

The Stress Response at the Onset of Disease

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Introduction

The onset of a disease can affect an individual's health and daily life in many different ways. The nature and severity of these effects vary according to the type of disease, the person's age, physical condition, psychological resilience, social support, financial resources, and access to treatment. Some diseases begin suddenly, while others develop gradually over several weeks, months, or years. Similarly, one person may experience mild symptoms and remain relatively independent, whereas another person with the same diagnosis may experience substantial difficulty completing everyday activities.

Disease onset affects more than the organ or system directly involved. An illness may influence a person's emotions, thoughts, behavior, sleep, appetite, education, employment, relationships, and ability to manage responsibilities. A [physical illness](#) can contribute to anxiety or depression, while a mental health condition can also affect physical health and the ability to complete ordinary tasks. The National Institute of Mental Health explains that mental illness can range from mild to severe impairment, meaning that the functional effects are not identical for every individual (National Institute of Mental Health [NIMH], n.d.-a).

The body also responds to the onset of illness as a potential stressor. The brain coordinates biological systems that release stress mediators, including glucocorticoids and catecholamines. These substances help the body respond to immediate challenges by increasing alertness, mobilizing energy, and changing cardiovascular and immune activity. In the short term, these responses may be protective. However, prolonged or repeated activation can contribute to physiological strain, commonly described as allostatic load (McEwen, 2008).

This analysis examines how disease onset can affect stress physiology, activities of daily living, financial management, employment, education, self-care, sleep, eating patterns, social behavior, and close relationships. It also discusses depression, bipolar disorder, schizophrenia, obesity, and eating disorders as examples. Finally, it evaluates the role of medication, psychotherapy, social support, healthy routines, and early professional intervention.

The Stress Response at the Onset of Disease

When a person becomes ill or believes that a serious illness may be developing, the brain may interpret the situation as a threat. The stress response is not controlled by only two hormones. Instead, it involves several interacting neural, hormonal, cardiovascular, metabolic, and immune

systems.

Two important stress-response pathways are the sympathetic-adrenal-medullary system and the hypothalamic-pituitary-adrenal axis. The sympathetic system promotes the release of catecholamines, particularly adrenaline and noradrenaline. These chemicals can increase heart rate, blood pressure, breathing, attention, and the availability of energy. The hypothalamic-pituitary-adrenal axis ultimately promotes the release of glucocorticoids, including cortisol.

These responses help the person adapt to a short-term challenge. For example, increased alertness may help an ill person seek treatment, respond to pain, or avoid danger. McEwen (2008) explains that stress mediators have both protective and potentially damaging effects. Their short-term activity contributes to adaptation, but prolonged activation or inadequate regulation can affect the brain and body negatively.

The concept of allostasis describes the body's effort to maintain stability through physiological change. The body adjusts its hormones, metabolism, immune activity, and cardiovascular function to meet a challenge. When these systems are repeatedly activated, fail to switch off appropriately, or respond inefficiently, the accumulated burden is called allostatic load.

Disease onset may therefore create a cycle. Symptoms produce stress, stress affects sleep and behavior, inadequate sleep makes coping more difficult, and reduced coping may intensify the person's experience of illness. This cycle does not mean that stress causes every symptom or that the person is responsible for the disease. It shows that biological illness and psychological responses can interact.

The effect also differs from one person to another. Previous trauma, financial insecurity, social isolation, discrimination, family responsibilities, and uncertainty about treatment may make the diagnosis more stressful. Conversely, access to information, supportive relationships, reliable healthcare, and effective coping strategies may reduce the burden.

Effects on Activities of Daily Living

An affected or ill person may experience difficulty completing activities of daily living. The exact difficulties depend on the nature and severity of the disease.

Basic activities of daily living include:

- Bathing.
- Dressing.
- Eating.
- Using the toilet.
- Moving from one place to another.

- Maintaining personal hygiene.

More complex responsibilities are sometimes called instrumental activities of daily living. These include:

- Preparing meals.
- Cleaning.
- Managing medication.
- Shopping.
- Using transportation.
- Managing finances.
- Attending appointments.
- Communicating with service providers.
- Organizing a daily schedule.

A person experiencing depression may struggle to get out of bed, bathe, prepare food, or clean the home because of fatigue, reduced motivation, poor concentration, and loss of interest. NIMH advises people to seek professional help when severe symptoms persist and interfere with ordinary activities, including sleep, appetite, concentration, getting out of bed, or completing usual tasks (NIMH, n.d.-b).

A person experiencing a severe manic episode related to bipolar disorder may remain highly active but still be unable to manage daily life safely. The person may sleep very little, begin many projects, spend money impulsively, speak rapidly, or make poorly considered decisions. During bipolar depression, the same person may become withdrawn, exhausted, and unable to complete basic responsibilities. Bipolar symptoms can interfere with daily activities, relationships, employment, and education (NIMH, n.d.-c).

The loss of independence can be emotionally difficult. Someone who previously managed a household without assistance may feel embarrassed when needing help. The healthcare team should therefore support independence wherever possible while arranging practical assistance for activities the person cannot currently complete safely.

Financial Management

Disease onset can also interfere with financial management. A healthy individual may normally be able to prepare a budget, pay bills, monitor a bank account, and plan monthly expenses. A person affected by severe stress, depression, mania, psychosis, cognitive impairment, or physical exhaustion may find these tasks much harder.

Depression can reduce concentration and decision-making ability. Bills may remain unopened, deadlines may be missed, and the person may postpone dealing with financial concerns because every task feels overwhelming.

During mania, an individual may engage in impulsive spending, risky investments, excessive purchasing, or unrealistic business plans. Such behavior can create debt and family conflict before the episode is recognized and treated.

Psychosis may also affect financial judgment when a person's decisions are influenced by delusions, confusion, or severe disorganization. However, it is important not to assume that every person with schizophrenia or another psychotic disorder is permanently unable to manage money. Functional ability differs among individuals and may improve considerably with treatment and support.

Illness can produce financial pressure even when cognitive ability remains unaffected. Medical appointments, transportation, medication, reduced work hours, and insurance expenses may create new costs. If the person loses employment, financial problems may become another major source of stress.

Support may include:

- Simplifying bill-payment routines.
- Establishing automatic payments with informed permission.
- Involving a trusted person when appropriate.
- Consulting a social worker.
- Accessing disability or employment benefits.
- Creating safeguards during periods of mania or severe impairment.
- Referring the person for financial counseling.

Such support should respect the individual's autonomy and legal rights. Assistance should not become unnecessary control.

Effects on Employment

Employment is important for income, identity, social participation, routine, and independence. The onset of illness can make workplace interaction, task completion, attendance, concentration, and meeting deadlines more difficult.

A person with depression may experience low energy, reduced motivation, slowed thinking, and difficulty concentrating. A worker with severe anxiety may struggle with meetings, presentations, customer contact, or decision-making. Someone experiencing chronic physical pain may have difficulty sitting, standing, lifting, or traveling.

Mental health conditions may also affect employment indirectly. A person may fear disclosing the illness because of stigma or discrimination. Coworkers may misunderstand changes in behavior, while managers may treat symptoms as laziness or lack of commitment.

The World Health Organization states that mental health conditions can create difficulties at work.

However, decent employment can also support recovery, confidence, inclusion, and social functioning (World Health Organization [WHO], 2024).

Workplace support may include:

- Flexible scheduling.
- Temporary reduction of workload.
- Time for medical appointments.
- Clear written instructions.
- A quiet working environment.
- Remote-work arrangements where appropriate.
- Gradual return to work.
- Supported employment.
- Reasonable accommodations required by applicable law.

The goal should not be to remove people with illness from employment automatically. Many individuals can continue working or return successfully when symptoms are treated and the environment provides appropriate support.

Effects on Education

The onset of illness may interfere with school, college, vocational training, or professional education. Difficulties with sleep, concentration, memory, energy, attendance, motivation, and social interaction can affect academic performance.

A student experiencing depression may submit assignments late, miss classes, or lose interest in subjects that were previously enjoyable. A student experiencing mania may have increased confidence but poor organization and unrealistic plans. A young person developing psychosis may experience gradual changes in thinking, mood, behavior, and social functioning before the first clear psychotic episode.

NIMH notes that identifying early changes and connecting people with treatment before or soon after a first psychotic episode may improve long-term functioning. Appropriate treatment can help people with schizophrenia remain in school, maintain employment, develop independence, and enjoy relationships (NIMH, n.d.-d).

Educational support may include:

- Additional time for assignments or examinations.
- Reduced course loads.
- Temporary medical leave.
- Counseling.

- Tutoring.
- Flexible attendance policies.
- Quiet examination rooms.
- Coordinated specialty care.
- Supported education services.

The condition should not be interpreted as evidence that the student lacks intelligence or potential. The symptoms may temporarily interfere with the ability to demonstrate existing abilities.

Effects on Self-Concept and Self-Care

The original discussion refers to “self-complex,” which may be understood more accurately as self-concept, self-esteem, or the individual’s perception of identity.

The onset of disease may change how a person sees the self. Someone who previously identified as independent, active, productive, or physically healthy may struggle to incorporate the illness into that identity. The person may ask:

- Am I still the same person?
- Will others treat me differently?
- Can I still achieve my goals?
- Will I always need treatment?
- Am I a burden on my family?
- Did I cause this illness?

These questions may lead to shame, guilt, fear, or hopelessness. Visible conditions such as obesity, skin disease, movement disorders, or treatment-related physical changes may also expose the person to stigma.

Self-care may decline when symptoms are severe. The individual may stop bathing, exercising, eating regular meals, attending appointments, or taking medication. This should not automatically be described as irresponsibility. The person may be experiencing fatigue, cognitive impairment, hopelessness, side effects, financial barriers, or inadequate support.

Treatment should help the individual maintain an identity larger than the diagnosis. A person may have depression, schizophrenia, obesity, or bipolar disorder, but the condition does not define the person’s entire character or future.

Sleep Disturbance

Sleep is an essential part of physical and mental health. Disease onset can produce insomnia,

excessive sleeping, irregular sleep schedules, nightmares, or poor-quality sleep.

Insomnia may involve:

- Difficulty falling asleep.
- Repeated waking during the night.
- Waking earlier than intended.
- Inability to return to sleep.
- Feeling unrefreshed after sleeping.

The original claim that insomnia occurs in 60% to 70% of Americans because of depression is not sufficiently accurate and should not be used. Insomnia is common, but prevalence depends on the definition, population, period measured, and whether occasional symptoms or a clinical disorder are being counted.

Depression can involve either insomnia or sleeping excessively. Symptoms may include disrupted sleep, low energy, poor concentration, changes in appetite, guilt, hopelessness, and loss of interest (WHO, 2025a).

Bipolar disorder may also affect sleep in different ways. During mania, a person may sleep very little without initially feeling tired. During depression, the person may have insomnia or sleep for extended periods.

Pain, breathing difficulties, fever, medication effects, hospitalization, worry, and changes in daily routine can also disrupt sleep in people with physical illnesses.

Poor sleep may intensify irritability, cognitive problems, pain sensitivity, and emotional distress. Treatment may involve addressing the underlying illness, improving sleep routines, reviewing medications, and using evidence-based therapy. Cognitive behavioral therapy adapted for insomnia may be helpful in appropriate cases, including as part of care for some people with bipolar depression (NIMH, n.d.-e).

Eating Patterns and Nutrition

Illness may affect appetite and eating behavior. Some people eat less because of nausea, pain, depression, medication effects, swallowing difficulty, or loss of interest. Others may eat more in response to stress, boredom, emotional discomfort, medication effects, or disrupted routines.

It is important to distinguish changes in appetite from eating disorders. Anorexia nervosa, bulimia nervosa, and binge-eating disorder are not simply examples of people eating more for comfort.

Anorexia nervosa generally involves severe restriction or avoidance of food, intense fear of gaining weight, and disturbances in body image.

Bulimia nervosa involves recurrent episodes of binge eating followed by behaviors intended to compensate for the binge, such as self-induced vomiting, fasting, excessive exercise, or misuse of laxatives.

Binge-eating disorder involves recurrent binge-eating episodes accompanied by loss of control and distress, without the regular compensatory behavior characteristic of bulimia nervosa (NIMH, 2024a).

Eating disorders are serious and potentially life-threatening conditions. They arise through interactions among biological, psychological, behavioral, and social factors. They should not be described as simple choices or ordinary comfort eating.

Changes in appetite and weight may also be symptoms of depression or side effects of medication. A person experiencing unexpected weight loss, rapid weight gain, repeated binge eating, severe restriction, purging, fainting, or obsessive concerns about food and body shape should receive professional assessment.

Schizophrenia and Social Functioning

Individuals with schizophrenia may experience hallucinations, delusions, disorganized thinking, reduced emotional expression, low motivation, difficulty concentrating, or social withdrawal. The combination and severity of symptoms vary substantially.

The original discussion describes “anti-social behavior.” This term should be avoided in this context because social withdrawal is not the same as antisocial behavior. In clinical language, antisocial behavior may imply disregard for the rights or safety of others. A person with schizophrenia who avoids social contact may instead be experiencing fear, reduced motivation, stigma, difficulty organizing thoughts, or uncertainty about communication.

Hallucinations involve perceiving something, such as a voice, that is not present to other people. Delusions are strongly held beliefs that remain despite clear evidence to the contrary. Disorganized speech may make communication difficult, but this does not mean that the person has nothing meaningful to express.

Schizophrenia can affect personal, family, social, educational, and occupational functioning. Stigma and discrimination may create additional harm beyond the symptoms themselves (WHO, 2025b).

People with schizophrenia should not automatically be portrayed as violent, incapable, or permanently isolated. Effective treatment can support education, employment, independent living, and meaningful relationships. Early intervention is especially important.

Coordinated specialty care for first-episode psychosis may include:

- Individualized medication management.

- Psychotherapy.
- Family education and support.
- Case management.
- Supported employment.
- Supported education.
- Shared decision-making.

Research supported by NIMH has found that coordinated, team-based care can improve clinical and functional outcomes, particularly when treatment begins soon after the onset of psychosis (NIMH, 2023).

Effects on Friendships and Intimate Relationships

Mental and physical illnesses can affect friendships, family relationships, and intimate partnerships. Symptoms may change communication, sexual functioning, emotional availability, energy, trust, and the division of household responsibilities.

A person with depression may withdraw because of exhaustion or the belief that others would be better off without them. A partner may incorrectly interpret the withdrawal as rejection. A person experiencing mania may speak rapidly, become irritable, spend money impulsively, or make decisions that create conflict.

Someone developing psychosis may become suspicious or frightened and may have difficulty determining which experiences are shared by others. Physical illness may also place new caregiving responsibilities on a spouse, parent, child, or friend.

The original discussion states that a lack of concentration, compassion, and understanding can turn a normal relationship into an emotionally imbalanced relationship. This is possible, but the burden should not be placed entirely on the ill person. Relationships are influenced by how all participants communicate and respond.

Healthy relationship support may involve:

- Clear discussion of symptoms.
- Family or couples therapy.
- Education about the condition.
- Agreed plans for crises.
- Respectful boundaries.
- Shared financial safeguards.
- Respite for caregivers.
- Support groups.
- Protection from abuse or exploitation.

Mental health conditions can create difficulties in family, friendship, and community relationships, but social support is also an important part of recovery (WHO, 2025c).

Depression and Bipolar Disorder

Depression and bipolar disorder illustrate how the onset of mental illness can influence multiple areas of life.

Depression may involve persistent sadness or emptiness, loss of interest, fatigue, disturbed sleep, appetite changes, guilt, reduced self-worth, poor concentration, and thoughts of death. It may affect home life, education, employment, and social participation (WHO, 2025a).

Bipolar disorder involves episodes of significant changes in mood, energy, activity, and concentration. Manic episodes may include unusually elevated or irritable mood, increased activity, reduced need for sleep, rapid speech, racing thoughts, impulsivity, and unrealistic confidence. Depressive episodes may involve low mood, fatigue, hopelessness, and impaired functioning.

The onset of bipolar disorder may initially be misunderstood as ordinary stress, personality change, substance use, or depression. Accurate diagnosis requires a careful assessment because treatment for bipolar disorder differs from treatment for unipolar depression.

With appropriate treatment, children, adolescents, and adults with bipolar disorder can manage symptoms and lead active lives. Diagnosis should be made by trained mental health professionals rather than through self-assessment (NIMH, n.d.-f).

Obesity and Disease Burden

The original discussion includes obesity among the health conditions affecting daily life. Obesity should not automatically be grouped with mental disorders. It is a complex chronic disease influenced by biological, genetic, behavioral, environmental, social, and economic factors.

Obesity may affect mobility, pain, sleep, cardiovascular risk, diabetes risk, and participation in some activities. However, social stigma can also create serious harm. People living with obesity may experience discrimination in education, employment, healthcare, and relationships.

Mental health conditions and obesity can interact. Depression may reduce physical activity or alter appetite, while some medications may contribute to weight change. Conversely, weight stigma, pain, and health concerns may contribute to emotional distress.

Treatment should avoid blame. It may involve nutrition support, physical activity adapted to the individual, behavioral treatment, medication, management of related conditions, or surgery in selected circumstances.

Treatment and the Role of Medication

Health conditions such as depression, schizophrenia, bipolar disorder, eating disorders, and obesity may involve medication as one part of treatment. However, the original statement that a person cannot depend on medication for a lifetime and that the only solution is meditation, diet, motivation, and perseverance is medically inaccurate and potentially harmful.

Some individuals need medication for a short period. Others may benefit from long-term or lifelong treatment, depending on the condition, symptom history, recurrence risk, treatment response, side effects, and personal preferences.

For example:

- Antidepressants may be used for depression and selected anxiety disorders.
- Mood stabilizers and some antipsychotic medications may be used for bipolar disorder.
- Antipsychotic medication is commonly part of schizophrenia and psychosis treatment.
- Medication may be used for some eating-disorder symptoms and co-occurring conditions.
- Approved medication may form part of obesity treatment for eligible patients.

Medication can cause side effects, and not every medicine works equally well for every individual. The solution is not to reject medication automatically. Instead, the healthcare provider and patient should evaluate benefits, risks, alternatives, side effects, interactions, and the patient's goals.

People should not stop psychiatric medication suddenly or change a dose without professional guidance. Sudden discontinuation may produce withdrawal effects, symptom recurrence, mania, psychosis, or other serious problems.

NIMH explains that treatment for depression commonly includes psychotherapy, medication, or both. When one approach does not produce sufficient improvement, the treatment plan may be adjusted rather than abandoned (NIMH, n.d.-g).

Psychotherapy and Psychosocial Support

Medication is not the only form of treatment. Psychotherapy can help people understand symptoms, develop coping strategies, address unhelpful thinking or behavior, improve communication, manage stress, and prevent relapse.

Depending on the condition, treatment may also include:

- Cognitive behavioral therapy.
- Family-focused therapy.
- Interpersonal therapy.

- Behavioral activation.
- Trauma-informed therapy.
- Psychoeducation.
- Social-skills training.
- Occupational therapy.
- Supported education.
- Supported employment.
- Peer support.
- Case management.

People experiencing schizophrenia or first-episode psychosis often benefit from a coordinated treatment plan rather than medication alone. Similarly, bipolar disorder may require medication combined with psychotherapy, sleep regulation, family support, and relapse-prevention planning.

Eating disorders may require medical monitoring, nutritional rehabilitation, psychotherapy, and family involvement. These disorders can be treated successfully, and early detection improves the possibility of recovery (NIMH, 2024b).

Healthy Lifestyle Practices

Meditation, a healthy diet, motivation, perseverance, exercise, and good sleep habits may support health, but they should not be presented as the only solution to serious illness.

Helpful self-care practices may include:

- Maintaining a regular sleep schedule.
- Eating balanced meals.
- Participating in appropriate physical activity.
- Avoiding harmful substance use.
- Practising relaxation or mindfulness.
- Staying connected with supportive people.
- Following the treatment plan.
- Attending appointments.
- Recording symptoms and triggers.
- Asking for help early.

These practices may reduce stress, improve general health, and support treatment. However, motivation alone cannot overcome every biological, psychological, or social cause of disease. Telling an ill person simply to become more motivated may increase guilt and shame.

Meditation may help some individuals manage stress, but it may not be suitable as the only intervention during severe psychosis, mania, suicidal depression, medical instability, or a life-

threatening eating disorder. Professional treatment is necessary when symptoms are severe, persistent, or dangerous.

Importance of Early Intervention

Early recognition and treatment can reduce the disruption caused by disease onset. A person should seek professional help when symptoms:

- Persist for an extended period.
- Cause severe distress.
- Prevent ordinary daily activities.
- Affect school or work.
- Damage important relationships.
- Produce major changes in sleep or appetite.
- Include hallucinations, delusions, or severe confusion.
- Involve dangerous impulsivity.
- Include self-harm or thoughts of suicide.
- Cause serious physical deterioration.

The onset of illness should not be ignored until the person loses all ability to function. Early assessment may identify a treatable medical cause, prevent complications, or connect the person with appropriate support.

For psychosis in particular, gradual changes may occur before the first major episode. Prompt access to coordinated care may improve long-term functioning. For depression, early intervention may reduce suffering and suicide risk. For eating disorders, early treatment may prevent severe medical complications.

Combating Stigma

Language strongly influences how society understands disease. Terms such as “mentally challenged,” “anti-social,” “crazy,” or “incapable” may increase stigma when used inaccurately.

More respectful language includes:

- A person with schizophrenia.
- A person experiencing depression.
- A person living with bipolar disorder.
- A person with obesity.
- A person receiving treatment for an eating disorder.

Person-first language emphasizes that the diagnosis is only one part of the individual.

Stigma may prevent people from disclosing symptoms or seeking treatment. It can also affect housing, employment, education, relationships, and the quality of healthcare. WHO reports that people with severe mental health conditions frequently experience stigma, discrimination, and human rights violations (WHO, 2025b).

Education should therefore communicate that mental illnesses are genuine health conditions and that treatment can help people recover, manage symptoms, and participate meaningfully in their communities.

Conclusion

The onset of disease can affect an individual in many interconnected ways. The effects vary according to the disease, symptom severity, personal resources, social environment, and access to appropriate treatment.

The brain and body respond to illness through stress systems involving catecholamines, glucocorticoids, and other mediators. These responses may be protective in the short term but can contribute to allostatic load when they remain activated for long periods.

Illness may interfere with activities of daily living, financial management, education, employment, sleep, nutrition, self-care, and relationships. Depression may reduce energy, interest, and concentration. Bipolar disorder may produce periods of depression and mania that affect judgment and routine. Schizophrenia may involve hallucinations, delusions, disorganized thinking, and social withdrawal, but appropriate treatment can support education, work, independence, and relationships.

Changes in eating behavior should be described accurately. Anorexia nervosa primarily involves severe restriction, bulimia nervosa involves binge eating followed by compensatory behavior, and binge-eating disorder involves repeated binge eating without regular compensatory behavior.

Treatment must be individualized. Medication may be necessary for a short or extended period and should not be stopped without professional guidance. Psychotherapy, family support, supported education, employment assistance, healthy sleep, nutrition, physical activity, mindfulness, and social connection may all contribute to recovery.

Lifestyle practices are important, but they are not substitutes for professional treatment when a condition is severe. Motivation and perseverance can support recovery, but disease should never be treated as a failure of willpower.

Ultimately, the onset of disease does not end an individual's ability to live a meaningful life. Early intervention, accurate information, compassionate relationships, appropriate medical and psychological care, and practical social support can help people manage their symptoms and regain

participation in everyday life.

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