





Mental health in young women and the construction of their wellbeing: a case series study

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ABSTRACT

Objective: To understand young women's experience of mental health and its implications for well-being. **Materials and methods:** Qualitative research using a multiple case study. The study population consisted of purposively sampled young women, obtaining the participation of four informants. The in-depth interview was used to collect information, which was subsequently analyzed through content review. All stages of the research adhered to the stipulations of the regulations of the General Health Law on Health Research, Mexico. **Results:** Four units of meaning emerged from the analysis: i) traumatic emotional experiences; ii) mental health alterations; iii) coping strategies and mechanisms; and iv) wellbeing under construction. **Conclusions:** The alterations presented by the young women have significant implications on their well-being and affect their quality of life. Therefore, mental health should be understood from their gender role and self-imposed social expectations that influence well-being.

Keywords: mental health; young adult; women; qualitative research; case study.

INTRODUCTION

Mental health is conceived by the World Health Organization (1) as a state of well-being that enables individuals to cope with stressful life situations, develop the necessary skills to learn, work and contribute effectively to their community. Women are a particularly vulnerable group to mental health issues such as depression and anxiety; the first is the leading cause of morbidity among women, while the second affects 20% of women in low- and low-middle-income countries (2).

In Latin America, this issue does not go unnoticed. Mental health disorders pose a risk for the development of other diseases and both intentional and unintentional injuries. Depression ranks as the most prevalent mental disorder, occurring twice as frequently in women as in men. Public spending allocated to mental health disorder in the region is barely 2%, with 60% or more allocated to psychiatric hospitals (3).

Received: October 1, 2024
Accepted: October 30, 2024
Online: November 15, 2024

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The impact of mental disorders translates into one-third of years lived with disability (YLDs) and one-fifth of disability-adjusted life years (DALYs), with eight out of ten people suffering from a severe mental illness not receiving treatment. Apart from that, suicide represents the lives of nearly 100,000 people a year (4).

In Mexico, around 50% of individuals over 7 years old reported the presence of feelings of concern, restlessness and nervousness. In addition, only 5% receive treatment and follow-up care for depression (5), while 6.3% of the adolescent and young population have had suicidal thoughts at some point in their lives, with women reporting a higher prevalence of these thoughts than men (6). Moreover, 13.7% reported feeling sad a significant number of times, while 71.6% reported feeling this way all or most of the time. This context makes it clear that mental health issues are particularly concerning among young Mexicans, who exhibit a high prevalence of these conditions and low utilization of mental health services (7).

In addition to the above, university life coincides with transition from adolescence to adulthood. In this regard, here the ability to adapt to various situations will largely depend on the resources and personal skills that young individuals possess (8). Entering higher education represents challenges at the individual, family and social levels, as students are expected to achieve independence and autonomy. Therefore, various healthy and unhealthy factors will determine the degree of success or failure in this new stage (9).

The high prevalence of mental disorders among young people is attributed to disruptive experiences during childhood and adolescence, which persist over time and determine social interactions and well-being of each of the subjects (10). Consequently, it is important for young people to experience proper development and growth based on family support, fostering effective and affectionate communication. This will allow them to achieve emotional maturity for responsible and assertive decision-making in adulthood (11).

Thus, mental health has become a priority among university students, so a late diagnosis can pose a challenge and potentially lead to a medium-term disability (12).

Mental health is influenced by genetic, social and cultural factors. An important factor is gender, since although men and women are affected, certain conditions manifest and are managed differently

in women. Women have a higher prevalence of depression and anxiety disorders, and are more prone to developing eating and personality disorders (13).

In women, factors such as being head of the household, dedicating themselves exclusively to domestic work, low socioeconomic status or having experienced violence increase the risk of mental health issues. In addition, female roles tend to be more prevalent and demanding in the social sphere (14, 15). These differences highlight the importance of addressing the problem from the perspective of women and their experiences. Therefore, the objective of this study is to understand the subjective experience of young women regarding mental health and its implications for well-being.

MATERIALS AND METHODS

A qualitative research approach was employed to understand this particular phenomenon evidenced through behaviors, motivations and/or characteristics of individuals or groups from a subjective perspective (16). We chose a multiple-case study, conceived as an empirical inquiry into a contemporary phenomenon within its context, whether involving an individual case, a community or a unit of analysis (17). Furthermore, the unit of analysis was mental health, and the cases included have similar experiences regarding the same phenomenon.

The study population consisted of young women attending a public university in Ciudad del Carmen, Campeche, Mexico. The sampling technique used was intentional and based on theoretical saturation (18). Accessibility and proximity to the participants allowed for the inclusion of four female informants aged 18 to 22, originally from Ciudad del Carmen, who were enrolled between the first and seventh semester of their undergraduate studies.

As a data collection technique, in-depth interviews were conducted (19) using a question guide to gather information about a particular phenomenon from an individual or about the life and culture of a society. It was characterized as a lengthy, personal, and unstructured conversation in which the interviewee freely expressed their opinions, attitudes or preferences regarding the subject of study.

To obtain the information, approval was first obtained from the Scientific Committee of the Faculty of Health Sciences at the Universidad Autónoma del Carmen, Mexico. Subsequently, participants were

invited through posters placed in strategic locations, which included contact information. Interested young women were informed about the study, their questions were answered and, if they agreed to participate, a date and time for the interview were scheduled.

At the beginning of the interviews, the objective of the research was explained, and an informed consent form was given. It was also emphasized that their names would not be used at any time, ensuring confidentiality.

The interviews were recorded and transcribed with prior authorization for further analysis. Every effort was made to ensure that participants felt comfortable at all times, and external noise or distractions were avoided. At the end of the interview, everyone was thanked for their participation. To ensure rigor, the interviews were faithfully transcribed and validated with the participants. Apart from that, the methodological process of the different stages of this research was described in detail (20).

In relation to the ethical aspects of the research, the study was based on the Declaration of Helsinki (21), which emphasizes bioethical principles such as autonomy, beneficence, justice and non-maleficence. At the same time, the provisions of the Regulations of the General Health Law on Health Research in Human Beings were considered, ensuring respect for dignity and the protection of their rights and well-being (22).

Data analysis was conducted manually through content review. Furthermore, open coding was performed as an initial approach to the information to identify noteworthy text segments or keywords. Axial coding was then carried out, leading to different interrelated units of analysis in an effort to identify the meaning attributed to the phenomenon (23).

RESULTS

The analysis yielded four units of meaning that reflect the interpretation given to mental health and its implications for well-being, based on the life experiences of a group of young women.

Unit 1: Traumatic emotional experiences

Early-life emotional experiences such as significant losses and/or abuse, can lead to behaviors that impact well-being. Although the study participants (P) do not fully identify them, they primarily express them in terms of sadness and insecurity. These experiences

may occur in brief but recurring episodes over a considerable period of time:

P1: *I have been very sensitive to certain situations that had to do with my feelings, I suffered bullying from the age of seven to twelve.*

P3: *I wouldn't know how to describe it. There are days when I get very sad just remembering the death of my parents, which is why I sometimes distance myself from my friends. I start to idealize things that might have happened if they were still alive.*

P4: *Other times I feel inadequate for someone, or I feel like a very dirty person remembering all the sexual abuse I suffered as a child by an uncle.*

Unit 2: Mental health alterations

The experiences trigger significant emotions that impact mental and even physical health. Participants express moments of suffering with words or phrases such as “disconnecting”, “I let it consume me” or “giving up on everything.” They also demonstrate the distance they create in their social relationships:

P1: *At certain moments in my life, I have thought about giving up on everything, I wanted to die.*

P2: *There was a time when I let my negative thoughts “consume” me to the lowest point in my life; I even let myself be influenced by the bad “advice” of others. Not being able to communicate with my parents affected me a lot.*

P3: *I stopped doing things that were very important to me.*

P4: *I had a very big problem (depression) that distracted me from everything. Up to the moment, it is still causing issues within myself. I distanced myself from all my friends, I moved away from my family, and I isolated myself from everyone.*

Unit 3: Coping strategies and mechanisms

Dealing with the pain caused by a life event is related to two important figures as a possibility of looking for alternatives to move towards a better state of well-being: parents and a professional. Additionally, spiritual support may also emerge as a guiding force. Furthermore, two personal resources are evident, which may not be fully recognized by participants but are essential: the ability to express their feelings and perseverance.

P1: *I have been undergoing treatment with a psychiatrist for a year now, which helps me feel well.*

P2: *Seeing the psychologist has helped me a lot because I cannot be calm at any time; whenever it gets dark, and sometimes even during the day, my fears and sadness overwhelm me [...]. I consider my mental health to be at 90%, but reaching that percentage took me two years of therapy and effort, but above all, I accepted that my mental health was unstable and that I needed help.*

P3: *Sometimes I talk to my mom to explain how I feel so she can give me some advice that might be of great help to me [...]. It helps me a lot to know that I could count on my parents' support, and thanks to the support they give me every day, they help me improve my mental health.*

P4: *I had a father, and I still have a mother who taught me and continues to teach me how to face any obstacle in my path and never give up; they taught me to move forward and know that I am never alone and that I can always count on their support [...]. Religion is also important to me; it helps me feel a little calmer.*

Unit 4: Well-being under construction

Participants are aware of the importance of their mental health and have identified elements that help them build confidence, achieve goals and targets, recognize problems, and develop strategies to stay stable. All this is expressed as an ongoing process or

an element under construction through phrases such as "I have to learn" or "small goals":

P1: *I feel that, at this stage of being a young adult, I have to learn what my weaknesses and strengths are, and how to face them so that, in the future, they do not become obstacles to the goals I set in life.*

P2: *Today, at 22 years old, I have learned to take everything calmly, and if I fall, I get up stronger than ever [...]. I can say that I am stable (in terms of mental health), compared to a few months ago when I could not control my anxiety and stress.*

P3: *Seeing changes in my life, accepting circumstances that I cannot change, and instead focusing on those that I can, and setting small goals so that, over time, I can take on bigger ones [...]. Being able to talk and express how you feel helps a lot to not be depressed and not to hold resentments [...]. Mental health is a state in which the mind is stable and feels well, and in which emotions and feelings can be controlled.*

P4: *I understand that mental health is an important element in our daily life. If we are not mentally well, I doubt that we can be physically well [...]. Having good mental health helps people cope with their life's problems and also to prevent them from making irreversible decisions.*

Based on the categories and statements that emerged from the research, the following framework is defined to represent the relationship with each other.

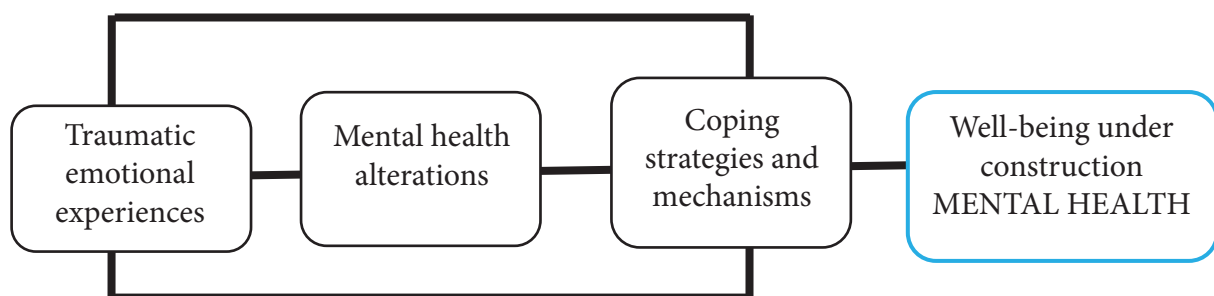


Figure 1. Relationship of meaning units on mental health.

DISCUSSION

The meaning units contribute to the construction of mental health; in this sense, life experiences involve events that the participants identify as triggers of feelings that affect their different aspects of life. In response to this, through personal, family and professional resources, they begin to build a new personal structure, taking small steps toward personal well-being.

Regarding the unit “Traumatic emotional experiences”, findings align with those reported in Chile through a qualitative study using focus groups, which identified that young people’s mental health is related to experiences of crisis, suffering, or deterioration of their health at an early age (24). Similarly, in Tabasco, Mexico, narrative analyses revealed that experiences of violence, sexual abuse and *bullying* can translate into somatic, mental, behavioral, and social alterations in young people (25). Therefore, promoting mental health, individual and both collective and individual well-being is a key point of interest, achieved through the identification of vulnerable situations that young women may be experiencing.

Regarding the unit “Mental health alterations”, the data obtained are similar to those reported by Muñoz-Albarracín et al. (9), who indicate that women tend to experience low self-esteem, higher levels of depression and anxiety—triggers that contribute to dissatisfaction with life and have repercussions on both emotional and physical well-being. In this sense, the group of interviewed women reported that their emotional state affected their health, their social relationships, and the way they face the world. Furthermore, it is evident that the psychic distress expressed by university women combines the psychic and the somatic factors, manifested as fear, self-destruction, self-harm, thus preventing the achievement of well-being (15).

In the unit “Coping strategies and mechanisms”, the codes align with other studies in which alterations in emotional states are recognized as problems, and the support of professionals and family plays a fundamental role in addressing them. In this regard, Da Silva et al. (26) showed that adolescents considered professional psychological support a beneficial activity to boost self-esteem, improve family relationships and reduce harmful behaviors. Furthermore, although there was not necessarily a complete remission of their depressive symptoms, there were positive changes in their quality of life. Alpe & Alf (27), in turn, indicate that the main protective factors for adolescents were

support, the maintenance of stable family bonds, and the idealization of future projects. On the other hand, risk factors involve dysfunctional family contexts, exposure to violence, feelings of misunderstanding and worthlessness, all of which contribute to a limited or even non-existent perception of the future. Similarly, Bear et al. (28) emphasize the fluctuating nature of treatment, recovery, and coping. Their interviewees viewed recovery as a complex and non-linear journey that takes time to achieve. They also mentioned a gradual change in mentality, noting that their expectations regarding their own results varied over time, and they approached the process with patience.

This aligns with the unit “Well-being under construction”, which illustrates that mental health is a continuous learning process, where the individual and their experiences shape its course and direction. In this regard, Montecinos-Guñez & Leiva-Bahamondes (24) define a category referring to “mental health as a whole”, which includes findings where participants identify mental health, skill development to fulfill goals and a certain level of well-being. In this study, informants agree on the ongoing process, whose achievements contribute to their sense of well-being. Indeed, mental health emerges as a collective concept that encompasses a range of different perspectives. Therefore, it is essential to provide young people with resources that enable them to strengthen their resilience and effectively cope with the challenging life circumstances they have faced (29).

CONCLUSIONS

Addressing the subjective aspects of mental health construction allowed us to understand how this construct is experienced and perceived from the perspective of participating women. Traumatic emotional experiences have significant implications for mental well-being and affect overall quality of life. Despite the passage of time, mental health remains a continuous process shaped by the coping strategies and mechanisms developed by young women with the support of the family and healthcare professionals, and faith.

The main limitation identified was the number of participants, which, although sufficient to understand the phenomenon in a specific context, needs to be larger to yield better results. Similarly, comparing the results proved challenging due to the limited number of qualitative studies on the object within this population.

Mental health should be understood from its gender roles and the social or self-imposed expectations in women. It is recommended to further explore this issue through qualitative studies that analyze mental health problems with a gender-specific perspective, as well as longitudinal studies tracking young women with traumatic experiences.

Conflict of interest: The authors declare no conflict of interest.

Funding: Self-funded.

Ethics approval: Research approved by the Universidad Autónoma del Carmen through official document with folio FCS/I317.

Authorship contribution:

LMG: conceptualization, methodology, formal analysis, writing - original draft.

JYTT: conceptualization, formal analysis, writing - original draft.

PMNM, LCCA data curation, validation, writing - review & editing.

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