Academic Guru Publication House

Recent Trends in Humanities, Literature, Sociology and Psychology

Volume 2
Year: 2022

AG PH Books

A Review Study on Psychological Disorders in Youth of India

Dr Ghanshyam Vatsa[1*]

[1]MD (Ayurveda), Associate Professor, Deptt of Swasthavritta & Yog, GS Ayurveda Medical College & Hospital Pilkhuwa Hapur Uttar Pradesh, Email: drvatsa@gmail.com

Abstract

Adolescence is the earliest age at which symptoms of mental health problems in adults first appear. This phrase, at first glance, appears to make the obvious point that, in order to comprehend adult mental illness, we must first comprehend the events that occurred before to adulthood. If this is the case, then the years between infancy and adolescence, which are separated by the rite of passage known as puberty, are of critical importance for unravelling the roots of adult disease. This would provide the basis for primary and secondary preventive initiatives. In keeping with the overall topic of this supplement, this study examines the similarities between the teen and early adult years and argues that they should be seen together as a single developmental period. There is also some allusion to infancy since the roots of many problems that show at this time were already planted at an earlier age.

Keywords: Adolescence, Mental Health, Mental Disorder, Adult, Youth.

INTRODUCTION

To be in a condition of mental health is to be "psychologically in a position to effectively manage one's emotions and behaviours," so to speak. In the view of positive psychology and holism, a person's mental health may be defined as their level of contentment with life and their capacity to strike a healthy balance between their leisure activities and their efforts to improve themselves. The World Health

* ISBN No. 978-93-94339-46-0

Organization defines mental health as the "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational reliance, and self-actualization of one's intellectual and emotional capacity, among others."

When it comes to public health initiatives, mental health now ranks high. The World Health Organization (WHO) issued a resolution at its 2013 World Health Assembly mandating national action plans for mental health. Late teenagers and young adults need particular consideration in this area. The majority of adult mental health problems occur at this time. Get started by age 14; complete it in three years or less.

Mental health issues are often regarded to be both very prevalent and highly stigmatised. Real-world obligations and future employment opportunities may make the tenth and twelfth grade the most stressful years of a student's life. Students' mental health might be severely compromised at this period of life-altering decision-making.

One factor for the tribal area's economic downturn is the low level of education and the prevalence of in-house labour compared to sending kids from here. Having more than one or two children, along with a lack of money, means that parents can't focus on their kids' education. However, living in a rural region or far from a city means that children can't be taught full time until they're in high school. As soon as they set foot on the planet, they realise they have little chance of survival, and their sanity quickly declines. Stress and worry are also a result. In order to identify the root of the problem and eradicate it, it is essential to assess their mental health.

Defining and measuring age at onset

As a result of this life-course perspective, determining the development of omental diseases at a certain age is not only necessary but also challenging. Typical adult mental diseases often present with vague first signs and symptoms. More in-depth analyses of the development of symptoms have shown that early psychopathologic alterations may be fluid and unpredictable before stabilising into a condition that can be classified in some way.

The only way to know for sure whether those preliminary details were included in the final composition is to look back. As a result, there is a great deal of room for mistake or bias in the recollection or remembering of events, which may have a significant impact on epidemiological analyses. In clinical practise, it is common knowledge that earlier onset dates are possible if the patient's history is detailed and complete.

Similarly to how low mood and occasional elation are both natural parts of life, it's possible that psychopathological phenomena like voice hallucination are really rather prevalent during specific developmental times; what makes them noteworthy is their persistence or cohabitation with other qualities. This is leading to conceptual challenges with clinical notions such as the prodromal, which are at best useless or perplexing when employed at the community level. Furthermore, these conceptual

difficulties might be destructive if they lead to therapies that have unfavourable benefit-to-harm profiles that are significantly different from the clinical condition.

Age-at-onset stories from the past are more helpful for certain illnesses than others, although they are never 100% accurate. It is a legitimate (and beneficial) assumption that a high number of persons with psychotic disease will ultimately undergo treatment. This is particularly true when considering the fact that the definitions of some varieties of psychosis, such as schizophrenia, include impairment and loss of function as part of their description. So, a poll asking about the age of onset for schizophrenia or other non-affective psychoses is informative. It also eliminates the possibility of data contamination from the overwhelming majority of young individuals who may experience psychotic events but never have a mental health problem. However, this comes at the expense of omitting the few individuals who are experiencing the beginning stages of a mental illness but have not yet sought treatment, and it also had the effect, for many years, of blinding researchers to the degree to which psychotic events were a normal part of experience; for many decades, epidemiologists saw such occurrences as nothing more than false positives.

Issue and challenges of mental disorder

Extreme poverty and social isolation are two of the strongest risk factors for mental health problems. Those who have less opportunities in life, such as a poorer standard of living or a lack of financial resources, are more likely to have mental health problems. People who are illiterate and jobless have a higher lifetime chance of developing affective disorders, panic disorders, generalised anxiety disorder, particular phobias, and drug use disorders. Male gender, working condition, dependent decision making, premarital sex, and physical and sexual maltreatment were shown to have no association with suicidal conduct. Persistent difficulties, such as stress or suffering, might make suicidal thoughts more likely. Suicide was also strongly linked to being single or having just ended a committed relationship. An individual's social environment, including their workplace, their school, and their home, all have a significant part in the development of mental illness.

Rapid societal change, discrimination, social isolation, and gender disadvantage including early marriage, worry about a husband's drug abuse habits, and domestic violence all put women at a higher risk for mental health issues. Women who experience major life transitions like divorce or loss of a spouse have a slightly increased chance of developing mental health issues.

There is a serious issue with domestic violence in India. Twenty-three percent of women in Maharashtra having experienced physical violence in the preceding six months, with twelve percent of them experiencing specific threats of being burnt alive. Common mental disorders are more prevalent among low-income women because they are more likely to be exposed to risk factors such as unfavourable life events, living in overcrowded or stressful environments, having fewer career options, and chronic health concerns.

Individuals are more likely to have mental health problems if they are simultaneously experiencing sensory symptoms, such as tingling or numbness in their extremities, or generic symptoms, such as fatigue or weakness. Psychiatric diseases may have a hereditary component, a physiological abnormality, or even be the result of a birth defect. Natural, man-made, or technological disasters may be painful and cause widespread stress in communities.

Disaster survivors had a high prevalence of PTSD, GAD, and panic disorder, according to a meta-analysis. The primary challenges in addressing the issue of mental health in India include the stigma associated with mental diseases, the general public's lack of information, people's delayed treatment seeking behaviour, the absence of affordable diagnostic tests, and the limited availability of treatment options. Also, the community's reliance on alternative medical practises and its faith in the supernatural lengthen the time it takes to get a proper diagnosis. The health of mothers and children, as well as the prevention of contagious illnesses, had been India's primary concerns. Consequently, there is less political will to address the growing epidemic of non-communicable illnesses, which in turn increases the prevalence of mental health problems.

Suggestions to cope up with mental disorder

The global burden of mental diseases is simply the beginning. Creating living circumstances and an environment that are conducive to mental health and make it possible for individuals to choose and sustain healthy lifestyles is important for promoting mental health. To improve people's emotional well-being, it's necessary to create a society that upholds the rights of all its members, regardless of their socioeconomic status, race, religion, sexual orientation, gender identity, or national origin. Instead of focusing exclusively on mental illness, national mental health policy should also take into account and work to improve a variety of factors that contribute to positive mental health. This encompasses the fields of teaching, labour law, the law itself, transportation, ecology, architecture, and medicine. It is widely accepted that intersectoral collaboration is a key strategy for achieving this goal.

It's now well accepted that many mental diseases' precursor symptoms appear in childhood. India should work on enhancing child development via interventions in the preschool years, including the provision of nutritional and psychological support, in order to plant the seeds of a thriving society. At the moment, there is a need for both a youth development and a skills training programme in the neighbourhood.

Women's mental health may be improved with more economic independence, such as increased access to higher education and better work prospects. Participation in organisations for women such as farmer's clubs, mahila mandal, and teenage girls' groups is important. People will be encouraged to gather together for the sake of socialising, learning, and improving their health, as well as for the purpose of earning money. The elimination of bigotry and violence from society is essential. Eliminating biases based on race, religion, national origin, sexual orientation, handicap, or socioeconomic position may help bring down the prevalence of mental illness.

Improvements should be made to the social assistance system for the elderly. There should be more senior centres and day cares built. Disaster victims, migrants, and indigenous people all require specific programmes created for them. Stress reduction programmes in the workplace or educational initiatives promoting ecological sustainability might both be adopted in schools. Numerous international groups are increasingly devoting resources to mental health. The World Health Organization's Mental Health Gap Action Programme seeks to expand treatment options for conditions including schizophrenia, bipolar disorder, and addiction. Since its inception, millions of individuals all over the globe have been helped with their mental health issues, such as depression, schizophrenia, and epilepsy; many have even stopped contemplating suicide as a result of receiving treatment. When applied to nations with low or moderate income and hence limited resources, this strategy proved highly effective.

Improving primary health care for mental health issues is another important step in lowering mental health-related morbidity. Multiple treatments are required if one is to successfully halt the evolution of early indications of mental diseases into more severe and long-lasting instances. Improved primary care services need rapid access to low-cost diagnostic tools and treatments. Research conducted by psychiatric epidemiologists has to be refocused in such a manner that it can more accurately assess the real burden of mental diseases at the community level. An accurate picture of the state of mental health might then be gleaned from this. Improving primary care services' capacity to deliver appropriate treatment should be a central goal of secondary prevention efforts.

LITERATURE REVIEW

(Mehra et al., 2022) Most mental problems first appear in early adolescence, making this age group particularly vulnerable to the effects of the mental health crisis that affects nations like India and others throughout the world. The shortage of specialists and interventions aimed at addressing mental health issues are significant difficulties in India. Our review's overarching goal was to evaluate the efficacy of programmes for adolescent mental health in India. Our review of treatments published between 2010 and 2020 was conducted by a comprehensive search of PubMed, PsycINFO, and the Cochrane Library, as well as through the use of cross-references across these databases. This evaluation looked at eleven interventions, nine of which were implemented in schools, one in the community, and one online. The majority of the after-school and summer programmes focused on teaching useful life skills. Moreover, students who participated in coping skills and resilience programmes exhibited considerable enhancements in their cognitive capacities, academic stress, problem-solving skills, and general psychological health. Overall, the school atmosphere and other mental health outcomes improved thanks to the multi-component whole-school intervention, which showed a lot of promise. As a result, mental health issues should be first screened for via programmes centred on schools. However, the country's teenage population need a more extensive mental health programme. A greater number of interventions geared at pre- and non-school-aged adolescents are needed to bridge the achievement gap.

(Patel, 2020) The focus of this study is on the mental health of students in a typical tribal school. Sixty kids aged 10 were selected from a tribal school and sixty students aged 12 were selected from the same school for this reason, for a total sample of 120 pupils. The Bhatt-Geeda Scale for Mental Health was used to compile the data. A t-test was used to examine the data. The findings revealed a substantial mean difference in pupils' mental health between those in their 10th and 12th years in tribal schools. Among 10th and 12th graders in tribal schools, there is a large gender gap in terms of mental health.

(Review, 2020) The Mental Healthcare Act (MHCA) of 2017 has introduced several significant improvements to mental healthcare, such as advance directives and nominated representatives, with the goal of protecting the civil liberties of those who suffer from mental illness. The purpose of this essay is to provide a high-level review of the MHCA-2017 and to outline how mental health nurses may play a vital role in facilitating PMI while also safeguarding their rights.

(Gyawali, 2020) Adolescent female students' rates of depression, anxiety, and stress were examined in a cross-sectional research, as were the effects of sexual harassment on these measures. The research was carried out in both community and institutional schools in the Lalitpur and Rupendehi districts using a concurrent mixed approach. Quantitative information was collected by means of a semi-structured questionnaire and the Depression, Anxiety, and Stress Scale (DASS) -42 points. We gathered qualitative data via focus groups, in-depth interviews, and key informant information. The incidence of sadness, anxiety, and stress were 45%, 52%, and 35% among the sexually harassed females, respectively, indicating poor and bad mental health among the responders. Since it has been shown that sexual harassment is a key contributor to the dismal emotional well-being of female students, it is imperative that all educational institutions implement anti-sexual-harassment policies and take appropriate measures to eradicate the problem.

(Chaturvedi et al., 2020) This study sets out to look at some of the problems that the Indian demographic dividend faces. Primary research gathered via interviews with two subject matter experts is corroborated by secondary research obtained through a variety of journals. According to the results of this study, the Indian youth's "demographic dividend" has been significantly diminished due to the interconnected problems of unemployment, poverty, and mental health. There has been a decline in economic productivity as a result of high unemployment, which has had negative effects on people's health, both physically and mentally. Due to insufficient availability of skill development programmes, suitable employment, and educated people, young Indians are experiencing a financial and mental crisis. This study emphasises the need of stronger education institutions, more public understanding of mental health concerns, and innovative approaches to skill development in order to address these problems.

(Saleem & Mahmood, 2019) A total of 1850 people between the ages of 19 and 26 took part in a study on the mental health of college students. A rating scale, the 45-item Student Problem Checklist (SPCL) created by Mahmood & Saleem, (2011), is used to assess the frequency with which mental health issues arise among college students. College students' reports of mental health issues fall along four dimensions that this scale attempts to measure: dysfunctional self-concept, confidence loss, difficulty self-regulating, and anxiety predisposition. The authors recommend that a global SPCL score of more than one standard

deviation (SD) be interpreted as suggestive of serious issues, and a global SPCL score of more than two SD as indicative of extremely severe problems. Our results suggest that 31% of the sample is in the "severe" group, with 16% in the "extremely severe" range. When it comes to the individuals in this research, 17% have a severe case of Sense of Being Dysfunctional, 16% have a serious case of Loss of Confidence, 14% have a severe case of Lack of Self-Regulation, and 12% have a severe case of Anxiety Proneness. Consistent with previous research on students' mental health, these results are encouraging. Rates and their implications for student counselling service in prevention and intervention are explored, along with the importance of variables such as sample characteristics, the measure utilised, cultural and contextual factors.

(District et al., 2019) Mental illnesses account for a disproportionate share of the suffering experienced by young people nowadays. Their schoolwork suffers as a result of these issues. Medical students face a demanding environment that may have an adverse effect on their studies and perhaps lead to drug usage. This research was conducted to learn more about medical students' mental health. In 2017, researchers from KMCT Medical College conducted a cross-sectional study. The information was gathered via the use of a self-administered, standardised questionnaire. The information gathered was imported into Excel and evaluated using SPSS.

(Dhaked et al., 2019) WHO (1999) defines mental health as an individual's "subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational reliance, and self-actualization in regards to their knowledge, understanding, and acceptance of mental diseases." To that end, the current research surveyed Indian university students to gauge their perspectives on depression and schizophrenia, as well as the factors that contribute to their development and how they may be treated. Methods and Materials: The current descriptive research was conducted with a sample of 150 college undergraduate and postgraduate students aged 18 to 27 at Amity University, Rajasthan, utilising the "Vignettes of Depression and Schizophrenia and Short Version of Orientation toward Mental Illness Scale (OMI). From these data, we may conclude that depression is more readily recognised than schizophrenia is among college students. In the past, it was believed that both sadness and schizophrenia could be traced back to stress. The vast majority of those who participated in the study believed that treatment for depression and schizophrenia was effective. The majority of participants had a negative outlook on folk therapy, psychosocial manipulation, and physical methods of treatment, and they saw family as the primary resource for getting care for mental illness. As for the causes of mental illness, most participants blamed mental disorder for sadness and stress for schizophrenia. Because of this, both sadness and schizophrenia were thought to have a positive outlook.

(Navya et al., 2018) All of us have different ways of thinking, feeling, and behaving, and these factors, together with our own unique qualities, have significant impacts on our mental health. The purpose of this research was to investigate whether or not there are any gender differences in the associations between teenagers' personality qualities and their mental health. One hundred students were hand-picked from among all the schools in Gurugram, India. Both personality and mental health were evaluated by having students fill out the PGI Health Questionnaire N-2 and the student personal issue inventory,

respectively. The data was analysed using the independent t-test and the correlation. Two main conclusions may be drawn from these findings: (1) a strong relationship exists between personality qualities and psychological well-being; and (2) a gender gap exists, with female adolescents faring better in both areas than their male counterparts. More research into students' mental health and personality traits is warranted in light of the findings, which suggest that early detection of signs of mental health problems and understanding of factors contributing to stress among students is important for advancing future understanding of mental health.

(Chukwujekwu, 2018) The goal of this study was to assess the level of understanding and sympathy that first-year college students in southern Nigeria had for those suffering from mental illness. Methods: This was a descriptive cross-sectional research performed over the course of three months at a Catholic university in Nigeria. Out of a total of 5045 students, 215 were chosen at random. Each participant completed a questionnaire measuring socio-demographic factors as well as three subscales: the Knowledge about mental illness scale, the Attitude to mental illness scale, and the Social Distance scale. The information was analysed using SPSS version 16.0 (Statistical Package for the Social Sciences). According to the data, the majority of participants were male (62.3%), Christian (91.2%), Igbo (49.5%), and single (93%). Most respondents held some of the widespread yet false beliefs about mental illness. There was a glaring lack of understanding of the signs and symptoms of various mental disorders. The biological basis for mental illness was not known by 42.8% of the sample. Though eighty percent of respondents acknowledged the need of aiding persons with mental illness, almost half of those surveyed (40.8 percent) still felt they had little in common with others who suffer from such conditions. Not many people (only 33%) were open to befriending those who suffer from mental illness.

(TJ, 2017) The purpose of this analysis is to expose and dispel a few dangerous myths regarding mental health and mental diseases. This debate, structured around four common misunderstandings about mental diseases, offers readers with information and suggestions to further reading to strengthen their scepticism and critical thinking about psychopathology. Here, we debunk the four common misconceptions about mental health issues, including that they are not significant, that they are caused by purely biological factors, that they can be treated only by medicine or cognitive behavioural therapy, and that they are not real. In each instance, the author presents a cogent counterargument, ultimately concluding that mental diseases are not real even though this is a very relevant issue. Multiple logical fallacies (such as equating correlation with causation, the nominal fallacy, and the reification fallacy), as well as some short background on the development of psychology, are discussed (e.g., varying treatment modalities, schools of thought around treatment impactfulness, and problems with language progression in research).

(Gupta et al., 2013) The purpose of this review was to determine the extent of mental illness in the population and to investigate the many problems that people in these settings face. We looked for research on the incidence of mental morbidities and their associated variables in the general population by searching electronic databases. Mental and behavioural problems are responsible for around 12% of the worldwide burden of illness, according to the World Health Organization. The prevalence of mental

and behavioural illnesses in India was estimated to be between 9.5 and 102 per 100,000 people. What the world sees in terms of the burden of mental diseases is only the top of the iceberg. Females, the elderly, catastrophe survivors, industrial workers, children, adolescents, and individuals with chronic medical illnesses have all been shown to have a disproportionately high rate of mental health problems. Better housing, political will, basic healthcare, and gender equality are all necessities.

(Medicine, 2013) However, there is a lack of information on the prevalence of mental illnesses in children and the resources required to treat them in India. Objectives of this cross-sectional research of teenagers (10–17 years old) from four different schools were identifying the prevalence of mental health issues and the characteristics that put adolescents at risk for developing them. Research was done in Royapet throughout the months of June and July of 2012 utilising the PSC Y questionnaire. Out of a total of 478 pupils, 67 (14% of the population) were found to have the condition. Results showed that female gender, younger age, higher socioeconomic status, an unhealthy home environment (parental fighting, parental abuse), sibling rivalry, an unhealthy school environment (fight with friends), and the type of family (single parent) were all associated with mental health problems, while family structure was not.

(Bullock & Bradley, 2010) When some families got cash supplements, it was like a natural experiment: the incidence of behavioural problems among adolescents dropped dramatically. They've graduated from being teenagers and are now young adults. The goal of this study is to investigate whether or not receiving financial aid during formative years reduces the incidence of mental health problems later in life.

(Suman Somen, 1986) Over the last two and a half decades, both the number of orphans and the number of orphanages in Kashmir have increased. Children in orphanages sometimes suffer from untreated mental health issues. The research was done in orphanages in six randomly chosen districts of Kashmir between April 2014 and March 2015 using a cross-sectional study methodology. In addition, evaluation of potential variables linked to mental illness in the selected group was conducted. Of the 450 kids studied, 38 had some kind of mental illness. According to the Child Behaviour Check-List, 33.3% of these kids exhibited attention issues, 24.5% were sad, and 21.4% were anxious. The age (p value <0.001), type of orphan (p value 0.001), cause of death of parent (p value <0.001), social change occurring within family (p value <0.001), duration of stay in orphanage (p value <0.001) and involvement of siblings in labour (p value 0.008) have a significant association with psychiatric morbidity. One might thus conclude that psychological illness is quite common among orphaned youngsters. There's an urgent need to address the concerns of this marginalised population right now.

CONCLUSION

Changes in the prevalence of mental illness have been documented across time, even within the same people. This ever-changing character of mental disease has implications for healthcare strategy, budgeting, and provision. Several studies have shown that women, young individuals, college students,

the elderly, those with chronic illnesses, the handicapped, those who have survived a natural or man-made catastrophe, and those who work in factories are disproportionately affected by mental health issues. In order to get a more accurate picture, community surveys are a better option.

References

Bullock, A., & Bradley, V. L. (2010). Family income supplements and development of psychiatric and substance use disorders among an American Indian population. *Jama*, *304*(9), 962–963. https://doi.org/10.1001/jama.2010.1240

Chaturvedi, S., Avantika, □, & □□ S. (2020). Challenges Faced By the Indian Demographic Dividend: Unemployment, Poverty and Mental Health. *International Journal of Advanced Research in Commerce*, *02*(04), 1–10.

Chukwujekwu, C. D. (2018). Knowledge and Attitude about Mental Illness of Students in a University in Southern Nigeria. *Journal of Biosciences and Medicines*, *06*(06), 95–104. https://doi.org/10.4236/jbm.2018.66007

Dhaked, S., Sharma, N., Chopra, K. K., Khanna, A., Delhi, N., Delhi, N., Delhi, N., & Delhi, N. (2019). *Share Your Reactions*. *1*, 1–8. https://doi.org/10.4103/mamcjms.mamcjms

District, K., Reshma, V., Ratheesh, R., Mohandas, B., K, D. K., & Pk, S. (2019). *Mental Health Screening of Young Adults in a Medical College at*. *4*(March), 136–140.

Gupta, A., Lohiya, A., & Kharya, P. (2013). Mental health issues and challenges in India: A review. *International Journal of Scientific and Research Publications*, *3*(1), 2250–3153.

Gyawali, K. (2020). Sexual Harassment and its Effects on the Mental Health of the Adolescents School Girls in Lalitpur and Rupandehi District. *Tribhuvan University Journal*, *35*(2), 72–88. https://doi.org/10.3126/tuj.v35i2.36192

Medicine, C. (2013). *Mental health problems among Adolescents and Its psychosocial correlates * Dr . Balaji Arumugam ** Sandhya Rajendran *** Saranya Nagalingam problem , internalizing problems , externalizing problems , suicidality*. *March*, 284–287.

Mehra, D., Lakiang, T., Kathuria, N., Kumar, M., Mehra, S., & Sharma, S. (2022). Mental Health Interventions among Adolescents in India: A Scoping Review. *Healthcare (Switzerland)*, *10*(2), 1–19. https://doi.org/10.3390/healthcare10020337

Navya, M. N., Madhu, M. S. P., Ola, M. M., Jasneet, M., & Sindhu, B. D. (2018). *A Study of Personality Traits and Mental Health of Adolescents in Delhi NCR*. *6*(2). https://doi.org/10.25215/0602.097

Patel, R. (2020). *A study on mental health among 10th and 12th class tribal students*. *8*(4), 2348–2350. https://doi.org/10.25215/0804.032

Review, S. (2020). *Anger Management in Adolescents: A Systematic Review*. *March 2020*, 51–56. https://doi.org/10.4103/IOPN.IOPN

Saleem, S., & Mahmood, Z. (2019). Mental Health Problems in University Students : A prevalence study Mental Health Problems in University Students : A Prevalence Study. *FWU Journal of Social Sciences*, *7*(2), 124–130.

Suman Somen, K. (1986). A study of the mental health status of children in orphanages at Bangalore. *Indian Journal of Social Work*, *47*(2), 137–146. https://ovidsp.ovid.com/ovidweb.cgi?T=JS&CSC=Y&NEWS=N&PAGE=fulltext&D=psyc2&AN=1988-11815-001%0Ahttp://whel-primo.hosted.exlibrisgroup.com/openurl/44WHELF_CAR/44WHELF_CAR_services_page?sid=OVID:psycdb&id=pmid:&id=doi:&issn=0019-5634&isbn=&volume=47&issue=

TJ, P. (2017). Mental Disorders are Not Real: Using Skepticism and Critical Thinking to Challenge Key Myths in the Science of Mental Health. *Journal of Mental Disorders and Treatment*, *03*(01). https://doi.org/10.4172/2471-271x.1000140