

Women's Mental Health in the Postpartum Period in Kosovo

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Abstract

Mental health refers to the condition of the individual with an emphasis on psychological and emotional well-being, while the postpartum period is the immediate period after childbirth. The purpose of this paper is to address the postpartum period with a focus on mothers, in a rather under-researched field in Kosovo - mothers' mental health. In this paper, a mixed-method research design was used (qualitative and quantitative), and the data were collected using a questionnaire with women/mothers (N = 503) and interviews with mothers (N = 6) where half of them were participants who self-reported psychological distress during the postpartum period. The results highlight the high prevalence of mental health problems in the postpartum period, especially in younger mothers, and the lack of access to mental health services.

Keywords: Mental health; postpartum period; Kosovo; access to mental health services.

1. Background

Although the prenatal period is associated with an expectation of motherhood as a happy period, for a significant number of women, postpartum is initially associated with feelings of boredom, fear, and loneliness. Mental health problems can occur in any individual, in any period of life and the postpartum period is no exception. Mental health problems are health conditions, which affect the way you feel, think and behave. Depression as a concept is physically inexplicable and appears more complex and hard to understand, so it is easier to use a diagnosis that includes all [1]. According to DSM-IV (Diagnostic and Statistical Manual of Mental Disorders), postpartum depression (PPD) considers major depressive disorder if it lasts more than four weeks [2]. Disorders associated with depression vary from baby blues, postpartum depression to psychosis [3]. 'Baby blues' is characterized by mild mood swings and lasts up to two weeks after birth (with a prevalence of about 50% to 80%), followed by postpartum depression that affects 20% of mothers, and postpartum psychosis is rarer with a spread of 0.1%. Anxiety is a normal feeling.

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It is the brain's response to stressful situations warning you of potential danger. Anxiety disorders, on the other hand, are a group of mental disorders that constantly cause fear and anxiety. They can cause you to avoid daily contact and activities, which can make your symptoms worse. But with treatment, one can manage feelings. Some of the types are: generalized anxiety, panic disorder, social anxiety disorder, various phobias, separation anxiety, PTSD, obsessive-compulsive disorder (OCD), etc [4]. In the postpartum period, generalized anxiety is more common, but some women experience panic attacks and hypochondria. Obsessive-compulsive disorder has been reported too [5].

Stress in the postpartum period is not the same as anxiety, however, it is difficult to live with it. Stress manifests itself by feelings of doubt and disappointment and a deep desire to be the perfect mother. What distinguishes it from anxiety is that stress is typically caused by an external trigger, which can be short-term or long-term, while anxiety is defined by persistent, excessive worries that does not go away even in the absence of a stressor [6]. Good mental health depends on balancing many vital factors and elements [7]. Risk and protective factors can be biological, psychological, or social. A single risk or protective factor, in most cases, increases the likelihood but is not necessarily the cause of a detrimental or beneficial impact [8]. These include various factors such as socioeconomic status, level of social inclusion, level of education, housing conditions, etc ; and immutable factors such as age, gender, and ethnicity [7].

Despite the high demand and increasing awareness of the importance of mental health, not always are the mental health services accessible to those most in need. Several barriers prevent people from accessing services, one of which is prejudice or stigma. In different cultures, it is challenging to find resources where you can refer for treatment of mental health problems or talk to someone who understands your specifics [9]. Shame related reasons for low access to mental health systems could be due to several reasons. The first possibility is related to the desire to protect the family reputation and their own dignity. The second may involve the possibility that the mental health professional would see them as “crazy,” similar to the notion of external shame, and finally that the person may be reluctant to open up to strangers, due to a number of factors such as fears of “loss of face,” lack of trust, or the fear of revisiting painful events [10]. Other common barriers to mental health care access include: Cost and lack of insurance coverage, limited availability and long queues, and lack of education about mental illness [9].

2. Objectives

Although it is a well-studied topic, Kosovo lacks needed information about mental health, especially mothers' mental health in the postpartum period. The 21-item Dass was selected to identify those three negative emotional states (depression, anxiety, and stress), which resulted in a high prevalence of women's mental health problems in the postpartum period. The hypothesis shows that despite the high prevalence of mental health problems in the postpartum period, there is a lack of access to mental health services. Also, this article shows the relationship between rural-vs-urban *location*, age group, and educational level with the prevalence of mental health problems of women in the postpartum period.

The importance of this study lies in the fact that women's mental health issues in the postpartum period will not

remain silent, acknowledging the problems with mental health in the postpartum period, which may increase the likelihood of women/mothers seeking professional help.

The study reveals quantitative data on mental health problems - the prevalence, types, and severity that affect women in this period. Also, qualitative data explain women's experiences and how they deal with postpartum mental health problems.

The aim of this study is to identify and interpret mental health problems during the postpartum period of women in Kosovo.

3. Research questions and hypothesis

RQ1: What relationship, if any, is there between the prevalence of depression and place of birth?

RQ2: What relationship, if any, is there between the prevalence of mental health problems and educational level?

RQ3: Which age group of mothers in the postpartum period is most affected by depression?

Hypothesis: Despite the high prevalence of mental health problems, there is a lack of access to mental health services

4. Methodology

Research design

This study was conducted using a mixed-method research design. In the first phase of the study, the questionnaire 'Women's mental health in the postpartum period' was used to collect quantitative data, through which it analyzes the opinions, attitudes and emotional state of respondents. The second phase of the qualitative study aims to interpret the experience, attitudes and relationships, enabling subjective information through human experience.

Procedural ethics

Participants were informed in advance of the purpose of the study. Participants' information was used for study purposes only. The participating mothers were contacted via phone. They were informed that the phone conversation it will be recorded and that their responses will be kept confidential. In both methods of data collection, participants had the opportunity to withdraw at any time.

Dependent and independent variables

The independent variable is the postpartum period, while the dependent variable is mental health.

First phase: Quantitative phase

This phase is designed as a population-based cross-sectional study to collect data quickly and from many respondents at the same time about the mental health of women in the postpartum period.

Sampling method and instrument

At this stage, the convenient sample was selected. The questionnaire consists of close-ended questions and is divided into two sections: In the first part, mothers answered demographic questions and some additional questions to measure their opinion about mental health, while the next section contained the valid Dass21 test, where mothers ranked the responses with the Likert Scale from 1 to 5 (1-strongly disagree; 5-strongly agree). Dass21 is designed to measure the emotional states of stress, anxiety, and depression, formulated by the University of New South Wales in Australia.

503 women/mothers, aged 18 and above, took the questionnaire. The questionnaire was shared online to the Facebook group '*Këshilla dhe receta per beba&fwmijë*' in September 2020, of which 497 were valid.

Data analysis

Data were analyzed through IBM SPSS software. Descriptive and analytical indicators were used to generate the data. Hypotheses and research questions were tested using the cross tabulation method, chi-square, and cramer's V tests. The cross tabulation method was used to compare variables that aimed to reflect results of the relationship between two factors - dependent and independent. The value of the significance was 0.05. The results of the Dass21 questionnaire were extracted using descriptive statistics frequencies and percentages, based on the Dass score.

Second phase: Qualitative phase

Instrument

Semi-structured interviews were used in the qualitative phase to describe mothers' experiences in the postpartum period. Comparisons have been made between mothers who were challenged with emotional distress in the postpartum period and mothers who did not report any significant difference.

Sampling method

In this phase, the convenience sample was chosen because it enabled data collection of mothers who share common characteristics.

The interviews were divided into two groups: mothers with psychological distress and who report that they had experienced postpartum depression, and the other group interviews with mothers who admit that they had a stable emotional state during the postpartum period.

Contacts were received from the "Homecare for mothers and children" institution and interviews were conducted through telephone calls. Each interview lasted approximately 30 minutes, with minor exceptions. Telephone communication has allowed receiving complete answers, adding sub-questions on specific issues.

Data collection and analysis

Data were analyzed through thematic analysis. This method gives importance to the organization of data along with their detailed description and interpretation [11]. First, interviews were transcribed, then coded.

To code data, I first familiarized myself with the extracted data. Coding was done with the Quirkos program. The coding process enabled the summing up of the results of all interviews. After the coding, data were analyzed and the codes were collected in special categories within the respective topics. These categories and codes are presented through tables and interpretations were made in the results section.

5. Results

Quantitative phase

Into sociodemographic characteristics of respondents who have self-reported pieces of information in the questionnaire are included: the place of birth, educational level, mothers' age group when they became parents, number of children, and the period when the baby was born (see table1).

Table 1: Socio-demographic characteristics of respondents in percentage

Place of birth	Urban		Rural			
	79.1%		19.7%			
Educational level	High school	Bachelor	Master	PhD		
	14.3%	46.9%	35%	2.6%		
Age groups of mothers when they became parents	18-23	24-28	29-33	34-38	39-43; >43	
	19.1%	53.9%	22.1%	3.6%	1%	
Number of children	1	2	3	4		
	49.7%	36.4%	10.5%	2.2%		
The period when the baby was born	0-3 months	3-6 months	6-12 months	1-2 years	2-3 years	>3 years
	8.7%	6.4%	16.1%	27.4%	17.9%	22.5%

Table 2: Dass21 questionnaire results by frequencies and percentages

		Depression		Anxiety		Stress	
		Frequency	Percent	Frequency	Percent	Frequency	Percent
Valid	Normal	191	38.0	155	30.8	135	26.8
	Mild	32	6.4	51	10.1	48	9.5
	Moderate	60	11.9	50	9.9	132	26.2
	Severe	59	11.7	51	10.1	20	4.0
	Ex. sev.	155	30.8	190	37.8	162	32.2
	Total	497	98.8	497	98.8	497	98.8
Missing	System	6	1.2	6	1.2	6	1.2
Total		503	100.0	503	100.0	503	100.0

From 497 valid questionnaires, the following result was derived:

Depression results:

30.8% of mothers are reported with extremely severe symptoms of depression, while 38% of them did not show any symptoms of depression.

Anxiety results:

Anxiety symptoms percentage has resulted higher than that of depression symptoms. The table shows that 37.8% have resulted in extremely severe symptoms of anxiety, while 30.8% of respondents have no symptoms at all.

Stress results:

The percentage of respondents without stress symptoms and those with moderate symptoms is approximately the same with about 26%, while for those with extremely severe symptoms there is a percentage of 32.2%.

Mental health problems self-reported by mothers in the postpartum period

In addition to the Dass21 test, which shows the prevalence of mental health problems of women in the postpartum period; by asking the question 'Do you think you have experienced any type of mental health problems after giving birth and if so which one?' only 30% of mothers (total 150 out of 497 participants) answered that they did not experience mental health problems, while:

45% reported experiencing depression, 14% anxiety, and the lowest percentage was post-traumatic stress disorder with 11%.

RQ1: What relationship, if any, is there between the prevalence of depression and place of birth?

Using the cross-tabulation method and the chi-square test, it was analyzed whether there is a relationship between the place of birth and the prevalence of depressive symptoms. The value of the test is 5,512. The value of the significance is 0.239, greater than the value of alpha 0.05. Therefore we do not reject the null hypothesis but conclude that there is insufficient evidence between the place of birth and the prevalence of depression (see table 3).

RQ1: $\chi^2(4)=5.512, p>0.05$

Table 3: Value of chi square test for research questions 1,2 and hypothesis

Pearson Chi-Square	Value	Df	Asymptotic Significance (2-sided)
Research question 1	5.512	4	.239
Research question 2	5.194	9	.817
Hypothesis	7.368	3	.061
No. of Valid Cases	497		

Cramer's v is a number between 0 and 1 that indicates how strongly two categorical variables are associated, so the test value resulted in 0.105, which is a poor indicator of the relationship between place of birth and the prevalence of depression.

Table 4: Value of cramer's v test for research question 1

Symmetric Measures			
		Value	Approximate Significance
Nominal by Nominal	Phi	.105	.239
	Cramer's V	.105	.239
N of Valid Cases		497	

RQ2: What relationship, if any, is there between the prevalence of mental health problems and educational level?

Using the Pearson Chi-square statistical test, the relationship between mothers' educational level and the prevalence of mental health problems was analyzed. According to the Pearson 0.817 significance, which results higher than the alpha value (0.05), we do not reject the null hypothesis and conclude that there is no correlation between educational level and the prevalence of mental problems (see table 3).

RQ2: $X^2(9)=0.817, p>0.05$

RQ3: Which age group of mothers in the postpartum period is most affected by depression?

The cross-tabulation method was used to show the relationship between the severity of depression and the mothers' age. By percentage, it was found that the age group between 18 and 23 years is most affected by the most severe symptoms of depression. About 39% of this age group had extremely severe symptoms of depression, while in other groups, the percentage was 30% and below.

Mental healthcare access

According to the questionnaire responses, only 3% of mothers (15 out of 497 participants in total) sought help from mental health services.

Mothers have given several reasons that caused barriers for mental health service utilization. Most of them responded with the option 'I did not find it necessary', then fear of judgment, lack of confidentiality, and inadequate awareness about these services. Another barrier has been the cost of treatment and lastly the lack of trust.

Hypothesis: Despite the high prevalence of mental health problems, there is a lack of access to mental health services

The relationship between the prevalence of mental health problems and access to mental health services was analyzed using the chi-square statistical test. The null hypothesis for the chi-square test shows that the two variables are independent. Given that the alpha value is 0.05, and the significance value of the Pearson test is higher (0.61), we do not reject the null hypothesis but conclude that there is insufficient evidence between the prevalence of mental health problems and seeking professional help. So despite the high prevalence of mental health problems in the postpartum period, there is a lack of access to mental health services (see table 3).

H0: $X^2(3)=7.368, p >0.05$

Qualitative phase

The average age of the participants was 30 years old, while the average age when they became mothers was 26 years old. The average number of their children was approximately 1.6. Most of the participants were urban dwellers, except for one of them living in a rural area. 5 out of 6 participants were employed. Regarding educational level, 4 of them had a master's degree, while 2 had a bachelor's degree.

First group- emotionally stable mothers

Second group- psychologically distressed mothers

Explored themes

Prenatal period and birth

Here we notice a similarity between the two groups in terms of health problems, whereas the emotional state of mothers during pregnancy was not the same for each group, but there were differences within the groups. In the second group, the mothers stated that they had difficulties both physically and emotionally. Mothers reported that they experienced stress, fear, nervousness, and lack of support from their partner and family in most cases. In the first group, mothers also expressed their concerns:

"At my first birth, I wasn't having a pleasant time at the QKUK, there was a midwife not in a good mood, and I did not have a good time... it took me a while to recover from the stress that it caused me" (first group, participant 1)

Postpartum period

In the postpartum period, the biggest differences lie: for example, in the first group, no significant emotional distress appeared, contrary to the second group, where it showed severe symptoms and even suicidal thoughts. Two mothers tell about their mental health conditions, which has brought them suicidal thoughts:

"Every time..., I have written in my notebook that I gave to my son, I thought of death. I had thoughts, I felt like that, and I cried. My heart ached for my son and I asked myself where do I leave him, how do I leave him, but thank God it's over" (second group, participant 4)

"I thought I would hurt my child, I felt that I wasn't giving her enough love, and in the first moment I will leave and go out, I will forget to take her with me. Every thought was related to my child, I constantly cried and I blamed myself..., are you crazy, how can you think bad things about your kid..., and if I even watch a horror movie, the moment I closed my eyes, I imagined all the horrible images about my daughter. I was in a situation where I told myself I should commit suicide to get rid of these negative thoughts, and I kept telling myself that I couldn't go on like this" (second group, participant 6)

In the first group, mothers spoke about the challenges they encountered during this period. They reported that they had physical pain while they had to take care of the baby. They stated that they had enough time for themselves, perhaps in meeting the basic needs, but not in achieving the objectives and career development, except for one of the participants, who said that she could not take care of herself and barely maintained personal hygiene.

Access and barriers to mental health services

All participating mothers considered mental health services necessary and would seek help from them, but the fear of judgment would make access to these services difficult.

"Yes, I trust them, and I think they are effective, but there are many factors, for example: if my husband was ready for it, would he consider it as an ordinary thing...and how would the people around us react" (first group,

participant 2)

In the other case, *lack of knowledge* to identify features of *mental health problems* was the reason for not having access to mental health services:

"I trust mental health services, but I didn't know I was experiencing depression" (second group, participant 5)

One of the participants expressed lack of trust in these services, initially preferring religious leaders:

"I took care of myself. I went to the imams, I prayed and practiced ruqyah, I read the Qur'an. I did not think that psychologists could help" (second group, participant 4)

The participant who admits to having visited the mental health professional, further stated:

"In the beginning, I only had therapy sessions, and then I switched to medication. Towards the end, I didn't use the prescription correctly, where again, I showed some symptoms. Three years have passed, and I am still using medication" (second group, participant 6)

Mothers' recommendation for postpartum period

Each participant had valuable tips, some based on personal experience and some in principle:

"The main thing is to know the purpose of having children or why you are reproducing. I would be glad for each mother to be very convinced and aware of her purpose in life. To start on her own, to be prepared, to read books without relying on others" (second group, participant 2) *"Many things I would change, I would take someone from the family to take care of me, that I could sleep enough, I wouldn't allow many guests to come visiting, the way we Albanians are: the baby was born after seven years, so we need to go visit"* (second group, participant 6)

Table 5: Emotionally stable mothers

Explored themes / Categories	Codes
Prenatal period and birth:	Low expectations of health services; Physical health problems in pregnancy;
Postpartum period/Difficulties:	Physical pain; Difficulty in maintaining personal hygiene; Physical Fatigue / Stress / Insecurity;
Access and barriers to mental health services;	Are considered valuable and effective; Fear of judgement;
Mothers' recommendation for postpartum period ;	Preparation / Reading and informing; To rely on yourself; To take care of self and baby;

Table 6: Psychologically distressed mothers

Explored themes / Categories	Codes
Mothers' challenges in the prenatal and postpartum period;	<i>Physical pain; Lack of support; Lack of trust; Mood swings;</i>
Postpartum period and symptom manifestation;	<i>Nervousness; / Stress; / Fear; / Aggressive behavior; / Negative thoughts; / Suicidal thoughts, / Intrusive thoughts; / Guilty feelings; / Lack of confidence; / Sleep deprivation; / Loss of motivation;</i>
Access to mental health services;	<u>Hasn't visited a mental health professional:</u> <i>Skeptical of mental health providers;</i> <i>Orientation towards religious leaders;;</i> <i>Unable to identify the situation that was going through;</i> <u>Has visited a mental health professional:</u> <i>Psychotherapy (one of the participants)</i>
Mothers' recommendation for postpartum period ;	<i>Adequate sleep; / Healthy eating; / Rest; / Preparation; / Advice and information from doctors and midwives; / Seeking help; / Avoidance of unnecessary comments;</i>

6. Discussion

Dass21 results show a high prevalence of mental health problems in the postpartum period. Approximately 2/3 of the sample has resulted with depression, anxiety and stress symptoms, ranging from mild to extremely severe symptoms. The highest percentage, respectively 1/3 of all the symptoms, belongs to extremely severe symptoms.

The first research question was analyzed with a chi-squared statistical test and revealed no relationship between the place of birth and the risk of developing depression symptoms. Also, research question number two found no relationship between the educational level and the risk of developing mental health problems.

According to the cross tabulation method, which answered research question number three, it was revealed that

the age group of women most affected by mental health problems is between 18 and 23 years old.

In addition to the Dass21 questionnaire, mothers were asked if they had experienced mental health problems after giving birth. Approximately 70% of mothers reported experiencing one type of mental health problem. 45% of mothers reported experiencing depression, 14% of them declared experiencing anxiety, and 11% of them, post-traumatic stress disorder. As we can see, the highest percentage belongs to depression because the 'postpartum depression' term is widely used. 96% of respondents reported that they did not have access to mental health services, considering that 70% of them reported experiencing mental health problems. One of the most common reasons they gave was that they did not find it necessary to seek help from mental health services. Other reasons mentioned were: fear of judgment, lack of awareness, and lack of trust, which supports some of the findings of the American study (Kapil, 2019), except for long queues for waiting. Also, the results of the chi-square test confirm the hypothesis that despite the high prevalence of mental health problems in the postpartum period, there is a lack of access to mental health services.

In the qualitative phase, the interviews were separated into two groups: mothers who were emotionally stable during this period and mothers who self-reported psychological distress in the postpartum period. Mothers shared the challenges and confrontations of daily life in this period, especially the second group of mothers expressed their concerns and revealed symptoms of mental health problems, which often included suicidal thoughts. One of the three mothers sought help from mental health services. As mentioned in the quantitative phase, there is a lack of access to mental health services compared to the need to receive treatment, the interviewees also said that that they experienced some of the barriers and the fear of judgment is real. In the study of (Gopalkrishnan, 2018), shame-related reasons for low access to mental health systems are related to the desire to protect the family's reputation and their dignity. These barriers are present in Kosovo too, as mentioned from participant 2 that she needs her husband's approval to access mental health services and fears people's reaction if they know that she is seeking treatment from mental health professionals. At the end of the interviews, mothers gave some recommendations to cope with the postpartum transition. Expectant parents and the entire family can benefit from these tips to make the whole process easier. Some of these recommendations involved: accurate information, taking care of yourself and the baby, adequate sleep, healthy eating, engaging the family members to take care of your needs, and seeking professional help in case of necessity.

7. Conclusions and recommendations

As noted in the results, we have a high prevalence of mental health problems in the postpartum period, especially among younger-age mothers, and lack of access to mental health services. It is necessary to promote and understand the role of mental health, to make an early observation and adequate treatment about mental health problems. I suggest making changes in these points, addressed to the competent bodies:

- To provide information and training to parents
- To assess the role of social workers in hospitals and increase the number of staff in case of need. Their contribution should also be given in the mental health field, supporting mothers in the birth process and

the initial stage of postpartum.

- To monitor the situation of mothers continuously by midwives and social workers even after returning home and undergo diagnostic tests for postpartum depression and other types of mental health problems.

8. Study limitation

Considering the lack of prior research about women's mental health in Kosovo, it was challenging to access previous studies on this topic. Although this study has tried to cover the most necessary components of women's mental health in the postpartum period, it also leaves room for future improvements. As a limitation, I would emphasize that this paper analyzes mental health problems in the postpartum period but without addressing postpartum psychosis. Even though postpartum psychosis is rare, it is necessary to have an overview of it as a severe mental disorder.

Acknowledgment

Special thanks are extended to Professor Njomza Llullaku for her guidance through this project. Special appreciation goes to the editor Sihana Qarkaxhija for editing the article.

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