

Mental Health Issues of Young Females in Mumbai: Case Studies

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ABSTRACT

Youths of today particularly from urban areas are facing a highly demanding and challenging life than earlier generations, sandwiched between tradition and technology. There is a significant shift in terms of socio-economic development, life style, technological advancement and environmental patterns in everyone's lives over the last few decades (Bohn & Short, 2009). Young adults (age group ranging from 18 to 25 years) today, face problems such as family/relationship conflicts, absence of emotional connect with family members, depression, addiction, low self-esteem/lack of confidence, etc. Many young adults get involved in an intimate relationship to fulfill their needs for belongingness (Maslow, 1943). The need for belongingness remains unfulfilled in young adults having insecure attachment with their parents (Ainsworth & Bell, 1970). With decrease in the family size (i.e. the number of children per married couple) over the years and rise in nuclear households (Bhasin, 2016), young girls in urban settings tend to lack coping mechanisms in stressful situations and become vulnerable to mental health related issues. This piece of research is an attempt to present four cases of young adult girls belonging to nuclear families who approached for psychological help. A common concern of each one of them was absence of emotional connect with their respective parents in spite of living under the same roof. Two of them suffered from severe depression and were referred for psychiatric help. Two of the four girls regularly indulged in deliberate self-harm while one was addicted to substance use. All four girls expressed dissatisfaction about their childhood as they felt neglected throughout. Findings suggest that the young adults need to be provided with proper care, attention and strong support at the family front to become confident, self-sufficient and self-reliant which would prevent them from getting into problems like depression, addiction, deliberate self-harm, etc.

Keywords: *Young Adults, Need For Belongingness, Relationship With Parents, Emotional Disconnect, Mental Health*

A country's ability and potential for growth is determined by the size of its youth population. India in its demographic dividend phase, constitutes a great percentage of youth population. More than 50 per cent of its population is below the age of 25 and more than 65 per cent below the productive age of 35 years. As per India's Population Census 2011, the total youth population increased from 168 million in 1971 to 422 million in 2011 (UNDP

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youth strategy 2014-17). Youth population (aged 15-32 years) comprises 35 per cent of the urban population and 32 per cent of the rural population. Overall three-fourths of young urban men and women are educated up to middle and secondary levels of schooling, though there are variations across states (IRIS Knowledge Foundation, 2013).

More than any times in the past, lives of today's youth from urban area have become a lot more challenging. There is a significant shift in terms of socio-economic development, life style, technological advancement and environmental surroundings in everyone's lives over the last few decades (Bohn & Short, 2009). The life experiences and perspectives of young people in the 21st century differ greatly. Environmental, social and economic opportunities and risks are becoming harder to predict. About 87 per cent of young women and men living in developing countries face challenges brought about by limited and unequal access to resources, healthcare, education, training, and employment as well as economic, social and political opportunities (UNDP youth strategy, 2014-17). Many government policy initiatives and programs are run for the development and security of youth in India.

Youths face various challenges as they make academic progress and prepare themselves to compete for better employment opportunities. Young people have the freedom and choice to explore, they may experience it challenging to take important life-decisions be it in relationships, career or self-identity. The transition to new educational settings, new social circles or workplace environments and the change in one's beliefs or values during this period may bring about feeling inadequate or hatred, blaming oneself for failures or mistakes in life (S. Harishitha & Sasi, 2019). Competition with peers in education and jobs generates a great amount of stress for many young people. Lack of human interaction due to increased use of technology and dependency on gadgets leads to underdeveloped interpersonal communication skills. Today's stressful and demanding life style not only leads to physical health problems but also affects mental health of youth adversely. It is quite obvious that they have counselling needs due to range of problems that they face in the current scenario. Specifically, mental health issues of college going youths have been on the rise, especially in recent decades. A study conducted on college students in Beijing, China, stated that mental health problems are a growing issue for college students, with the most common disorders being depression, anxiety, alcohol abuse, eating disorders, self-injury, and suicide attempts (Zhang, 2018). According to Hunt & Eisenberg (2010), this rise may be a reflection of increased willingness among students to report these types of issues, rather than an increase of mental health issues. An increased awareness about these issues may have reduced the stigma associated with seeking help (Corley, 2013).

The College of Social work, Nirmala Niketan is a reputed social work institute in Mumbai, India, with a specialized set up that offers Bachelors and Masters degree in Social work education and practice as full time courses benefitting about 300+ students and building them up as professional social workers. Considering the challenges of this peculiar profession, the students are made available with full time counselling services by a professional counsellor. There has been a rise in the number of students approaching the college counsellor for professional help over the years. During the academic years 2016-17 and 2017-18, a total of 20 and 21 students respectively made use of counselling services; whereas during the academic year 2018-19, a total of 31 students approached for counselling.

The students (age group ranging from 18 to 25 years) residing in Mumbai shared problems such as family/relationship conflicts, absence of emotional connect with family members, depression, addiction, low self-esteem/lack of confidence, etc. during their counselling

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sessions which clearly indicates that the most common problems faced by students in Mumbai, seem to be more or less similar for students across the country.

Sunitha Kandi from Andhra Pradesh conducted a study on engineering college students to find out their counselling needs. She administered 'Student Counselling Needs Questionnaire (SCNQ)' covering their academic, adjustment, social, clinical and family needs. The findings reveal that the engineering students had counselling needs in all these areas. However, the highest need was in the Academic area, followed by Personality/ Adjustment, Social, Clinical and Family Dimensions respectively (Kandi, 2018).

Department of Applied Psychology of Pondicherry University conducted an international conference on 'Students' mental health: Issues and Challenges' in 2012. Preamble of conference stated that in today's fast life, students experience a variety of problems like over-competition, academic stress, poor motivation in studies, drop-outs, maltreatment, risk behavior, behavioural problems, anxiety, depression and so on.

Unlike Engineering, Medical or other professional courses at different colleges and universities in India, the college of social work has lesser number of students and thus the faculty is able to provide individual attention to each student. This gives an opportunity for students to share their difficulties at professional as well as personal level with teachers. At times, students are referred for counselling by teachers; however self-referral is common among most of the students. The students of social work may have relatively less stress due to competition in terms of academic matters with their peers as compared to students from other professional courses; however, their unique career path demands a lot of understanding, adjustments and compromises at social level in order to emerge as a successful social worker. Among the students who approach for counselling, one commonly experienced problem is difficulty in maintaining interpersonal relationships. Over last three academic years, nine out of 25 (36%) in the academic year 2016-17, seven out of 16 (43.75%) in the academic year 2017-18 and eight students out of 23 (34.78%) in the academic year 2018-19 approached for problems related to their interpersonal relationships. This included conflict and/or detachment in relationships either with their parents and/or their partner or a close friend.

Another common issue faced and reported by students during counselling sessions is feeling low or depressed. This unfortunately also emerges as one of the reasons for their low attendance for college lectures. These students reported that there were very few people or there was nobody with whom they had a healthy interpersonal rapport. They tend to feel lonely or rejected and express their inner feelings rarely. They seem to lack emotional support from their family and friends.

Social support is an important factor in promoting health and well-being (Zhang, 2018). Zhang talks about a previously done research in the United States which states that a low frequency of interaction with one's friends and parents, and the experience of loneliness were significant factors in a multivariate model predicting depression (Zhang, 2018). Globally as well as on a national level, depression is a common mental health problem among young people. A study on College going students of District Amritsar, India mentions that students, whose families are not supportive, do not understand their problems and are having parental conflicts, are more prone to develop depression (Kaur, 2014).

Self-directed harm or deliberate self-harm is yet another common problem observed among the youths. Over the last three years, at least five students, reported to have indulged in

behavior of harming themselves on regular basis. Intentional self-directed acts of injury are most common among adolescents and young adults.

According to a study in Victoria, British Columbia, the lifetime prevalence of non-suicidal self-harm among youth in the given sample (including about 20% not enrolled in school) was 16.9% and that the mean age of onset was 15 years. Of those who reported non-suicidal self-harm, 77% were female and 40% reported harming themselves repeatedly (more than three times). Almost 75% of youth reported that the idea for non-suicidal self-harm had come from themselves, and fewer youth indicated that the idea had come from friends (29%), family (2%) or the media (television or movies (15%); read about it (12%)). (Nixon, 2008)

Self-injuring youth reported higher levels of anxious attachment, preoccupation with relationships and need for approval in relationships, and difficulties in all domains of emotion regulation. Developmental psychopathology models have proposed processes and mechanisms through which inadequate caregiving environments or childhood maltreatment experiences can lead to engagement in non-suicidal self-injuring behaviors. Individuals who endorsed self-injuring behaviors also reported higher levels of reaching out to others to fulfill their dependency needs and tend to seek others' approval for fear of rejection (Kharsati & Bhola, 2016).

Another more common type of risk behavior is addiction or substance abuse. Though there are very few students who admit being involved in substance abuse or alcoholism, various studies indicate that its prevalence is quite high among young people. One of the four cases presented in this research was addicted to a substance (weed) and used it regularly.

Kerala is a state in India where alcohol consumption is very common and evident. One of the studies reveals that out of 402 students, 31.8 percent used or abused any one of the substances (alcohol, smoking, pan chewing, narcotics) irrespective of time and frequency in lifetime. A study among males in Thiruvananthapuram showed that religion and socio-demographic factors such as marital disharmony, poor income, poor education and unemployment are significantly associated with alcohol dependence (Raphael, 2017).

Another study done in North India at one of the medical colleges about prevalence of substance abuse gives following statistics: The prevalence of substance abuse was 20.43 per cent (47 out of 230) among medical students. An increase in substance abuse was observed in the latter years of medical education. A total of 43 of 47 (91.7%) students using these substances were aware of the ill effects. The most common reasons for substance use were relief from psychological stress (72.4%) and occasional celebration (72.4%) followed by to reduce tiredness (46.8%), peer pressure (42.6%), easy availability (42.6%), experimental use (36.2%) and community acceptance (34.1%). (Arora, 2016)

Besides substance abuse, suicide among young people has emerged as a major concern. According to National crime record bureau, India reported, 27.7 percent increase in recorded number of suicides between 1995 and 2005 with suicide rate of 10.5 per million. Also a study from Hyderabad stated that nearly 35 percent of suicides occur amongst youth (15–29 years) with rate of 152 per lakh for girls and 69 per lakh for boys. In 2009, a study revealed that overall 3.9 percent youth reported suicidal behavior. Suicidal behavior was found to have relation with female gender, working condition, independent decision making, premarital sex, physical abuse and sexual abuse. Ongoing stress and chronic pain heightened the risk of

suicide. Living alone and a break in a steady relationship within the past year were also significantly associated with suicide (Reddy, 2013).

The prevalence of mental health related problems is likely to increase in coming years. According to World Health Organization (WHO), at least 20 per cent of young people are likely to experience some form of mental illness such as depression, mood disturbances, substance abuse, suicidal behaviors, eating disorders and others (Singh & Gururaj, 2014).

Need of the study

Sections of society living in rural areas or those who are under privileged, less opportunistic or weak are often studied by researchers. Many government and non-government schemes exist for their betterment. It was felt essential to study individuals from urban settings who face a whole different set of challenges particularly those working closely for the betterment of the society.

It was important to explore major issues related to mental health of today's youth (belonging to 18 to 24 years of age). It was also important to observe if certain similar patterns were present in the students who exhibited symptoms of depression, episodes of self-harm, presence of addiction, absence of emotional bonding with family members and others, etc. Most students approached for counselling on their own i.e. without anyone's referral. The very fact that students' need to seek professional help indicated that it was difficult for them to cope with the problems on their own. During counselling sessions it was discussed that they could not share their personal problems with anyone within their family and friends. It was also important to know the strengths and weaknesses of students who approached for help. An in-depth study of cases was imperative to understand the behavior at large and mental health of college students in particular in a much better way and to explore whether the problems faced by them were interrelated or interdependent.

Objectives

The study was conducted with the following objectives in focus -

1. To understand mental health problems that are commonly faced by urban young females under study
2. To explore whether lack of emotional bonding with significant others and mental health problems faced by selected young females living in Mumbai area are interrelated
3. To compare and understand cases of young females under study, living in Mumbai, exhibiting similar relationship with family members.

Data and Methods

A range of problems reported by students, who approached for counselling, was examined. A few cases were selected for this study which had similarities in terms of the reported mental health problems. The sex ratio in the college is low being a specialized college of social work. Percentage of females is high among students. Thus, consequently the number of female students approaching counselling cell is also higher as compared to the number of male students. Table 1 depicts gender wise distribution of students who approached for counselling in last three academic years while Figure 1 shows the female students approaching the counselor for help over last three years. It clearly reveals the rising figures of students who need professional psychological assistance during their academic years.

Table 1: Gender wise distribution of students who approached for counselling in last three academic years.

Academic year	2016-17	2017-18	2018-19
Total no. of cases	20	21	31
No. of female cases	14	15	25
No. of male cases	6	6	6

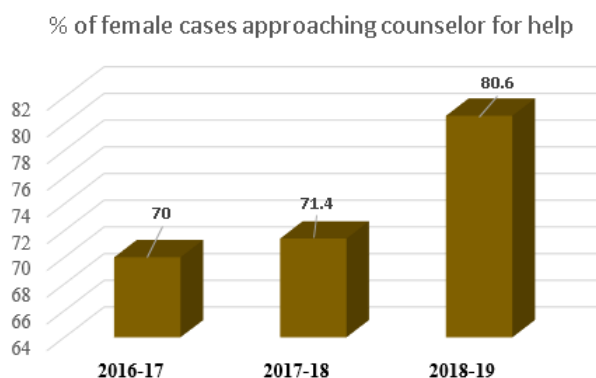


Figure 1: Percentage of female cases approaching counsellor for help over last three years

Today's youth, especially living in the cities, are in socio-economic transition and exposed to newer dimensions of family changes. The problems reported by young college students of social work included conflict in interpersonal relationships, feeling of loneliness, depression, self-injuring behaviour, suicidal tendencies, lack of self-confidence, inability to cope with studies, etc.

Cases representing the common problems faced by young female adults living in Mumbai were selected. The problems included symptoms of depression, tendency to self-harm, addiction, emotional disconnect with parents as well as sibling/s, etc. The cases matched in terms of their socio-economic status, gender, age-range, etc. Total four cases were selected- one case of depression and emotional detachment with parents, another of depression and tendency to self-harm, third of tendency to self-harm and inferiority complex and last case of substance abuse and emotional detachment with parents.

FINDINGS AND DISCUSSION

College life is a period of transition to adulthood marked with hormonal changes at the physical level and excitement, anxiety, restlessness at the psychological level for all the youngsters, with many living independently and making behavioral health decisions without direct parental oversight (Lipari, 2016). Being exposed to a new environment and new people, college students mature and become independent in many aspects earlier in their lives. In Mumbai, travelling to college is often time consuming and strenuous. From the first year of college, the students gradually get used to this unavoidable part of their college life in Mumbai. Additionally, the students of social work are placed for field work in different organizations throughout their graduating years for which weekly travel becomes almost mandatory.

Management of monthly finances using a limited amount provided by parents could be challenging, more so in the demanding city like Mumbai. For students staying in a hostel or in a shared arrangement, establishing new relationships could be difficult. Getting

accustomed with new surroundings, family separation anxiety, connecting with new friends, teachers, neighbours, seeking timely medical help for sickness, looking after one's own dietary habits for the first time, etc. can be tough. Some of the challenging tasks that the students of social work have to do are communicating with people from different communities, public speaking, documentation, carrying out research studies, and timely submissions of reports, etc. This may further put them in stressful situations.

While the students make a genuine attempt to overcome such challenges, some of them are already carrying a mental baggage related to the difficulties at family level, some others have conflict in their intimate relationships, while others are not happy with themselves or their own lives. A few of these students are unable to cope with such life situations and seek help from the counsellor. Work environment, school environment and family environment play important role in pathogenesis of mental disorders. (Reddy, 2013).

This research paper is an attempt to present a few cases of young female adults who approached for psychological help. They belonged to the age group from 18 to 25 years. Most of them belonged to middle to upper middle socio-economic strata. While presenting the cases, some of their demographic details including their names have been altered to maintain confidentiality.

Three out of four girls approached for counselling on their own. The young girls were aware of their mental health issues and cared to seek help for themselves. Being students of social work, they were taught that in order to help others, they first need to be healthy themselves, both physically as well as mentally. Through the curriculum, they were made aware of the problems faced by different sections of society. All the four girls had keen interest and genuinely wanted to help the weak, underprivileged or less opportunistic people of the society that they live in.

Case 1:

Neerja approached for feeling very low and depressed. Majority of the times she used to be on the verge of crying when she came for counselling sessions. She complained that since last few days, she was facing extreme difficulty in getting up from her bed. Being alone, she spent most of her time at home inside her room. She mentioned that her life was miserable and could recollect no pleasant memory from her childhood. She was the youngest among four siblings. Neerja's father was a businessman and was never available at home. He had a dominating personality and very often argued with her mother. Neerja always felt neglected among other siblings and said that the parents and elders in the house were very strict with her. After her graduation, she wanted to pursue higher studies abroad; however, her parents did not allow her. Neerja said that her parents never believed in her capacities and had always put restrictions on her. She hardly interacted with others at home and thought that her family members did not take initiative in talking to her or communicating important decisions or upcoming events of the family.

She always felt rejected and occasionally even had suicidal thoughts. She mentioned that she slept for many hours but never felt fresh and energetic after waking up. At times, she could not even do simple tasks or comprehend what she used to read. Depression and anxiety scales viz. Beck's depression inventory (BDI) and Beck Anxiety Inventory (BAI) were administered to her by the counsellor. Her anxiety was not of concern; but she scored very high on depression scale indicating a case of severe depression. She was referred to a psychiatrist and also suggested to continue with counselling.

Neerja's depression and emotional detachment from her parents as well siblings seem to be interdependent. Lack of emotional support from her family and feeling of rejection led to a cycle of negative thoughts in Neerja's mind. She felt neglected by those who she expected to be very caring, affectionate and supportive. At the same time, depression made Neerja reluctant and unenthusiastic to approach those people. As a result, she spent most of her time alone. She had only two close friends. They were her friends since she was in school. She was unable to make any new friends in recent years. Absence of close emotional bond with the family members and occurrence of depression may be interdependent in Neerja's case.

Case 2:

Aaliya, she felt very sad as her parents often fought with each other at home and repeatedly expressed their wish of taking a divorce. Thus, she approached for counselling. Both her parents had salaried jobs. According to Aaliya, they had conflicts regarding sharing of financial responsibility of the family as well as household chores. She also said that she felt extremely helpless as the parents always fought loudly and in front of her and her siblings. She blamed her-self for the situation at home as the parents used to displace their anger on her from time to time. She had two younger siblings - one was in school and other, a toddler. Aaliya's parents never scolded her siblings, on the contrary they always showered them with love and affection ; however, the parents often spoke rudely with Aaliya, criticized her and never spoke affectionately with her.

She had lost around 10 kilos of weight in a very short span of time when she approached counseling cell. She mentioned that she was habitual in harming herself. When Depression scale (Beck's Depression Inventory) was administered, she scored very high which indicated severe depression. She was referred to a psychiatrist and was also suggested to continue with counseling sessions.

She was in a steady relationship and her partner understood her well. She did not have any other close friends except her boyfriend and one school friend. She said she had difficulty in falling asleep at night. At times, she woke up in the middle of the night and started weeping. She used to injure her-self whenever she felt angry and helpless with self or with parents and siblings.

Absence of close emotional bond or attachment with the family members as well as incidence of deliberate self-harm and depression were observed to be interrelated in Aaliya's case. With her due permission, her father was invited for a counselling session. He was not aware of the difficulties that Aaliya was going through. He blamed her mother for not paying attention to her. He expressed regret over not having spent enough time with her. He said that his younger child was also referred to a counsellor by the school teacher for the child's aggressive behavior at school. One session of telephonic counselling was conducted with Aaliya's mother. She was also unaware of the difficulties that Aaliya faced. She talked about her own problems and the marital conflict and blamed Aaliya's father for everything. The parents seemed to be so much occupied with their own marital conflict that they could neither realize, understand nor fulfill the emotional needs of their children.

Absence of emotional attachment with significant others seemed to have affected mental health of both - Neerja and Aaliya as they suffered with depression. In both cases, the families were financially sound and well educated. Both the girls resided in nuclear families with their parents and siblings. Both of them complained of having no emotional connect

with their parents as well as with their siblings and expressed dissatisfaction about their childhood as they felt neglected throughout.

Case 3:

Radha was referred to counselling cell by a faculty member for her self-injuring behavior. She had been to a counselor earlier in her school also and so wasn't really apprehensive to meet the college counsellor. Radha agreed that she indulged in deliberate self-harm. Both her parents had salaried jobs and used to be busy throughout the day. They could not spend much time with their children at home. Radha had a younger sibling whom she hated because she thought that the parents favored her sibling over her.

She was not happy with the choice of the academic course that she was admitted in. She was interested in becoming an artist instead. She complained that her parents did not provide her proper guidance in choosing her career and regretted of not been able to pursue a course of her interest. It was evident that she lacked self-confidence too. She was not happy with her own physical appearance. She often felt inferior to others in her class. She expressed her unhappiness for not having found a romantic partner like most of her peers.

Radha felt angry with self for not fitting in her image of a perfect young girl. She presumed that her parents did not care for her. She often used to be engrossed in her thoughts while travelling to college. The matter of concern for her was that most of her thoughts were negative and unpleasant. She strongly felt that the life was unfair to her. This led to deliberate self-harm. She harmed her-self whenever she felt extremely angry, frustrated or helpless. Moreover she harmed her-self to punish for not being a good daughter, a friend and a person. Her negative perception of her-self, inability to adjust in college life, lack of close friends, feeling neglected by parents, etc. affected her mental health and she directed her negative emotions by indulging in self-injuring behavior.

Case 4:

Tina approached counselling cell to vent out her feelings and thoughts. She confessed that at times she felt incapable of handling the situation at home. She lived with her father and a younger sibling. She had lost her mother when she was in secondary school. She was afraid of her dominating father at home. Tina and her sibling did not dare to disobey him as he would then become aggressive. Tina mentioned that her father used to hit her and her sibling for committing mistakes. She expressed anger and helplessness for being unable to do anything to defend her-self.

She was in a stable relationship with her partner and looked forward for a happy life with him in future. She seemed to be confident of both - her career choice as well as choice of her life partner.

The stressful situation at home was disturbing and made Tina uneasy. Tina being the elder daughter, the father expected her to do all household chores which she found difficult to manage along with her studies. According to Tina, their father did not fulfill any of their needs except for the monetary aspect.

According to Tina, her sibling deserved to be loved and she felt duty bound towards them. She confessed that she often displaced her anger on her sibling who was equally helpless. However, she was conscious of the sense of responsibility toward her younger brother and so tried to give motherly love to him.

Tina was aware that she needed strength to shoulder all these responsibilities at an early age. In order to gather strength to face the present situation, Tina resorted to substance use. She started consuming weed/marijuana whenever she got extremely angry or frustrated with the situation at home. The frequency of consumption was reported to be quite high. Her boyfriend supported her in this.

Being strong minded and self-confident since childhood, Tina did not have depressive thoughts. However, the substance addiction was a risk behavior. Tina never had a close bonding with her mother and she was unable to establish a close emotional bond with her brother. She had a very few close friends but never shared her deep concerns with them.

In Radha's and Tina's cases, the absence of emotional attachment with the family members was a trigger for their self-injuring behavior and substance addiction respectively. Of the four cases, Neerja and Tina wanted to leave their home in order to live a better life, whereas Aaliya and Radha waited for the situation at home to get better.

Lack of emotional attachment with the family members seem to be a common factor in all four cases that are presented in this paper. The need for belongingness remains unfulfilled in young adults having insecure attachment with their parents (Ainsworth & Bell, 1970). A secure base is formed when the attachment figure (i.e. the parents) provides stability and safety in moments of stress, which allows the infant to explore their surroundings. Ainsworth and others also highlight the importance of parental sensitivity for a child to form a secure attachment. (Ainsworth, 1993). According to Maslow, when physiological needs and safety needs are, by and large, taken care of, a third layer starts to show up. You begin to feel the need for friends, a sweetheart, children, affectionate relationships in general, even a sense of community. Looked at negatively, you become increasingly susceptible to loneliness and social anxieties. (Boeree, 2006). Unfulfilment of this need for belongingness may lead to dysfunctioning of an individual's interpersonal relationships.

The Interpersonal-Psychological Theory of Suicidal Behaviour signifies the importance of forming secure connections with others as the theory emphasizes that people who lack meaningful connections with others could be triggered with a desire to attempt suicide. Studies also demonstrated that adverse childhood experiences such as parental conflicts, abuse or parental neglect and/or loss or separation of parents are the key influences of poor emotional regulation and primary triggers of deliberate self-harm. Increased occurrence of chronic self-harm is associated with inconsistent and weak parenting styles with poor parent-child relationship indicated as the most prominent cause of self-injury (Kariyawasam & Ononaiye, 2019).

All four cases presented in this paper depicted an insecure attachment pattern. Their need for belongingness did not seem to be fulfilled within the family. With decrease in the family size (i.e. the number of children per married couple) over the years and rise in nuclear households, (Bhasin, 2016) especially in Indian cities, children, adolescents and young adults get less opportunity of establishing close emotional bond with parents, siblings and extended family members. They tend to feel lonely due to unavailability of elders at home to interact with. With unlimited access to internet, today's youth seem to depend more on virtual relationships through social media rather than that with individuals in real life. However, virtual friendships or relationships do not fulfill the need for belongingness. Real presence of significant people of one's life is necessary to develop emotional bonds. In absence of the same, mental health of young people tend to get affected.

SUMMARY AND CONCLUSION

The cases in this paper represent young female adults living in Mumbai and pursuing a professional course in social work. Depression, deliberate self-harm, substance abuse, etc. seem to be not so uncommon mental health problems among young females living in Mumbai.

The common factor in all four cases is lack of emotional attachment with family members. The young female adults tend to become vulnerable to mental health related issues when there is absence of close emotional bonding within family members. The four cases exhibit similarities in terms of their lack of close and fulfilling relationship with their parents as well as siblings.

The four cases presented in this paper suggest that parents did not take efforts to initiate conversations with their young college going girls and consequently failed to develop an emotional attachment with them. This may be suggestive of the fact that due to inadequate time in a fast paced metro like Mumbai, parents are unable to spend quality time with their children leading to weak emotional bond between parents and children. This lack of attention towards children often results in not getting their emotional needs fulfilled.

Good childhood experiences with others are vital in order to function well as a social being. Having secure attachment with parents and significant others at home, a child learns to trust other people in the outside world. A child's dependency on others decreases with age. A strong bonding with parents at home gives strength and assurance to the young adults to confidently begin their independent journey of life. It is very important that the parents consciously develop a close relationship with their children and trust their capabilities and support them unconditionally.

This can be achieved when parents or caregivers make a deliberate attempt to understand emotional needs of their children and make a regular dialogue with them, irrespective of their age. Such an approach may prevent children from feeling lonely and rejected. Also the children would then feel comfortable to approach their parents in times of difficulty and be assured of their support. Today's young adults need to be provided with adequate care and emotional support to help them become confident, self-sufficient and self-reliant human beings. This would avert them from mental health related problems like depression, deliberate self-harm, addiction, etc.

Limitations

The findings presented in this paper are representative of the four cases which belong to more or less similar socio-economic class. Mental health problems of young adults from other social economic strata are out of the scope of this piece of research and need to be explored separately. Only female cases have been included in this study due to lack of adequate data of counseling cases of young males.

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Conflict of Interest

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