

# Young people's well-being



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## Abstract

This dissertation identifies the factors that contribute to a mental health problem (depression) among young women 15 to 25 of age in the UK. The literature review revealed that the young women aged 15 to 25 are exposed to the risk of being depressed as a result of the interplay between biological and environmental factors. Furthermore, the rates of depression were found to be higher in the women population compared to men. The study also reveals that depression in the young women of this age bracket has negative effects on their family and friends. Although the family members and friends are always willing to help their loved ones recover from mental health problems they are prevented from doing so because of their lack of knowledge and skills in handling depression. As a result, depression ends up disrupting the relationship between the patients and their loved ones who equally end up being distressed as well. The findings reveal that the government should increase the funding on its programs and consistently review the performance of the policies in order to correct any mistakes in time.

## Introduction

The main purpose of this study is to review literature on the factors that contribute to depression among young women aged 15 to 25 in the UK. The study will explore the impact of the patient's condition on the family members and friends, and evaluate the effectiveness of the different initiatives to support young women with depression. The study carries out an extensive review of academic articles and will access all available data to

discuss the research objectives. Additionally, it will perform an appraisal of the findings and results obtained from related literatures. Thereafter, a conclusion will be provided on all issues deliberated in the study, and then a recommendation will be given for the public education and possibly for future mental health research project among young women in the United Kingdom.

### Background and Rationale for the study

The World Health Organization (WHO) defined mental health as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community, whilst, mental problems or illness refers to conditions that affect cognition, emotion, and behaviour for example, schizophrenia, depression, and autism (Manderscheid et al, 2010).

Women are more likely to suffer from depression compared to men. Brady (2013) confirmed that the investigation of national mental health surveys have shown that psychological disorders are 20% to 40% likely to occur in women than men.

Walsh (2009) claims that this disparity is due to many elements, as studies have given a number of factors have been responsible for the cause of mental health problems among women in the UK; some of the influences include the increasing responsibility of women performing multiple roles in the society, such as careers, homemakers and breadwinners. Seeman (2006) stated that the care giving role of women, which sometimes extends to spouses, children and the elderly, may induce increased stress and possibly cause mental health problems. Likewise, the associated issues of pregnancy and child-bearing are an additional consideration responsible for a high rate

of mental health problems among women (Kidd et al, 2013). Ussher (2010) notes that the issue of domestic violence is also a contributing factor because women have depression or mental health problems because they have been subjected to domestic violence. These women sometimes find it hard to go for counseling as a confidential and safe means by which they can outlet their feelings.

There are very few studies that have identified the relationship between mental health problems among young women and depression; this supports studies that have linked stress as a catalyst responsible for mental health problems amongst young women (Pratt et al 2012). Weich (2004) confirmed that some UK based studies have reported an excess in the prevalence of the most common mental disorders of anxiety and depression.

The cost of treating depression and other mental problems is a big financial burden to the government. The Centre for Mental Health (2010) concluded that mental problems have not only a human and social cost, but also an economic one, with wider costs in England amounting to ? 105 billion a year. Rosenfeld (2009) asserts that very few studies have focused on the causes of depression among young women in the age group of 15-25. Most studies focus on depression on women, men, or adolescents without necessarily narrowing down to young women (Rosenfeld, 2009). The rationale for this study is to identify the causes of depression among the young women aged 15-25, evaluate the effects of depression on the family members and friends, explore the government policy and interventions and then offer recommendations on how to protect the young women from depression. The study of depression in young women is important because the depression suffered at this age group has a direct effect on the future lives of these

women (Thomas et al 2008). It is therefore important to look into ways of protecting them against depression because this will not only save the government money that is currently being used on treatment but also ensure that the young women enter the early adulthood stage with a strong mental ability. To the healthcare profession, this study will be helpful in the treatment of depression through making maximum use of preventive measures and formulating a basis for further research on ways of reducing the rates of depression among women aged 15-25.

### Aims and Objectives

The primary aim of this project is to review literature on the factors that contribute to depression among young women aged 15 to 25 in the United Kingdom. The objectives of the study are as follows:

To identify and understand the risk factors responsible for depression as a mental health problem among young women aged 15 to 25 in the UK.

To examine the impact of depression on the family and friends of the depressed persons

To investigate government initiatives that support young women with depression

### **Ethics**

This study addressed ethical and anti-oppressive issues that relate to research and practice. It adhered to all the ethical principles that guide the use of secondary data. The review was conducted with an interest of finding ways of improving the lives of young people with depression through evaluating ways of reducing the causative agents and providing care for the

already depressed population. The findings are meant to benefit both the depressed young people and form a basis for future research.

Literature Review

## **Methods**

This review followed an inclusion and exclusion criteria in determining which articles and books to review and which ones to ignore based on the relevance of their content to this dissertation. The journal articles were chosen from EbSCOhost, BNI, MEDLINE, EMBASE, CINHALL, government published documents and policy. Simple electronic database search was then done using the key words as a guiding criterion. All the journals and books were screened by reading the titles, abstract and in some cases full text in deciding which ones were suitable for this research. The key words for the search were “ mental illness, young women, depression, and government policies to address depression”. The database search depended on wildcards and keywords in looking for information in the abstracts, title, subject heading, and full text. The words were used separately and then in combination to ensure that as many relevant articles are reviewed.

The criteria for inclusion and exclusion of articles and books

The method for selecting articles made use of the inclusion and exclusion criteria to ensure that the search generated the best possible articles and books. The inclusion criteria targeted the articles that cover prevalence of depression among women, early adulthood, policy intervention in the United Kingdom, peer reviewed and possible methods of dealing with depression.

The exclusion criteria on the other hand included the articles and books

published prior to 2001, generalized the youth without separating young women from women, only included children under the age of 15, focused on bipolar mood disorder, studies with small sample sizes (less than 50), and those involving non representative samples like the ethnic minorities.

## **Results**

A total of 100 citations were considered for the research, out of which 30 duplicate citations were filtered out. The remaining 70 citations were then screened using the inclusion and exclusion criteria outlined above. 50 articles were retained for inclusion and the other 20 were excluded from the study. Therefore, this review is based on a sample of 50 citations. The details of the review are availed in the subsequent sections of this literature review. The articles were then grouped into those that cover the general correlates of and prevalence of depression, those that cover young women below the age of 30, and finally those that cover young women still under the care of their parents. Among the 50 citations considered for review, only a small percentage was longitudinal by design. The samples had different sample sizes with the least having 50 and the most having 20, 000 participants.

### General correlates and prevalence of depression

The findings of this review reveal that in the cases where the articles made comparisons between the males and females, women were more likely to be affected by depression compared to the males. Out of the 10 articles that compared the two sexes only three posted a different result. The three articles did not find any significant differences in the prevalence rates between young men and young women. The other seven articles all

concluded that women are more vulnerable to depression than men. The prevalence rates ranged from as low as 4.3% to a high of 49%.

Factors that contribute to depression among young women 15 to 25 of age in the UK

Lundt (2004, p. 67) claims that in addition to women having higher rates of depression than men, many features of depression differ for women when compared to men. These differences include factors like the likelihood of occurrence, risk factors and the symptoms of depression. This literature review reveals an overwhelming support for a multidimensional model of the risk factors for depression in women with a complex relationship being exhibited between life stress, social, biological, sex role socialization and developmental factors. Hales (2008, p. 33) asserts that currently, the exact neurophysiological mechanisms surrounding depression have not yet been identified although stress appears to play a crucial role in the onset of depressive episodes particular at the initial stages. While the conventional perception of depression supports biopsychosocial model of risk factors, more contemporary conceptualizations and research emphasize on the impact of the sex role socialization (Thomas, et al 2008, p. 41). The societal gender expectations have a direct influence on how to deal with depression. The women who are forced to adopt female roles that are more stereotyped often experience more depression compared to the ones that are not exposed to such hostile environments. Ussher (2010, p. 13) also adds that women are also more likely to make complex inferences and engage in more ruminative self-focus and this may maintain or even aggravate depression. Walsh (2009, p. 66) notes that there is no single theory explaining the



gender differences in depression. In fact the different rates of depression are as a result of multidimensional and interactive issues that are functions of idiographic factors. Rosenfeld (2009, p. 76) supports this further by asserting that integrative biopsychosocial theories of depression have been espoused by many different theories. They note that there are five major categories of risk factors which are: Biological, Life stress, Sex role socialization, Societal/Social and Developmental

The interactive model of risk factors is an expansion of the Worrel and Remmer (1992) model (White, & Groh, 2007, p. 65). All the five factors are discussed in discrete sections below for purposes of clarity although in reality most of these factors are interrelated and involve more than one factor at a time. It is for this reason then that some factors will appear in more than one section.

### Biological Factors

In the past, most scholars held the assumption that there were two subtypes of depressions, neurotic and endogenous (Stahl et al. 2003, p. 56). The endogenous depressions were believed to be driven by purely biological factors whereas the neurotic depressions were thought to be functions of interpersonal and intrapersonal factors. However, more recent research shows that very few depressions are purely biological and there is a general consensus that most depressions have a biopsychosocial basis (Savoie et al 2004, p. 29) Although genetics play a significant role in unipolar depression, heredity is not an important factor as it is in bipolar depression.

Depression affects women throughout their lives and it is caused by a combination of different factors that range from hormonal, pregnancy,

postnatal to biological factors (Paxton, & Robinson, 2008, p. 16). At a later stage in life women may also suffer from depression caused by menopause. These are the factors that make women more vulnerable to depression than men. Additionally, women are more likely to be diagnosed with depression in their early lives than men. Nimrod (2012, p. 43) found that females start experiencing depression in their early adolescence. The study highlights that depression can occur in the young women and puberty increases the risk. This assertion was supported by Greenblatt (2011, p. 45) who claims that the depression in women mostly starts at puberty. The hormonal levels at puberty are a major cause of depression in young women. The changes in oestrogen and androgen are more responsible for the depression than puberty itself. Hales (2009, p. 77) asserts that this view is consistent with the fact that depression can be as a result of hormonal changes that are related to the reproductive system of women. This is particularly evident in the young women who often complain of both emotional and physical premenstrual symptoms.

The young women may also suffer depression during pregnancy. Erlandsson and Eklund (2006, p. 32) claim that while pregnancy does not necessarily cause depression, pregnant women who have a history of depression are more likely to suffer relapses because of their reluctance to use antidepressant medication. This thought is supported by Castle et al (2006, p. 61) as they highlight the implications of managing and treating depression in women. Their research revealed that although many women are often reluctant to take medication during pregnancy, the effectiveness of using antidepressants outweighs the consequences of untreated depression on both the child and the woman. As such, their research outlines the

importance of the role of nurses, health visitors, general practitioners, mental health practitioners and the other health professionals in educating the young pregnant women and their families. Additionally, the research also highlights the importance of taking the risks of managing and treating depression during pregnancy into consideration as well as empowering the young women to make decisions based on the best guidelines and available evidence. However, every pregnant woman must be considered differently and individually because there are many factors that influence their decisions on whether to use the antidepressants or not. Sleath et al (2005, p. 47) say that additional information is required by both pharmacological and non-pharmacological treatments and that all medical practitioners must always weigh up the different treatment options available as well as the wishes of the patient before making any decisions. In fact this is the reason why Pestello & Davis-Berman (2008, p. 15) asserts that current advice must be provided based on evidence based practice and practice guidelines. Mirowsky and Ross (2003, p. 55) claim that there is often an increased risk of depression after childbirth because of the hormonal changes in the postnatal period. During this time, there is often an influx of other factors like breast feeding that may influence a young woman not to use antidepressants. Although infertility does not lead to depression, the young women struggling with infertility may be susceptible to depression. In fact Demyttenaere, De Fruyt, & Stahl (2005, p. 37) claim that depression may play a role in infertility. Some studies indicate a positive correlation between depression symptoms prior to attempting to conceive and infertility. However, the inability to conceive may lead to depression which may in turn affect the probability of being able to conceive (Ravindran, et al 2002, p. 99).

Several other medical conditions like anemia, AIDS, Addison's disease, cancer, diabetes, infectious hepatitis, influenza, systemic lupus, hypothyroidism, multiple sclerosis, ulcerative colitis, rheumatoid arthritis, hyperthyroidism, mononucleosis, and Cushing's disease can cause symptoms of depression in young women (Pratt, et al. 2012, p. 21).

Furthermore, other medical conditions like heart disease, asthma and hypoglycemia can equally cause anxiety like symptoms. Lazear et al (2008, p. 30) claims that there is a positive correlation between depression and coronary heart disease. Depression occurs with a high rate mostly after coronary heart disease. In fact recent research indicates that depression is a risk factor for coronary heart disease and a predictor of poor outcome (Eklund, Erlandsson, & Persson, 2003, p. 48).

#### Life stress factors

Hales (2012, p. 50) claims that certain types of stressful life events eventually lead to depression in most young women. One of the possible reasons for the intermittent nature of depression is explained by the kindling hypothesis. According to this hypothesis, the strength of the association between stressful life events and depressive onsets decrease with an increase in the number of episodes (Eklund et al 2010, p. 82). It is the unspecified changes that take place during the depressive episodes either through learning or brain changes rather than the stressful life events that kindle future episodes. Erlandsson and Eklund (2003, p. 68) note that in people with recurrent depressions, the relationship between stress and depression declines progressively through approximately nine episodes and then stabilises through the future episodes. The stress diathesis theories of <https://assignbuster.com/young-peoples-well-being/>

depression indicate that depression results from the way an individual interprets the life stressful events (Castle, Kulkarni, & Abel, 2006, p. 51). Hopelessness depression is a stress diathesis theory whereby an attributional style interacts with the negative style events to generate specific subtype of depression with symptoms of sadness, loss of motivation and suicidal ideation. In the context of this model, the internal factors (an attributional style) interact with the external factors (negative life events) to produce depression in the young women. Therefore, stress in women's lives has a direct impact on the levels of depressions. Caretaking and parenting demands on women often confer an increased risk for depression. Young women with children are particularly vulnerable especially for those that do not work outside the home (Duncan, 2004, p. 58). In fact, the more children in the house the more depression are reported. The responsibility of caring for the aging parents is often left to the adult daughters, which in turn increases their vulnerability to depression. Women seem to be more vulnerable to the negative effects of interpersonal relationships (McLeod & McLeod, 2009, p. 28). Women in unhappy marriages are three times more likely to be depressed than the single ones or men (McLeod & McLeod, 2009, p. 28).

Women are more vulnerable to interpersonal violence than men are, and depression is a function of interpersonal violence (Beck, & Alford, 2009, p. 77). Depression can occur because of psychological and neurological changes caused by the interpersonal traumas. Smith & Elliott (2010, p. 44) claim there is a positive correlation between women with histories of childhood sexual and physical abuse and reversed neurovegetative depressive symptoms such as weight gain, increased appetite and

hypersomnia, which suggests unique biological processes in trauma related depressions. Depression may also occur because of the effects of brain injuries suffered by battered women (Thomas, et al. 2008, p. 49).

### Sex Role socialisation Factors

Certain types of stereotypical female personality traits as well as the gender role socialisation often contribute to the vulnerability of young women to depression. Weiten (2010, p. 37) claims that women with stereotypical beliefs on the gender roles of women and higher scores of measures of femininity are more vulnerable to depression. Furthermore, gender related personality traits like instrumentality are positively correlated to depression. The same is also true for socially influenced stereotypical female personality traits like dependency and passivity, which are conceptualised as mild manifestations of depression (Gotlib & Hammen, 2010, p. 22).

### Societal / Social factors

Women are more likely to face lowered social status in work roles, family roles and community roles. Despite the gains, women have made both economically and socially, inequality between the sexes continues to persist in the society (Kittleson & Denkmire, 2005, p. 09). The reinforcement deficit theory postulated by Worrell and Remer (1992) indicates that depression is related to an unfavourable ratio between positive and negative person environment outcomes (Pettit & Joiner, 2005, p. 64). The low rate of positive outcomes is assumed to be caused by the increase in passive behaviour and dysphoric mood as the young women feel incapable of attaining personal goals leading to eventual withdrawal and despair. The

inequity in family decision-making and access to family finance can cause women to feel powerless and unimportant, precursors to depression.

Kantor (2007, p. 18) asserts that poverty is a pathway to depression. The majority of the people living in poverty in the United Kingdom are women and children. Dobson and Dozois (2008, p. 13) note that 10% of new cases of major depression are caused by poverty. The same is supported by Diamond (2005, p. 73) who hypothesises that depression is a function of financial hardships and poverty.

Although gender differences in rates of depression do not differ by culture, the ethnic minority women and lesbians are at a higher risk because of the complexity and number of risks that they face on daily basis (Friedman, & Anderson, 2010, p. 63). The ethnic minority young women are more likely to be subjected to different socioeconomic factors for depression like ethnic/racial discrimination, segregation into low status and high-risk jobs, lower educational and income levels, unemployment, single parenthood, poor health, marital dissolution and larger family sizes. Greenblatt (2011, p. 31) adds that being a member of a non-dominant group can also lead to experiences of discrimination and oppression, which are risk factors.

Additionally, intragroup and intergroup racism are also stressors that lead to poor health and psychological distress. Cultural role prescriptions for some ethnic minority women may at times lead to depression. For instance, for the Asian and British Indian women, the cultural norms of deference, passivity and courtesy may result in difficulties in self-assertion especially regarding issues of power consequently resulting in depression. Experiences of migration for any ethnic minority group may result in lack of social support,

cultural conflicts, identity confusion, cultural adjustments, and feelings of powerlessness and diminished social status.

### Developmental Factors

Gerrity et al (2001, p. 48) point out that prior developmental experience have a direct influence on the adult susceptibility to depression. This is particularly true for the individuals who have a history of neglect, abuse and parental loss as well as those that were brought up by depressed mothers. Additionally, the subsequent developmental transitions and the accompanying stressors increase the vulnerability of young women to depression. The developmental pathway of women often contain five major key points that begin when they start showing increased rates of depression in adolescence, continuing to the transitions on young adulthood, midlife and old age. Ussher (2010, p. 77) asserts that each of these transitions is accompanied by challenges and stresses. The intensity of these factors varies depending on the unique personality of an individual, social contexts, familial and social support, and life circumstances. One such interactive model indicates that girls arrive at the adolescence stage with more pre-existing factors than boys do and these factors interact with social and biological changes of adolescence, which then extend into adulthood (Peacock & Casey 2000, p. 74).

The young women in the age bracket of 15 to 25 are in the period of young adulthood. This period is a time of potential stress and strain for them because it is a time when they must make important interpersonal and vocational life choices that include decisions related to marriage and motherhood (White & Groh, 2007, p. 17). The young mothers with children at <https://assignbuster.com/young-peoples-well-being/>



home face higher risks of depression. Epidemiological data indicates that the mid to late 20's is the age at which women start experiencing depression because of the many decisions that they have to make (Stahl, et al 2003, p. 94). In the period of transition to adulthood, the women that were exposed to childhood adversities are more likely to be depressed compared to the ones that did not go through such terrible childhoods. The mid 20's is the first time a woman must face the harsh realities of life in the context of the dreams and visions mapped out in the adolescence period. The discovery that adulthood is not as she expected often thrusts most women into despair and confusion. The fact that the young women are facing the challenges and stresses of adulthood for the first time in their lives makes them feel unprepared as the demands of adult life are at times very overwhelming (Ferentinos, et al. 2011, p. 63). These stresses make the young adult women vulnerable to psychological distress, particularly depression.

#### Effects of depression on family and friends of the patients

Weiten (2010) says that when a young woman gets depression, it does not affect her alone as it also has gross effects on their parents, siblings, friends and the whole family. All the people close to the individuals suffering from depression often get extremely worried about the patients. Beck and Alford (2009) claim that the worst part of it is that in most cases these people do not have the knowledge and skills to help the patients. This worsens the situation for the patients, as they feel helpless and in so doing adding more misery to the parents, siblings and close friends. Dobson and Dozois (2008) assert that the family members and friends get worried on the possibility of the young depressed women contemplating suicide because of their unstable

conditions. In as much as they are always willing to help these young depressed women get back to the normal swing of things, the ways of doing it makes the whole thought a mirage. Therefore, they end up being very focused on them, always worrying for them and having difficult time connecting with the depressed young women because depression inhibits their ability to interact with other people.

Depression hurts the young women both mentally and physically inhibiting their ability to work and function. The people who have affection for the young girls are often hurt by the experiences of their loved ones (Thomas et al 2008). Unlike the other physical illnesses, depression is not easily visible to people without prior experience. In fact, many people have no idea of its causes or treatment (Sleath et al 2005). The intangibility of the illness makes it very hard for the family and friends who are not able to feel or see the intensity of the suffering. Some family members and friends even deny the existence of depression because of the confusing nature of the illness.

Castle, Kulkarni, & Abel (2006) claim that some family members and friends consider depression as a sign of personal weakness, while others often end up fighting alongside their depressed friends and family members. These two cases are both extreme and cause grief especially because the depressed young girls feel frustrated, misunderstood or overstretched to recover quickly. Demyttenaere, De Fruyt, and Stahl (2005) say that the symptoms of depression are very difficult to interpret. The young girls often get withdrawn and have little energy to perform ordinary daily tasks. Unfortunately, this is at times misinterpreted by the other family members as a lack of effort in helping in the daily house chores.

## Evaluation of initiatives for tackling the mental health problems among young women in the UK

The purpose of this part of the dissertation is threefold:

Make reference to some policies that touch on mental health of young women in the United Kingdom;

Highlight some of the progress made by the government in helping the young people suffering from mental health problems;

Identify the weaknesses and gaps in the policy and support and what should be done to improve their effectiveness.

Owing to the large number of government policies on the young people, this dissertation will be highly selective in approach.

### INITIATIVES

The National Service Framework for children, young people and maternity services policy contains the 11 standards that contribute to the mental well being of the young people. In 2007, the government developed the National Indicator Set to enable the central government manage the performance of the local government. These indicators were as follows:

NI50, which monitors the emotional health of the children and young people;

NI51 to monitor the effectiveness of government policy.

The Children and Young People in Mind (CAMHS) made recommendations that highlight the role of all universal services like the police and midwives in promoting the mental health of children and young people. The government implemented two of its recommendations through the creation of National Advisory Council (NAC) and National CAMHS Support Service (NCSS). The

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role of the NAC is to hold the government accountable in ensuring that all the recommendations are met. The NCSS, on the other hand, was charged with the role of continually improving and sustaining service delivery. The New Horizons (2009) made mental health the responsibility of everyone. It required all the government departments to work as a team in the prevention of mental health problems and develop resilience in the households. It paid special attention to the need of improving transition from adolescence to adulthood and emphasised the importance of prevention of mental illnesses. In 2010, the Keeping Children and Young People in Mind applauded the need for the government to invest in the mental health and emotional well-being of the children and young people.

### The Progress Made

The investment in CAMHS led to increased advocacy in building resilience, early intervention, general well being and the called for support from families. As a result, there was an increase in the number of professional staff to offer services to the young people (Ferentinos et al 2011). However, the progress was slower for the 16 and 17 year olds as evidenced by the increased number of young people of this age spending time in psychiatric hospitals. This implies that comprehensive implementation of CAMHS is not easy and will require more time and commitment from all the stakeholders. The Mental Health Promotion Driving Policy in the New Horizons is performing well although it is mainly adult focused which places the young women at an increased risk of being lost in the bigger agenda.

### The Challenges and Recommendations

Most of the government policies on young people are properly aspirational although turning them into reality on the ground remains the biggest challenge. The process of implementation is very critical as it underlines the efficiency of the policies. It will be impossible to realise the vision of these policies without total commitment and consistent long term funding. This is why it is advisable for the government to look into ways of ensuring better management and leadership to ensure that these services reach the people as envisaged in the policies. Presently, there is still a gap in the logic on the empowerment of people, families and communities on taking care of mental health (Castle, Kulkarni, & Abel, 2006). Many people have gone through the process of intervention but the real solution lies on empowering individuals with the skills, knowledge and resources to deal with mental health challenges on their own. Helping the young women with self-awareness, social and emotional skills, and foster knowledge will help them take the responsibility for their mental health and emotional well-being.

## Conclusion

This dissertation has identified the factors that contribute to a mental health problem (depression) among young women 15 to 25 of age in the UK. The secondary research also assessed the effects of the condition on the family and friends of the patients and then evaluated the policy and support for tackling the mental health problems among young women in the UK. The extensive review of academic articles and books revealed that the young women aged 15 to 25 are exposed to the risk of being depressed as a result of the interplay between biological and environmental factors. Furthermore, the rates of depression were found to be higher in the women population

compared to men. The study also revealed that depression in the young women of this age bracket has negative effects on their family and friends. The worst part of it is that the family and friends are always willing to help their loved ones recover from mental health problems but are prevented from doing so because of their lack of knowledge and skills in handling depression. As a result, depression ends up disrupting the relationship between the patients and their loved ones who equally end up being distressed as well. The government has enacted many policies to contain mental health problems in the country, however there are still challenges as highlighted in the discussion. These policies although aspirational, still need more commitment in terms of funding, leadership and management for them to have their intended impact in the country.

### Recommendations

The policies for helping the young girls aged 15 to 25 have already been identified and enacted by the government. The only challenge remaining is the implementation process, which is proving to be difficult as evidenced by the high number of young girls spending their time in the psychiatric hospitals. This can be addressed through increasing the amount of funds allocated to the project. This increase will enable the government to reach more people and empower them with the knowledge and skills on how to handle mental illnesses. As already outlined, the family members and friends are always willing to help the depressed young women but then they lack the necessary knowledge and skills. Equipping these people with the knowledge and skills will be helpful in reducing the rates of depression among young women aged 15 to 25 because they have a close contact and

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better understanding of their loved ones. Additionally, consistent evaluation and assessment of the policies will also be helpful to the government in terms of identifying new ways of helping the young girls.

#### Limitations of the study

The study was only reliant on secondary data as the researcher was not able to interact directly with the respondents. This implies that the errors that may have been made by the secondary data could have been replicated in the outcomes of this study. Secondly, very few policies are tailored for this particular age group so the policies used were those overlapping between late adolescence and early adulthood. This may have in some way affected the results although the impact may not be that big given that the age group of 15 to 25 lie in the same period of late adolescence and early adulthood.

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