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Review Paper

Women Mental Health Across Life Span

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ABSTRACT

Women's Mental Health across the Lifespan examines women's mental health from a developmental perspective, looking at key stressors and strengths from adolescence to old age. The stressors and challenges can impact women's mental health, such as trauma, addictions, and mood and anxiety disorders, along with racial and ethnic disparities in women's physical and mental health, mental health of sexual minorities and women with disabilities, and includes valuable suggestions for putting knowledge into practice. The patterns of psychological distress and psychiatric disorder among women are different from those seen among men. Women have a higher level of internalizing disorders while men show a higher level of externalizing disorders. Gender differences occur particularly in the rates of common mental disorders wherein women predominate. Differences between genders have been reported in the age of onset of symptoms, clinical features, and frequency of psychotic symptoms, course, social adjustment, and long-term outcome of severe mental disorders. Women who abuse alcohol or drugs are more likely to attribute their drinking to a traumatic event or a stressor and are more likely to have been sexually or physically abused than other women. This review explains about the impact of mental illness and women with regard to psychosocial issue, consequences and management.

Keywords: *Women, Psychosocial Issue, Mental Illness*

Women's Mental Health across the lifespan examines women's mental health from a developmental perspective. A significant factor in both mental wellness and mental illness is gender. The World Health Organization reported in 2001 that women are more likely than men to have psychological distress and psychiatric problems. Women are 2-3 times more likely than men to experience symptoms of depression, anxiety, and nonspecific psychological distress, while men are more likely to experience addictions, substance use disorders, and psychopathic personality disorders. (WHO, 2001).

CHIDHOOD

Depression and Anxiety in Girls

Childhood is a period of rapid physical, psychological, and cognitive development, as well as linguistic competence. Among the most common psychiatric problems in children are anxiety

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and depression. According to attachment theory, insecure attachment has been connected to both anxiety disorders and symptoms in children in the future (Warren et al., 1997). Several medical conditions like Hyperthyroidism and hypothyroidism contribute anxiety and depression.

Gender Identity Disorders in Girls
When they are toddlers, girls with GID start to show interest in activities that involve both genders. Most girls with GID exhibit resistant or avoidant conduct, which makes parenting difficult. Numerous homosexual adults may have demonstrated transgender interests and behaviors when they were younger, according to studies done in the past. GID and homosexuality are thus not interchangeable terms.

Attention Deficit Hyperactive Disorder (ADHD)
Boys are more likely than girls to have attention deficit hyperactivity disorder (ADHD), according to research, specifically in language function, girls with ADD showed more significant cognitive deficits than boys. Boys exhibited more obnoxious behavior (Berry et al., 1985).

Conduct Disorder in Girls
Disruptive behavior, externalizing disorders, ADHD, and oppositional defiant disorder are all symptoms of conduct disorder. Psychosocial risk factors like family, peers, and community variables contribute to the development of conduct disorders. Parental psychopathology, parenting techniques, attachment, and stressful experiences are all family risk factors. Lack of affection, inadequate supervision, parent-child conflict, and disciplining methods linked to disruptive behaviors in kids are characteristics of bad parenting practices. Adolescent girls with conduct disorders are more likely than boys to use drugs and alcohol, and this difference in substance use may be impacted by depressed symptoms (Fergusson et al., 1994).

ADOLESCENCE
Teenage years are extremely turbulent. It is clear that sex, drug use, criminality, and bad behavior are the norm. Adolescent girls are more likely to experience post-traumatic stress disorder and have a higher prevalence of emerging borderline personality disorder (Allen et al.,1999).

Eating Disorder and Body Image
Both bulimia nervosa and anorexia nervosa are severe mental diseases that commonly affect adolescents and young adults. Anorexic girls are unable to keep their weight at a regular, healthy level. Because it affects women and girls of all sizes and shapes, bulimia nervosa is known as the "invisible" eating disorder. Recurrent binge eating is a symptom of bulimia. When they start in youth, anorexia nervosa and bulimia nervosa have an impact on a person's psychological, social, and even physical development.

Prodromal Psychosis in Adolescent Women
Since it refers to the period before the onset of mental illness, the term "prodrome" is retroactive. The World Health Organization (WHO) reports that the early course milestones for boys and girls differ by an average of three to four years. According to Häfner et al. (1994), men achieve each of these milestones earlier than women. Women experience disease from the ages of 15 to 30, whilst men experience it from the ages of 15 to 25.

Substance Use, Abuse and Dependence in Adolescent Girls

A study carried out by the Government of India's Ministry of Social Justice and Empowerment Children and teenagers are a different population group for which substance use has been observed. Adolescents are more likely than adults (0.58 percent) to use inhalants (1.17 percent versus 0.58 percent) (Ambekar et al., 2019). While guys are typically driven by curiosity, substance use is most frequently started by girls as a coping method.

ADULTHOOD

Gender Differences in Depression and Anxiety Disorders in Adulthood

The two main responsibilities in the adult life of many women around the world are employment and parenthood. Women exhibit depression at a rate that is around twice that of men during their reproductive years. Women are more likely than men to have the rapid cycling variety of bipolar illness, and they frequently have more depressive episodes than manic or hypomanic ones. Women are more likely than men to develop personality disorders including borderline personality disorder and bipolar II (with hypomania rather than mania). Both victimization and depression are more common in victimized women than in victims of crime (Kuehner, 2003). Generalized anxiety disorder (GAD) is more likely to develop in women who have a history of parental divorce or childhood separation from a parent. Compared to women with other anxiety disorders, women with panic disorder report experiencing childhood sexual abuse more frequently.

Personality Disorders

According to Pajer (1998), males who experienced maltreatment as children are more likely to develop adult antisocial PD (ASPD) than girls. The prevalence of borderline personality disorder (BPD) in women is a widely held belief. Reich et al. (1997) identified that female carer, sexual abuse by a male non-caretaker, emotional denial by a male caretaker, and inconsistent treatment by a female caretaker were all found to be significant predictors of a BPD.

Substance Use and Abuse in Women

According to the National Mental Health Survey of India (2015–16), males were more likely than females to have other substance use disorders (SUDs), which had prevalence rate of 0.6% (Gururaj et al., 2016). According to the Magnitude of Substance Use in India (2019) survey, women used alcohol 1.6 percent of the time, cannabis 0.6 percent, and inhalants 0.07 percent of the time overall (Ambekar et al., 2019).

Psychotic Disorders in Women

It is nearly commonly acknowledged that schizophrenia strikes women on average later than it does men. It is now known that women experience schizophrenia on average 5 to 10 years later than men do. But social pressures like homelessness, poverty, and victimization can drastically lower the quality of life for women who are suffering from psychotic disease (Milburn et al., 1991).

Sexuality and Sexual Disorders in Women

Women's sexual urges and responsiveness were significantly predicted by emotional stability. The majority of studies on women with depression have found diminished sexual desire (Dennerstein et al., 1999). National Health and Social Life Survey (NHSLS) (1992) focused on the effect of expected length of a relationship on emotional and physical sexual pleasure. Woman’s orgasm was important for both sexes, whereas the reliability of the man’s orgasm had rather minimal effect.

Post-Traumatic Stress Disorder
During exposure to trauma, women are more susceptible to bodily harm than men. Of all trauma exposures, sexual violence has the highest conditional risk for PTSD in both sexes. It has also been suggested that women's increased vulnerability to PTSD following trauma may result from ongoing experiences of poverty, discrimination, and oppression that lower women's capacity to cope, given that women are often more disempowered than men in many societies politically, economically, and educationally (Norris et al., 2001).

Living with Intellectual Disability
Women with mild intellectual limitations have historically been stigmatized as either immoral or asexual. It is possible for women with modest intellectual limitations to describe their sex. These ladies have little knowledge of safe sex. Mothers who have modest intellectual disabilities need help and direction during pregnancy and after delivery. A person's total health status and quality of life are both significantly influenced by their reproductive health, which is a fundamental aspect of health (WHO, 2009).

REPRODUCTION
According to WHO, health is a full state of physical, mental, and social well-being. Although it is a global concern, women's reproductive health is especially crucial throughout these years.

Menstrual Cycles and Mental Health
The onset of menstruation signifies the start of womanhood and fertility. A new diagnosis called late luteal phase dysphoric disorder (LLPDD) was introduced in the Diagnostic and Statistical Manual of Mental Disorders, Third Edition, Revised (DSM-III-R). According to its definition, LLPDD is a dysphoric condition connected to the menstrual period that significantly impairs a woman's ability to function in her social and professional spheres. LLPDD was renamed PMDD (Premenstrual Dysphoric Disorder), and the DSM-5 still recognizes this diagnosis.

Pregnancy and Mental Health
A woman's pregnancy marks a special developmental turning point for both herself and the unborn child. Women who had a child (or children) using assisted reproductive technology (IVF) are more likely to experience stress while trying to get pregnant. Schizophrenia affects a woman's fertility (Klein et al., 1994).

Menopause and its Mental Health Problems
Indian women experience menopause on average at the younger age of 46.2 compared to their Western counterparts. Natural menopause age was positively correlated with education, social economic status, marital status, and length of marriage; a negative association between natural menopause age and parity status was also discovered (Ahuja, 2016).

Postpartum and its Mental Health Problems
A hallmark of postpartum psychiatric illnesses is the emergence of emotional symptoms in the weeks or months after giving birth. A minor, transient mood condition known as the "postpartum blues" is marked by abrupt mood changes, mild melancholy, irritability, anxiety, crying, exhaustion, insomnia, poor appetite, headaches, poor focus, and confusion. According to estimates, 10 to 15 percent of women will experience postpartum depression (PPD), with claimed prevalence rates ranging from 5 to over 20 percent. Postpartum psychosis is comparatively uncommon, with incidences between 0.1% and 0.2%. It happens in the first

two to four weeks after giving birth, although the symptoms can also happen throughout menopause and perimenopause (O'Hara et al., 1996).

Mothering and Depression

In comparison to men, women had greater lifetime rates of depression. According to O'Hara et al. (1997), between 8 and 15 percent of women go through clinical depression after giving birth. However, children whose moms experience depression are also at risk for other mental health issues, such as oppositional defiant disorder, anxiety disorders, and teen alcohol use/abuse. The level of childcare stress, including the number of small children living at home, is associated with women's depression (Brown et al., 2012).

Aging

An estimated 20 percent of adults who are 55 years or older have mental health issues. The most prevalent ailments are severe cognitive impairment, anxiety, and mood disorders. Instances of suicide frequently involve mental health concerns as a contributing factor. The highest rate of suicide across all age groups is among older men.

Psychosocial Challenges for Older Women

For older women's identities, there are four basic aging strategies. In order to understand late adulthood as a developmental stage, the second chapter draws on well-known theories of psychological development over the life span, particularly Erikson's psychosocial theory and Piaget's cognitive developmental theory (often with adaptations). The third chapter concentrates on social psychological processes and role transitions in late adulthood, and the fourth addresses adolescent development. Families are more likely to have many generations, and older women in particular may find themselves responsible for their spouse, their kids, and their aging parents (Laws, 1995).

Aging and Cognition in Women

Dementia is the most common of these illnesses, affecting around 5% of persons over the age of 65 and about 20% of those over the age of 80. Women often live longer than males. In high-income countries, dementia is currently the third most prevalent neuropsychiatric illness. In comparison to the number of cognitively normal men, the number of cognitively normal women decreased insignificantly, according to a community survey of a sample of individuals aged 70 to 79 (Low et al., 2004).

Vicissitudes and Disappointments: Loss and Illness in Late Life

Women outlive men in the most developed nations, where they can expect to live an additional 5 to 12 years, as well as in less developed nations. The recipients of retirement benefits, geriatric healthcare, and institutional care are older women more frequently than older men (Anderson et al., 2000). A significant social factor influencing poor physical and mental health is poverty. Coping has two key purposes. The first step is to address the person-environment interaction that is the root of the issue, and the second step is to control the resulting emotional reaction (Lazarus, 1998).

WOMEN'S "SELF"

Social constructionists contend that the concept of "self" is a taught one. Children can label others by gendering different behavioral and mental traits. Children categorize mothers in the moral domain, for instance, not just as "mother," but also as "good" and "bad" mothers. According to social constructionists, gendering the social sphere occurs through intricate developmental processes (Davar, 1999).

Movie analysis

The 2019 Bengali film "Mukherjee Dar Bou" demonstrates how patriarchal socialization affects women's mental health. The internal family strife between the wife and the mother-in-law was initially emphasized in the film. The daughter-in-law was compelled to wed in accordance with social norms, and she was also denied employment after the wedding, which caused her to harbor lifelong resentment. Her mother-in-law, on the other hand, was a widow who was anxious about her life because she was financially reliant on her son.

THE CULTURAL PERSPECTIVE ON MENTAL ILLNESS

Culture and mental disease are inextricably linked. Mental illness is viewed differently in different cultures since it is a social construct. Regarding the causes of mental illness, as well as methods of therapy and management, various cultures hold different perspectives (Scott and Marshall, 2004).

WOMAN - A LIFE CYCLE OF VULNERABILITIES

Social standing and the state of one's physical and mental health are strongly inversely related. Therefore, the biological vulnerability's impact is amplified by women's social disadvantages. Their many responsibilities and the never-ending duty of caring for others put pressure on them (Malhotra and Shah, 2015).

SUICIDE

Studies on suicide and intentional self-harm have revealed a consistently observed pattern of more female attempters and more male suicide completers. The suicide rate by age in India shows that it peaks for both men and women between the ages of 18 and 29, with the exception of the age range of 10 to 17 where the female rate was higher than the male number (Biswas et al., 1997).

VIOLENCE AND ABUSE

Domestic abuse affected over two-thirds of married women in India, according to a United Nations survey from 2001. 70% of married women between the ages of 15 and 49 had experienced physical abuse, rape, or forced sex (Press Trust of India 2005). A person in a position of authority in the woman's community or her husband (15%) were the most frequently named perpetrators of the most typically reported encounter, which involved sexual intercourse using actual or threatened physical force (reported by 14 percent of women) (Chandra et al., 2003).

PERINATAL MENTAL HEALTH

It has long been believed that the perinatal period is a period of crisis brought on by emotional, psychological, and social stress (Niven et al., 1996). Women in the perinatal period may be increasingly vulnerable to affective disorders, psychotic illness and psychological distress (Department of Health London, 2002; Fisher et al., 2011). Many cultures have unique customs that a woman must follow in the initial days following childbirth. Many Hindus believe that a woman is considered impure for 40 days after giving birth, during which time both she and her child should remain in their home. On the other hand, many Chinese women receive additional attention and are excused from all housework during the first month after giving birth. A female relative, generally the woman's mother or mother-in-law, attends to her (Cox, 1999).

Channi Kumar's contribution to perinatal psychiatry

The establishment of perinatal psychiatry as a field of study in the United Kingdom was significantly aided by the psychiatrist of Indian descent Channi Kumar, whose work on the

origins, effects, and management of postnatal mental disorder earned him recognition on a global scale. While enabling every mother who so desired to breastfeed her kid and preserve or develop a bond with her child to do so, he sought to treat significant postpartum disease. He thought that the mother-child link was most significant (Kumar & Hipwell, 1996; Kumar, 1997, Hipwell et al., 2000) and he considered that breast-feeding could help establish it.

The International Marcé Society for Perinatal Mental Health

The goal of the International Marcé Society is to support a global network for prenatal mental health research and top-notch therapeutic care. The Society is multidisciplinary and welcomes participation from experts in many fields, including those in psychiatry, psychology, paediatrics, obstetrics, midwifery, nursing, and early childhood studies. The Society also supports the participation of self-help and consumer advocacy organizations. Every two years, the Society has an international gathering. The National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, hosted the Society's most recent biennial meeting in 2018.

Mother-baby inpatient psychiatry unit in India

The National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore, opened the first Mother Baby Unit in India in July 2009 as a five-bed facility for admitting mother-infant dyads, apart from other wards having a facility for joint admission of the mother and the baby. They have dedicated multidisciplinary professionals on duty 24 hours a day, 7 days a week to care for both moms and newborns. Mother Baby Units promote breastfeeding, are anticipated to give parenting-specific therapies, offer psychotherapy, strengthen mother-infant bonds, and provide a chance for education about the current sickness and preventing relapses. A mother who is admitted to a mother-baby unit can receive treatment for mental illnesses while also getting assistance with forming her identity (Chandra et al., 2015).

RIGHTS OF WOMEN WITH MENTAL ILLNESSES IN INDIA

Such women are more prone to be exploited, raped, and deprived of their rights because they cannot always be in good mental health. People with mental illness have a right to communal life, according to Section 19 of the Mental Healthcare Act of 2017. According to Section 21(4), medical insurance for patients with mental illnesses must be made available by health insurers in the same way that it is for people with physical illnesses. Thus, Section 21 aids in guaranteeing the coordinated protection of the right to equality in healthcare for all individuals with mental illness. A woman with a mental condition who is the mother of a young child is likewise specifically protected by Section 21. According to Sections 21(2) and (3), if the mother is a woman seeking treatment or rehabilitation at a mental health facility, the kid should not typically be removed from her unless the mother poses a risk to the child owing to her mental illness.

VIGNETTE (All names and CRF numbers have been de-identified for confidentiality purposes)

A case study from female ward, CRF No.-22XXX/A, Ms. M K, 21 years female Muslim, single, hailing from rural area of Jharkhand, diagnosed with bipolar affective disorder, current episode severe depression with psychotic symptoms + dissociative convulsion. There is a history of frequent sexual abuse (child sexual abuse) of patient by her own elder brother starting at the age 7 years. According to the patient she cannot forget the incident till now and this incident acts as a perpetuating factor for her mental illness. She feels guilty regarding going to her brother's room on that fateful day. Whenever she sees her brother that incident comes as a flashback and she gets aggressive. Patient hasn't revealed this incident to her family members yet.

A case from out-patient department, CRF No.-26XXX/A, Mrs. J.K, 26 years female, married, hailing from an urban area of Jharkhand, diagnosed with bipolar affective disorder, current episode severe depression without psychotic symptoms. She is married for 4 years, but after her marriage onwards husband started demanding for money and cars. And when demands not being fulfilled he would beat her and verbally abuse her almost every day (domestic violence). According to patient husband also forcefully performs intercourse against her will (marital rape). She believes that all these social factors have given arise to her mental illness.

CONCLUSION

It is crucial to create and implement policies that will raise women's social status, abolish gender inequality, give them access to resources and power, raise awareness of their legal rights, and other goals. Though they play a crucial role, politicians and planners must also teach women to advocate for themselves. In order to address women's mental health, education, training, and interventions that focus on the social and physical environment are essential. It is crucial to understand how the sociological, economic, legal, infrastructural, and environmental aspects of the particular community setting that influence women's mental health are organized. A woman's health must incorporate mental and physical health across the life cycle and should reach beyond the narrow perspective of reproductive and maternal health, which is often the focus of our policies.

REFERENCES

Ahuja, M. (2016). Age of menopause and determinants of menopause age: A PAN India survey by IMS. *Journalof Mid-Life Health*, *7*(3), 126.

Allen, J. P., & Land, D. (1999). Attachment in adolescence. InJ. Cassidy and P.R. Shaver (Eds.), Handbook of Attachment: Theory, Research and Clinical Applications (pp. 223-319). New York: Guilford Press

Ambekar, A., Chadda, R.K., Khandelwal, S.K., Rao, R., Mishra,A.K., Agrawal, A. (2019) Magnitude of substance use in India. *New Delhi: Ministry of Social Justice and Empowerment, Government of India*.

American Psychiatric Association (2000). Diagnostic and Statistical Manual of Mental Disorders: DSM-IV-TR. Washington, DC: American Psychiatric Association.

Anderson, G. F., & Hussey, P. S. (2000). Population Aging: A Comparison Among Industrialized Countries: Populations around the world are growing older, but the trends are not cause for despair. *Health Affairs*,*19*(3), 191-203.

Berry, C. A., Shaywitz, S. E., & Shaywitz, B. A. (1985). Girls with attention deficit disorder: a silent minority? A report on behavioral and cognitive characteristics. *Pediatrics*, *76*(5), 801-809.

Biswas, S., Roy, S., Debnath, C., & Sengupta, S. B. (1997). A study of attempted suicide in adolescents in West Bengal. *Indian Journal of Psychiatry*, *39*, 54-5.

Brown, G. W., & Harris, T. (2012). *Social origins of depression: A study of psychiatric disorder in women*. Routledge.

Chandra, P. S., Carey, M. P., Carey, K. B., Shalinianant, A., & Thomas, T. (2003). Sexual coercion and abuse among women with a severe mental illness in India: an exploratory investigation. *ComprehensivePsychiatry*, *44*(3), 205-212.

Chandra, P. S., Desai, G., Reddy, D., Thippeswamy, H., & Saraf, G. (2015). The establishment of a mother-baby inpatient psychiatry unit in India: Adaptation of a Western model to meet local cultural and resource needs. *Indian Journal of Psychiatry*, *57*(3), 290.

Cox JL. (1999). Perinatal mood disorders in a changing culture. A transcultural European and African perspective. *International Review of Psychiatry;* 11:103–110.

Davar, B.V. (1999) Mental Health of Indian Women - A Feminist Agenda. New Delhi: Sage.

Dennerstein, L., Lehert, P., Burger, H., & Dudley, E. (1999). Factors affecting sexual functioning of women in the mid-life years. *Climacteric*, *2*(4), 254-262.

Fergusson, D. M., Horwood, L. J., & Lynskey, M. T. (1994). The comorbidities of adolescent problem behaviors: A latent class model. *Journal of Abnormal Child Psychology*, *22*(3), 339-354.

Fisher, J. R., de Mello, M. C., Izutsu, T., & Tran, T. (2011). The Ha Noi Expert Statement: recognition of maternal mental health in resource-constrained settings is essential for achieving the Millennium Development Goals. *International Journal of Mental Health Systems,* 5(1),2.

Gururaj, G., Varghese, M., Benegal, V., Rao, G. N., Pathak, K., Singh, L. K., & Misra, R. (2016). National Mental Health Survey of India, 2015-16: Summary. Bengaluru: National Institute of Mental Health and Neurosciences

Häfner, H., Maurer, K., Löffler, W., Fätkenheuer, B., Der Heiden, W. A., Riecher-Rössler, A. & Gattaz, W. F. (1994). The epidemiology of early schizophrenia: influence of age and gender on onset and early course. *The British Journal of Psychiatry*, *164*(S23), 29-38.

Hipwell, A. E., Goossens, F. A., Melhuish, E. C., & Kumar, R. (2000). Severe maternal psychopathology and infant– mother attachment. *Development and Psychopathology*, *12*(2), 157-175.

Klein, D. F., & Skrobala, A. M. (1994). Preliminary look at the effects of pregnancy on the course of panic disorder. *Anxiety*, *1*(5), 227-232.

Kuehner, C. (2003). Gender differences in unipolar depression: an update of epidemiological findings and possible explanations. *Acta Psychiatrica Scandinavica*, *108*(3), 63-

Kumar, R., Marks, M. N., Wieck, A., Davies, R. A., McIvor, R., Brown, N., Papadopoulos, A., Campbell, I. C. & Checkley, S. A. (1997). Neuroendocrine mechanisms in postpartum psychosis and postnatal depression. *Biological Psychiatry*, 42, 130S-131S.

Laws, G. (1995). Understanding ageism: Lessons from feminism and postmodernism. *The Gerontologist*, *35*(1), 112-118.

Lazarus, R. S. (1998). Coping with aging: Individuality as a key to understanding. In I.H. Nordhus, G.R., VandenBos, S. Berg & P. Fromholt (Eds.), *Clinical Geropsychology* (p.109-127). American Psychological Association

Low, L. F., Brodaty, H., Low, L. F., Brodaty, H., Edwards, R., Kochan, N. & Sachdev, P. (2004). The prevalence of 'cognitive impairment no dementia' in community-dwelling elderly: A pilot study. *Australian & New Zealand Journal of Psychiatry*, *38*(9), 725-731.

Malhotra, S. and Shah, R. (2015). Women and mental health in India: An overview. *Indian Journal of Psychiatry,* 57(Suppl 2), S205.

Milburn, N., & D'ercole, A. (1991). Homeless women: Moving toward a comprehensive model. *American Psychologist*, *46*(11), 1161.

Norris, F. H., Perilla, J. L., Ibanez, G. E., & Murphy, A. D. (2001). Sex differences in symptoms of posttraumatic stress: Does culture play a role? *Journal of Traumatic Stress*, *14*(1), 7-28.

O'Hara, M. W. (1997). The nature of postpartum depressive disorders. In L. Murray & P.J. Cooper (Eds.), *Postpartum Depression and Child Development* (p. 3-31). Guilford Press.

Pajer, K. A. (1998). What happens to "bad" girls? A review of the adult outcomes of antisocial adolescent girls. *American Journal of Psychiatry*, *155*(7), 862-870.

Press Trust of India. (2005). Two-Third Married Indian Women Victims of Domestic Violence: UN. Posted Online; Thursday, October 13. 2005.

Reich, R. B., Vera, S. C., Marino, M. F., Levin, A., Yong, L., & Frankenburg, F. R. (1997). Reported pathological childhood experiences associated with the development of borderline personality disorder. *American Journal of Psychiatry*, *154*(8), 11011106.

Scott, J. and Marshall, G. (2004). Dictionary of Sociology (3rd ed.). Oxford, UK: University Press

Warren, S. L., Huston, L., Egeland, B., & Sroufe, L. A. (1997). Child and adolescent anxiety disorders and early attachment. *Journal of the American Academy of Child & Adolescent Psychiatry*, *36*(5), 637-644.

WHO (2001). Gender disparities in mental health. Geneva: World Health Organization.

World Health Organization. (2009). *Children's Environmental Health Indicators (CEHI): presenting regional successes learning for the future: summary* (No. WHO/HSE/ PHE/EPE. 09.1). World Health Organization.

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