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One in seven adolescents has a mental health condition. Suicide is the third leading cause of death among young people globally. Without support, mental health conditions can negatively impact children and young people's (CYP) education, employment and relationships, limiting life trajectories. Timely care and enabling environments can improve outcomes and reduce long-term costs. Every dollar invested in adolescent mental health yields an estimated US$24 return over 80 years.Today, climate change, conflict, poverty, inequality and displacement are intensifying risks. Yet investment remains low: mental health receives less than 2% of national health budgets on average, with little allocated to children and adolescents. In low-income countries, there are fewer than 0.01 child mental health workers per 100,000 people, and services are often out of reach. From fragmented efforts to holistic impactWHO advocates for a comprehensive response to the mental health needs of children and young people, with a focus on strengthening policies and legislation; promoting enabling environments (in homes, schools, communities, workplaces and digital spaces) and building preventive and care services.  Multiple sectors have a role in creating enabling policy environments for child and adolescent mental health, to protect families against economic and social adversity, support caregivers in promoting nurturing care, ensure access to learning opportunities and employment and to reduce self-harm and substance use. National laws, policies and plans are also important to build systems for delivery of mental health preventative and care services. In Viet Nam, for example, the government formally has initiated a process to create psychosocial counselling positions in all primary and secondary education schools.At family level, interventions to support caregivers' well-being and improve parenting can make considerable contributions to preventing mental health conditions in children and youth – these interventions are relevant for caregivers of young children as well as older children and adolescents, and of particular importance when caregivers and/or their children are experiencing mental health issues or face adversities. In fact, when these interventions reach caregivers with mental health conditions, they could reduce the risk of mental health conditions in their children by 40%. For caregivers of children with developmental delays or neurodevelopmental conditions, parenting programmes can empower them to foster their children's learning, social communication and adaptive behaviour.Schools can be places that nurture well-being, inclusion, equipping students with the knowledge, skills, competencies and lifestyles they need to thrive. School-based anti-bullying programmes and socioemotional learning are important components of a whole-school-health-promoting approach, can be delivered for all school ages, can improve students' well-being, academic performance and reduce risk behaviours, including self-harm and harmful substance use. Beyond schools, any intervention that successfully addresses stigma, violence and other adversity in the community can be considered promotive.There is growing concern on the impact of engaging with social media and digital platforms on young people's mental health. In the past few years, several countries have initiated actions to regulate access to mobile phones and social media for children and adolescents. Evidence to inform a public health approach for safe and healthy engagement with social media and digital technology for children is limited. However, promising interventions include skills-building programmes for adolescents and for caregivers to promote responsible and safe engagement with social media; and technological tools to promote online safety, including reporting systems.Services need to be responsive to different levels of need, from prevention to recovery. Care services should be provided through both health (general and community health services) and non-health settings, like schools and youth centres. A strong country response fosters social inclusion and connectedness, and addresses structural issues such as housing, education, and employment. It expands community-based services, whilst phasing out care in custodial settings.To make this happen, it is critical that system strengthening is supported by strong leadership and governance, solid coordination across sectors, sufficient financing, a skilled and diverse workforce, and robust health information systems.Maximising opportunities to drive changeDespite the evidence on effective interventions, many opportunities to make information and services for mental health available to CYP and their caregivers through the health, education and other systems are untapped.To that end, WHO has partnered with UNICEF, governments, and local stakeholders to deliver a Joint Programme on Mental Health and Psychosocial Wellbeing and Development of Children and Adolescents to strengthen country leadership and capacity to provide services for CYP and their caregivers. Each year, over 10 million children and young people have access to improved services, with more than 6 million reached through prevention efforts and at least 330,000 receiving care. Across regions, there are encouraging examples of evidence-based interventions and good practices that have been successfully implemented and scaled including:In Serbia, a digital one-stop shop developed by the government provides educational resources and counselling sessions for young people in need of mental health support. It has directly reached nearly 170 000 young people and is accessible to more than one million young people in the country.The Ministry of Health of Cote d'Ivoire in partnership with the Ministry of Social Affairs established a roster of social workers trained in child mental health and deployed to emergency-affected areas in response to the Central Sahel crisis, providing services to 50 000 people living in refugee camps and host communities.In Kenya, in a stepped care model called Shamwiri, young high school graduates were trained as peer counsellors to identify cases and deliver support in schools, or coordinate referrals to more intensive support according to mental health needs. In Brazil, community-based mental health service provision takes place through child psychosocial care centres (Centro de Atenção Psicossocial Infantil, CAPSi), which provide multisectoral services to CYP with mental health needs and their caregivers across the country. Strengthening advocacy and accountabilityAccountability and capacity to track progress globally and in countries remain hugely inadequate. In 2020, health information systems in nearly half of low-income countries did not have capacity to disaggregate mental health data by age.WHO is working with UNICEF and other partners, including youth, to facilitate platforms to define commitments for children and young people's mental health and track change.   Key messagesOne in seven adolescents experience mental health conditions.Suicide is the third-leading cause of death among young people worldwide. Accessible mental health care and enabling environments support young people to meet their potential and lay a foundation for a health adulthood - yet investment in the mental health of children and young people remains low.WHO calls for a comprehensive approach to child and adolescent mental health, including stronger policies, legislation, prevention and care services, and cross-sector coordination across health, education, social welfare, youth, sports and justice.There are multiple untapped, cost-effective opportunities to integrate mental and brain health into health services, with growing evidence of successful, scalable interventions.Advocacy efforts must meaningfully involve children, young people and caregivers, ensuring government action meets their needs. Skip to main content WHO / Vismita Gupta-Smith Please send us your comment or question by e-mail. Mental health is  an integral part of health; it is more than the absence of mental illness. It is the foundation for well-being and effective functioning of individuals. It includes mental well-being, prevention of mental disorders, treatment and rehabilitation. WHO estimates that the burden of mental health disorders is of utmost importance. It calls for comprehensive strategies for promotion, prevention, treatment and recovery through a whole-of-government approach.  Policy makers should be encouraged to promote availability of and access to cost-effective treatment of common mental disorders at the primary health care level. Skip to main content World Mental Health Day serves as a powerful reminder that there is no health without mental health. This year's campaign focuses on the urgent need to support the mental health and psychosocial needs of people affected by humanitarian emergencies.Crises such as natural disasters, conflicts, and public health emergencies cause emotional distress, with one in five individuals experiencing a mental health condition. Supporting the mental well-being of individuals during such crises is not just important – it saves lives, gives people the strength to cope, the space to heal and to recover and rebuild not only as individuals but as communities. That's why it is essential for everyone, including government officials, health and social care providers, school staff and community groups to come together. By working hand in hand, we can ensure the most vulnerable have access to the support they need while protecting the well-being of everyone.  By investing in evidence and community-based interventions, we can address immediate mental health needs, foster long-term recovery, and empower people and communities to rebuild their lives and thrive.On this World Mental Health Day, let us intensify our efforts to create a world where mental health is valued, protected, and accessible for all, especially in the face of adversity. Mental health in humanitarian emergencies          To join, please register here Mental health and psychosocial support are essentialDuring crises, nearly everyone experiences distress and social disruption. Homes are lost, families are separated, and communities are fractured. While one in five people may have a mental health condition, nearly everyone affected experiences emotional distress and disrupted community ties. These impacts often remain long after physical safety is restored, undermining recovery and resilience. People with significant mental health conditions must not be left without care and support. Continuity of care is a priority during and following any emergency.Migrants and refugees face mental health risks across their journeyMigrants and refugees face multiple stressors throughout their journey - from conflict and displacement to dangerous journeys and integration challenges in host countries. By the end of 2024, over 123 million people were forcibly displaced worldwide. A staggering 71% of them are hosted in low- and middle-income countries, where health-care systems are already under strain. In these settings, access to mental health services is extremely limited. Mental health in emergencies Conflicts, disasters, and health emergencies take a heavy toll on mental health. Around 1 in 5 people in conflict-affected areas are estimated to have a mental health condition. Experiencing fear, anxiety or sadness in such circumstances is a normal reaction to very stressful events. Mental health is essential for rebuilding lives Beyond food, water, and medicine, survivors also need mental health and psychosocial support to cope, recover, and rebuild. Integrating mental health strengthens emergency response Making mental health and psychosocial support a core part of emergency response not only saves lives but also strengthens communities and health systems for the future. Investing in mental health is investing in recovery Investing in mental health and psychosocial support helps families, communities, and economies recover from crises, build long-term resilience, and shape stronger health systems. Mental health care saves lives The Mental Health and Psychosocial Support Minimum Service Package offers proven solutions in emergencies, ensuring timely, coordinated care that reduces suffering, strengthens well-being, and builds more inclusive responses. Inclusive mental health care leads to stronger communities Inclusive support must reach children, older people, persons with disabilities, refugees, and people with pre-existing mental health conditions, including those in institutions. Addressing barriers such as stigma, discrimination, costs, and language is essential. Protect your mental health Prioritize your mental health by staying connected, being physically active, and following routines. Minimize alcohol use, engage in meaningful and enjoyable activities, and seek support from trusted friends, family, or health professionals. Promoting mental well-being through various approaches A layered approach – from self-help tools and Psychological First Aid to specialized mental health services – ensures accessible, efficient, and responsive support for all. Protect the well-being of humanitarian workers Humanitarian workers face extreme stress and are often directly affected by the crises they respond to. Organizations should provide rest, supervision, peer support, and workplace mental health programmes to sustain an effective humanitarian response. Doing What Matters in Times of Stress: An Illustrated Guide is a stress management guide for coping with adversity. The guide aims to equip people... With this manual, the World Health Organization (WHO) is responding to requests from colleagues around the world who seek guidance on psychological interventions... Adults and children affected by emergencies experience a substantial and diverse range of mental, substance use, and neurological problems. The mhGAP... This guide covers psychological first aid which involves humane, supportive and practical help to fellow human beings suffering serious crisis events... Skip to main content Skip to main content The World Health Organization (WHO) has released new guidance on policy and strategic actions to protect and promote mental health across government sectors, marking a major step toward a "mental health in all policies" approach. The guidance sets out, for the first time, what different government sectors can do, individually and collaboratively, to promote and protect population-wide mental health and well-being.Building on WHO's Guidance on Mental Health Policy and Strategic Action Plans launched earlier this year, which defines the essential components of rights-based and good-quality mental health systems and services, the new sectoral guidance expands the focus beyond the mental health sector. It provides clear guidance for ministries and agencies across government to integrate mental health considerations into their core policies, strategies, and programmes.The publication covers guidance on establishing a high-level cross-sectoral initiative on mental health as well as on protecting and promoting mental health and well-being in 10 key sectors:  Culture, arts and sportDefense and veteransEducationEmploymentEnvironment, conservation and climate protectionHealthInterior JusticeSocial protectionUrban and rural developmentGuidance for each of the sectors identifies key policy directives, strategic actions, and example indicators that can be used to measure progress and adapt implementation to national and local contexts.Grounded in human rights, equity, and evidence, the guidance emphasizes both the costs of inaction and the societal benefits of investing in mental health. It calls for a whole-of-government and whole-of-society approach that unites senior leaders and other actors and drivers across sectors, promotes collaboration, and ensures accountability and sustainable financing for mental health.The guidance also includes a roadmap to support governments in translating commitment into action. The roadmap outlines eight practical steps, from initiating high-level dialogue and reviewing existing policies to implementing, monitoring and evaluating progress, to support all government sectors in building and sustaining policies that promote mental health and well-being for all.The Guidance comprises an overarching document containing all sections, along with separate publications for each sector to support easier access and dissemination.WHO gratefully acknowledges the invaluable contributions of the expert reviewers and partners from across regions and sectors who informed the development of this guidance, and the funding partners who made this work possible.Link to Guidance: WHO Guidance on policy and strategic actions to protect and promote mental health across government sectors (  Mental health is critically important to everyone, everywhere. All over the world, mental health needs are high but responses are insufficient and inadequate. The World mental health report: transforming mental health for all is designed to inspire and inform better mental health for everyone everywhere. Drawing on the latest evidence available, showcasing examples of good practice from around the world, and voicing people's lived experience, it highlights why and where change is most needed and how it can best be achieved. It calls on all stakeholders to work together to deepen the value and commitment given to mental health, reshape the environments that influence mental health, and strengthen the systems that care for mental health. Skip to main content Globally, more than a billion people live with a mental health condition.Affordable, effective and feasible strategies exist to promote, protect and restore mental health.The need for action on mental health is indispensable and urgent.Mental health has intrinsic and instrumental value and is integral to our well-being.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. Mental health exists on a complex continuum, which is experienced differently from one person to the next. 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 are at higher risk of developing a mental health condition.Mental health conditions include mental disorders and psychosocial disabilities as well as other mental states associated with significant distress, impairment in functioning, or risk of self-harm. Many mental health conditions can be effectively treated at relatively low cost, yet health systems remain significantly under-resourced and treatment gaps are wide all over the world.Risks and protective factorsThe risks and protective factors that influence mental health operate at multiple levels.Individual factors such as emotional skills, substance use and genetics can increase vulnerability to mental health problems.Social and environmental factors – including poverty, violence, inequality and environmental deprivation – also increase the risk of experiencing mental health conditions.Risks can emerge at any stage of life, but those occurring during sensitive developmental periods, especially early childhood, are particularly harmful. For example, harsh parenting and physical punishment can damage child health and bullying is a leading risk factor for mental health conditions.Protective factors similarly occur throughout our lives and help build resilience. They include individual social and emotional skills, positive social interactions, access to quality education, decent work, safe neighbourhoods and strong community ties.Mental health risks and protective factors can be found at different scales. Local challenges affect individuals, families and communities, while global threats – such as economic downturns, disease outbreaks, humanitarian emergencies, forced displacement and climate change – impact entire populations.No single factor can reliably predict mental health outcomes. Many people exposed to risk factors never develop a mental health condition, while others may be affected without any known risk. However, the interplay of these determinants collectively shapes mental health over time.Mental health promotion and preventionPromotion and prevention efforts aim to improve mental health by addressing individual, social and structural determinants of mental health. Interventions can be designed for individuals, specific groups or whole populations.Because many determinants lie outside the health sector, effective promotion and prevention programmes require cross-sector collaboration. Education, labour, justice, transport, environment, housing, and welfare sectors all have vital roles. The health sector can contribute by embedding promotion and prevention into its services and by leading or supporting multisectoral collaboration.Suicide prevention is a global priority and part of the Sustainable Development Goals. Key strategies include limiting access to means, promoting responsible media reporting, supporting social and emotional learning for adolescents, and ensuring early intervention. Banning highly hazardous pesticides is a particularly inexpensive and cost-effective intervention for reducing suicide rates.Promoting child and adolescent mental health is another priority. Effective approaches include policies and laws that protect mental health, support for caregivers, school-based programmes and improvements to community and online environments. Among these, school-based social and emotional learning programmes are especially effective across all income levels.Mental health at work is a growing area of interest and can be supported through legislation and regulation, workplace policies, manager training and targeted interventions for workers.Mental health care and treatmentNational efforts to strengthen mental health must focus not only on promoting mental well-being for all, but also on addressing the needs of people with mental health conditions.This is best achieved through community-based mental health care, which is more accessible and acceptable than institutional care, helps prevent human rights violations, and delivers better recovery outcomes. Such care should be provided through a coordinated network of services that comprise:integrated mental health services within general health care, typically in general hospitals and through task-sharing with non-specialist care providers in primary health care;dedicated community mental health services, such as community mental health centres and teams, psychosocial rehabilitation, peer support and supported living; andmental health support in non-health settings, including child protection services, school health programmes, and prisons.The vast care gap for common mental health conditions such as depression and anxiety means countries must also explore innovative approaches to expand and diversify care. These include non-specialist psychological services and digital self-help tools, which can be scaled efficiently and affordably.WHO responseAll WHO Member States have committed to the Comprehensive mental health action plan 2013–2030, which aims to improve mental health through four key strategies focused on leadership, community-based care, promotion and prevention, and data. WHO's latest analysis of country performance against the action plan, Mental health atlas 2024 , showed that progress towards the agreed targets remains insufficient.To accelerate action, WHO's World mental health report: transforming mental health for all urges countries to focus on three transformative pathways:deepen the value given to mental health by individuals, communities and governments, backed by meaningful engagement and investment across sectors;reshape environments – in homes, schools, workplaces and communities – to better protect mental health and prevent mental health conditions; andstrengthen mental health care by building community-based networks of accessible, affordable and quality services and supports that meet the full spectrum of needs.WHO places strong emphasis on human rights, empowering people with lived experience, and fostering multisectoral collaboration.WHO continues to work nationally and internationally - including in humanitarian settings – to provide strategic leadership, evidence, tools and technical support to help governments and partners drive a collective transformation towards better mental health for all. Key facts Nearly 1 in 7 people in the world live with a mental disorder.Mental disorders can severely disrupt daily life and cause long-term suffering if left untreated.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 2021, nearly 1 in every 7 people (1.1 billion) around the world were living with a mental disorder, with anxiety and depressive disorders the most common (1). 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 2021, 359 million people were living with an anxiety disorder including 72 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: generalized 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.DepressionIn 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.  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 disorderIn 2021, 37 million people experienced bipolar disorder, including 3.8 million adolescents aged 10-19 years (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)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. SchizophreniaSchizophrenia affects approximately 23 million people or 1 in 345 people worldwide (1). People with schizophrenia have a life expectancy nine years below that of the general population (2). 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 disordersIn 2021, 16 million people experienced eating disorders including almost 3.4 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 disordersIn 2021, 41 million people, including children and adolescents, were living with conduct-dissocial disorder (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 persistently 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, such as cognitive problem-solving and/or social skills training, and often involve parents, caregivers, and teachers.Neurodevelopmental disordersNeurodevelopmental 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) among 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.Risk factors 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 supportHealth 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 (3) and only one third of people with depression receive formal mental health care (4). People with mental disorders also require social support, including assistance 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 responseWHO's Comprehensive Mental Health Action Plan 2013–2030 recognizes the essential role of mental health in achieving health for all people. The plan includes four 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 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.  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