



Prevalence of Mental Disorders and Psychotherapy

Stephen Allen *

Department of Medicine, The Royal Bournemouth Hospital, Dorset, Castle Lane East, Bournemouth, UK

ABOUT THE STUDY

The prevalence of mental disorders has been studied worldwide, providing estimates of the frequency of mental disorders. Various severity criteria or thresholds have sometimes been used. National and international figures are often estimated by large-scale surveys of self-reported symptoms up to the time of assessment; sometimes a number is calculated for the occurrence of a disorder in the week, month or year prior to the assessment - a recurring prevalence score or rate; sometimes the number is how long a person lived before rating - the so-called lifetime prevalence rate.

The World Health Organization is currently conducting a global survey in 26 countries from all regions of the world, based on the ICD and DSM criteria. The first published figures on 14 national surveys conducted to date indicate that, of the disorders evaluated, anxiety disorders were the most common in all but one. Countries (previous 12 month prevalence 2.4% in 18.2%) and Next most common mood disorders in all but 2 countries (12 month prevalence 0.8% to 9.6%), while substance-related disorders (0.1%–6.4%) and impulse control disorders (0.0–6.8%) are consistently less common.

Obsessive-compulsive disorder is 2-3 times more common in Latin America, Africa, and Europe than in Asia and Oceania. Schizophrenia appears to be most common in Japan, Oceania, and Southeast Europe and least common in Africa. Bipolar disorder and panic disorder have very similar rates around the world.

Schizophrenia affects about 0.3-0.7% of people at some point in their lives, or 21 million people worldwide in 2011 (about one in 285 people). Using precise methods of diagnosis and a large and representative number, schizophrenia appears to have occurred with relative consistency over time over the past half-century.

In 2000, the World Health Organization found that the prevalence and prevalence of schizophrenia were roughly similar worldwide, with age-standardized prevalence per 100,000 population ranges from 343 in Africa to 544 in Japan and Oceania for men and from 378 in Africa to 527 in Southern Eastern Europe for women. However, the impact of schizophrenia tends to be highest in Oceania, the Middle East and East Asia, while countries in Australia, Japan, the United States and most of Europe generally have low impact. Despite its relative proximity, the DALY rate for schizophrenia in Indonesia is almost twice that of Australia (the countries with the highest and lowest DALY rates, respectively). The difference between DALY rates and prevalence probably stems from differences in the availability of medical treatments: years of living with a mental disorder have a DALY value when not indicated.

Studies on the prevalence of personality disorders (PD) are less and less frequent and on a smaller scale, but a larger Norwegian survey found a similar prevalence to be closer to 1 in 7 (13, 4%), based on satisfaction of personality criteria during the previous five-year period. Rates for specific disorders range from 0.8% to 2.8%, with rates varying by country, gender, education level, and other factors. A US survey that casually screened for personality disorders found the overall rate to be 14.79%.

Correspondence to: Dr. Stephen Allen, Department of Medicine, The Royal Bournemouth Hospital, Castle Lane East, Bournemouth, UK, Tel/Fax: +44 (0)300 019 6175; E-mail: dr.steppen@aol.com

Received: December 03, 2021; **Accepted:** December 17, 2021; **Published:** December 24, 2021

Citation: Allen S (2021) Prevalence of Mental Disorders and Psychotherapy. *J Foren Psy.* 6:203.

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