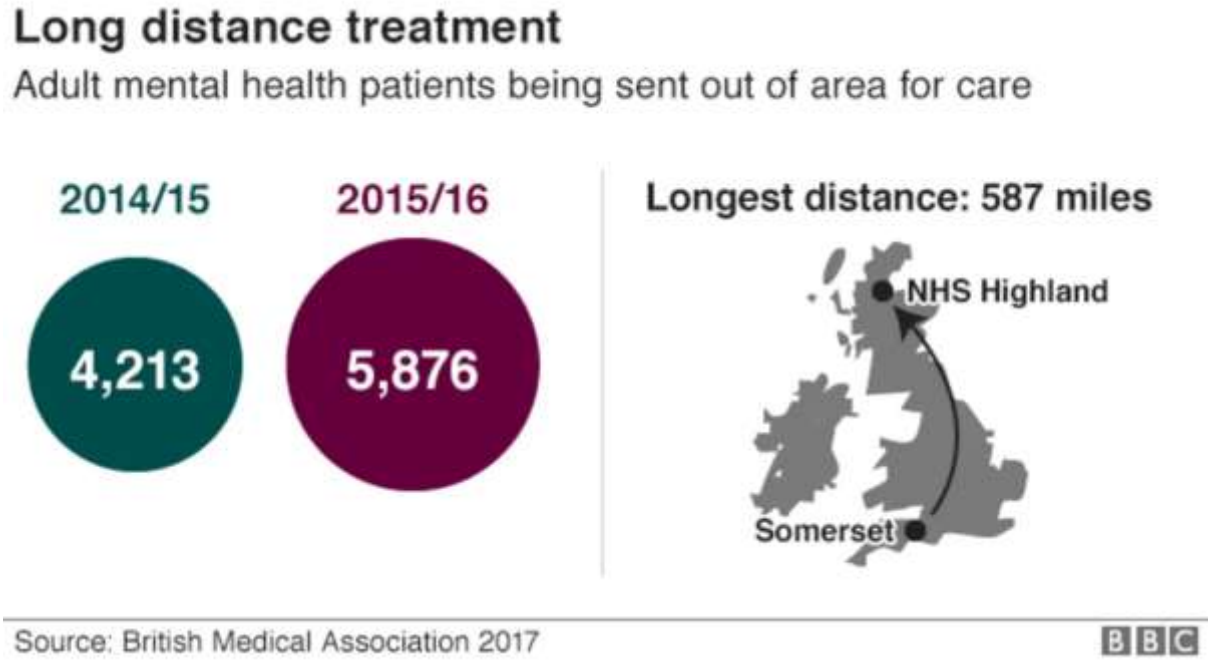
and rehabilitation.

Of fact, in certain rural regions, traveling large distances for various types of treatment is frequent. But that's not the point, according to the study. Far too many individuals in towns and cities, where services should be more easily accessible, are impacted, and the situation is "unacceptable". Everyone understands there's an issue. Nobody enjoys it, and it may cause significant disruption for patients and their families. However, a large number of people suffering from mental illnesses travel a significant distance to get therapy.



The British Medical Association reports that things are worsening, not improving. In fact, it says the amount of patients being moved out of the region for treatment has risen 'startlingly' by some 40pc from 2014/15-2016/17 to 5,876. They also found one patient who had been carted away from Somerset to the Highlands – 587 miles.

9. Raising Voices

Officers themselves have been concerned about the use of police cells unnecessarily for people with mental health problems. After Devon and Cornwall Assistant Chief Constable Paul Netherton tweeted "unacceptable" last year after a 16-year-old girl was held in a cell for two days because there were no beds for her, one child protection charity has said that is unacceptable.

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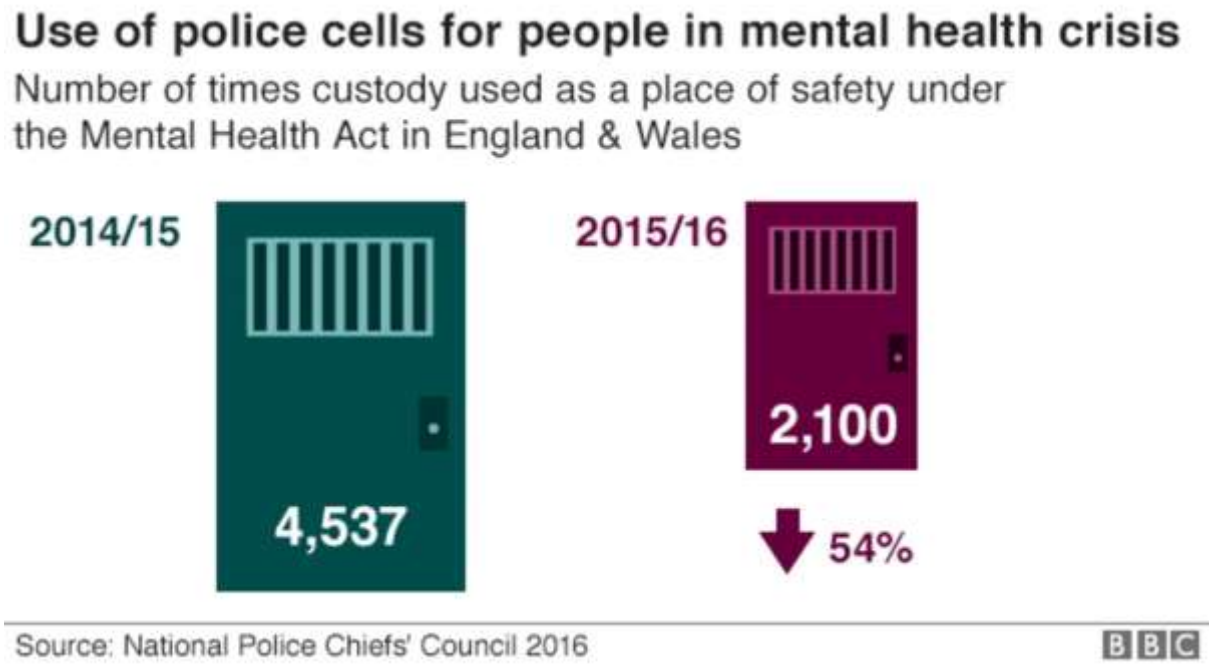

It sparked outrage from cops, patients and bereaved families who claimed that the cells were the last place a medical crisis victim should be confined. While the use of police cells is down at least in England and Wales, the number in Scotland suggests that it may have risen. The number has fallen by more than half in England and Wales with 4,500 in 2014-15 and little over 2,000 in 2015-16, according to the National Police Chiefs' Council. According to the NPCC, the decrease is even more pronounced for those under the age of 18, with just 43 occurrences reported in 2015-16.

10. It's Time to Change

An encouraging development in terms of mental health, though, is the change in the attitude towards mental illness. Occasionally, this has happened with the support of the government and lottery, and initiated by the charities Mind and Rethink in 2009 when they launched the public campaign Time to Change. As reported in the National Attitudes to Mental Illness Survey, released in May, this is improving willingness to work with and live with and live near someone with a mental health problem in England. The progress has been hailed by campaigners as fantastic but they warned of complacency saying that nearly 90% of those who have experienced stigma and discrimination.

Part # 4

Government Policies and Public Initiatives

The worldwide identification of expanding mental health problems has led nations to establish different policies together with public initiatives to increase healthcare access and decrease stigma while integrating mental health services into basic healthcare systems. Despite these efforts, significant gaps remain in funding, service availability, and the effectiveness of interventions.

1. Increased Funding for Mental Health Services

Governments have made financial commitments to address the mental crisis. In the UK, the National Health Service (NHS) pledged an additional £1.28 billion in funding for mental health services between 2015 and 2021. This investment aimed to improve crisis intervention services,

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expand community-based support programs, and integrate mental health care into emergency departments. However, reports indicate that 40% of mental health trusts in England faced budget cuts in 2015-16, limiting the impact of these financial commitments ***(Funding And Staffing Of NHS Mental Health Providers, n.d.-a).***

The "Mental Health Parity and Addiction Equity Act" (MHPAEA) of 2008 delivered provisions for equivalent insurance coverage of mental health services in the United States. The Affordable Care Act built upon existing mental health policies to extend medical coverage benefits to vast numbers of Americans. However, challenges such **as** high out-of-pocket costs, insurance denials, and a shortage of mental health professionals continue to restrict access ***(Muhammad Faizan Rasool et al., 2025).***

2. Mental Health Integration into Primary Healthcare

To enhance accessibility, different countries have included mental health treatments within primary healthcare systems. The World Health Organization (WHO) developed the Mental Health Gap Action Programme (mhGAP) to provide training for primary care physicians and nurses along with community health workers regarding mental health disorder diagnosis and treatment. Countries such as Canada and Australia have implemented similar arrangements, guaranteeing the availability of mental health treatments inside general healthcare frameworks.

3. Public Awareness Campaigns to Reduce Stigma

Public awareness campaigns have played an important role in changing societal attitudes toward mental health**.** One of the most successful initiatives is the "Time to Change" campaign in the UK, launched by "Mind and Rethink Mental Illness" in 2007. The campaign focused on:

- Encouraging open conversations about mental health.
- Reducing workplace discrimination.
- Providing resources for families and caregivers.

Studies indicate that the campaign contributed to a reduction in mental health stigma, but 9 in 10 individuals with mental illness still report experiencing discrimination. (Henderson et al., 2020) Similar campaigns, such as "Beyond Blue" in Australia and "Let's Talk" in Canada**,** have aimed to normalize mental health discussions.

4. Crisis Intervention and Suicide Prevention Programs

Suicide stands as the top death cause for British males younger than fifty years old, governments have focused on suicide prevention strategies. The UK government launched the National Suicide Prevention Strategy, which includes:

- Expanding helpline services (e.g., Samaritans and Shout 85258**).**
- Training professionals in suicide risk assessment.
- Implementing mental health support in workplaces.

In the United States**,** the 988 Suicide & Crisis Lifeline was introduced in 2022 as an easily accessible three-digit number for immediate mental health support. Similar telehealth services have been expanded globally to ensure that people in crisis receive timely assistance.

5. Improving Access to Psychological Therapies (IAPT)

In order to address the issue of lengthy waiting periods, the United Kingdom implemented the Improving Access to Psychological Therapies (IAPT) initiative. This project guarantees that patients with prevalent mental health illnesses, including depression and anxiety, have evidence-based treatments, such as cognitive behavioral therapies (CBT), within weeks rather than months**.** Since its launch, IAPT has treated over 1 million people annually, yet disparities in access remain, particularly in rural and low-income communities.

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6. Workplace Mental Health Policies

Governments are increasingly focusing on workplace mental health to reduce stress-related illnesses and increase productivity. In 2017, the UK government's Stevenson-Farmer Review outlined key recommendations for employers to support mental well-being, including:

- Supporting work arrangements that are flexible.
- Giving administrators training on mental health.
- Offering confidential mental health resources.

Multinational organizations, including Google and Deloitte**,** have adopted these recommendations, showing positive results in employee well-being**.**

7. Challenges and Areas for Improvement

Despite the progress made through government policies and public initiatives, major challenges remain:

- **Underfunding**: Compared to physical health services, mental health services receive significantly less funding. (*Funding And Staffing Of NHS Mental Health Providers*, n.d.-b)
- **Inequality in Access**: All major population groups that exist outside the mainstream society continue to encounter significant hurdles in their pursuit of mental health care.
- **Lack of Mental Health Professionals**: Many countries experience a severe shortage of psychiatrists, psychologists, and trained counselors, leading to long wait times.
- **Over-reliance on Medication**: In some cases, individuals receive medications without access to therapy, which may not be the most effective long-term treatment approach.

Part # 5

Conclusion and Recommendations

Conclusion

Mental health issues are a global public health crisis, affecting millions of individuals across various demographics. Despite growing awareness, stigma, inadequate funding, and systemic barriers continue to prevent many from accessing proper care. Research highlights that mental health conditions disproportionately impact women, young people, and low-income populations, while men face an increased risk of suicide due to societal expectations that discourage help-seeking.

While government initiatives, public awareness campaigns, and healthcare reforms have contributed to progress, significant challenges remain. Funding for mental health **services** lags behind physical health funding**,** leading to long waiting times, shortages of mental health professionals, and inconsistent service availability—particularly in rural and marginalized communities. Additionally, the over-reliance on medication rather than therapy-based interventions limits the effectiveness of mental health treatments.

There is an urgent need for a multi-faceted approach that combines policy reforms, community support, and education to ensure equitable mental health care. Mental health must be treated as a fundamental human right, with proactive measures taken to bridge existing gaps in care.

Recommendations

To address the pressing challenges outlined in this study, the following recommendations should be considered:

1. Increase Government Funding for Mental Health Services

- Allocate a greater share of healthcare budgets to mental health, ensuring funding matches the growing demand for services.

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- Expand community-based mental health facilities to reduce the burden on hospitals and emergency departments.

2. Improve Accessibility to Mental Health Care

- Reduce waiting times for mental health services by hiring and training more professionals.
- Increase the availability of psychological therapies, such as cognitive-behavioral therapy (CBT), rather than over-relying on medications.
- Implement telehealth services and mobile mental health clinics to reach underserved populations, including rural communities.

3. Strengthen Early Intervention Programs

- Given that 75% of mental health disorders manifest before the age of 24, more funds should be allocated to child and adolescent mental health care.
- Introduce mental health education in schools to promote awareness and coping strategies.

4. Reduce Mental Health Stigma Through Public Awareness Campaigns

- Expand initiatives like "Time to Change" (UK), "Beyond Blue" (Australia), and "Let's Talk" (Canada) to encourage open discussions about mental health.
- Promote anti-stigma training in workplaces, educational institutions, and healthcare settings.

5. Enhance Workplace Mental Health Policies

- Require employers to implement mental health support programs and employee assistance initiatives.
- Encourage flexible working arrangements and mental health leave policies.

6. Improve Crisis Intervention and Suicide Prevention Efforts

- Expand suicide prevention hotlines and crisis intervention teams (e.g., 988 Suicide & Crisis Lifeline in the U.S.).
- Train first responders and law enforcement on mental health crisis de-escalation techniques.

7. Foster Multisectoral Collaboration

- Encourage partnerships between governments, mental health organizations, NGOs, and private sectors to provide holistic care solutions.
- Implement universal mental health screening in primary care settings to ensure early diagnosis and intervention.

Conclusion:

The prevalence of mental health issues is a silent crisis that demands urgent action. Governments, healthcare professionals, communities, and people must work together to address mental health. Prioritizing mental health funding, reducing stigma, expanding access to care, and implementing preventive strategies, societies can move toward a future where mental health is equally valued as physical health, ensuring that no one suffers in silence.

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