

Mental Health and Well-Being of Women and Girls: Challenges, Resilience and Pathways to Support

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Abstract

The mental health of women and girls has emerged as a significant global concern, shaped by an intricate interplay of biological, sociocultural, economic, and structural determinants. Despite substantial progress in public health, gender-responsive mental health frameworks remain unevenly implemented, particularly in regions where patriarchal norms, socioeconomic disenfranchisement, and limited access to healthcare converge to restrict psychological well-being. This article examines the multifaceted challenges affecting the mental health of women and girls, situating them within a broader context of structural inequities and persistent gender hierarchies. It also explores the remarkable resilience demonstrated by women and girls across diverse social environments, highlighting protective factors such as community solidarity, adaptive coping strategies, educational empowerment, and access to safe social networks. Furthermore, the article identifies effective pathways to strengthening mental health support systems through policy reforms, school-based interventions, healthcare integration, and community-led models of psychosocial care. By analyzing current evidence and emerging trends, this research underscores the urgent need for holistic, intersectional, and gender-responsive mental health strategies that recognize the unique vulnerabilities and strengths of women and girls. Ultimately, it advocates for an inclusive ecosystem that promotes dignity, emotional safety, and psychological flourishing for all women and girls across the life course.

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1. INTRODUCTION

Mental health is an essential determinant of overall human development, yet its significance often remains marginalized in global health policy, particularly with regard to women and girls. Across societies, women encounter distinctive psychological stressors that arise from entrenched gender norms, unequal economic opportunities, intersecting social disadvantages, and life-cycle vulnerabilities¹. From adolescence through adulthood, women experience heightened exposure to

stigma, domestic violence, body image pressures, workplace discrimination, and cultural expectations related to caregiving and emotional labour. These cumulative stressors elevate the risk of anxiety disorders, depression, trauma-related conditions, and psychosomatic illnesses. Girls, similarly, navigate complex transitions in educational environments, familial structures, and social expectations, often without adequate support systems that recognize their developmental needs. Despite these challenges, women and girls frequently exhibit profound resilience,

resourcefulness, and emotional adaptability. Their capacity to overcome adversity is shaped by social relationships, community engagement, education, and supportive institutional policies. Resilience alone cannot compensate for structural deficiencies within mental health systems. In many parts of the world, gender-sensitive mental healthcare remains underdeveloped, underfunded, or inaccessible². The historical under-recognition of women's mental health needs further complicates early diagnosis, continuous care, and long-term recovery. Hence, a comprehensive research inquiry into the challenges, resilience pathways, and support mechanisms is critical for informing holistic policy and practice. This article therefore critically examines the mental health landscape for women and girls by addressing four central dimensions: the systemic and sociocultural challenges they face, the psychological and social resilience mechanisms they employ, the institutional and community pathways that support mental well-being, and the policy implications for future interventions. Through this examination, the article advances an integrated understanding of gendered mental health, advocating for transformative strategies that promote emotional well-being, agency, and equitable access to care.

2. STRUCTURAL AND SOCIO-CULTURAL CHALLENGES TO MENTAL HEALTH

The mental health of women and girls is profoundly influenced by structural and sociocultural forces that shape day-to-day experiences, limit access to opportunities, and reinforce gender-based inequities³. Patriarchal norms remain a dominant factor affecting psychological well-being. In numerous communities, girls are socialized into roles that prioritize compliance, silence, and caretaking, often at the expense of emotional autonomy. Expectations of perfection in academics, appearance, or social behavior impose significant psychological strain, contributing to internalized stress and diminished self-esteem. For adult women, the burden often extends to unpaid care work, multitasking between professional responsibilities and familial obligations, and societal expectations to display emotional endurance without complaint. Gender-based violence constitutes one of the most pervasive threats to women's mental health. Experiences of intimate partner violence, sexual abuse, marital coercion, workplace harassment, and online gendered violence increase vulnerability to depression, post-traumatic stress disorder, and anxiety-related conditions. For girls, early exposure to verbal or physical abuse, bullying, or coercive control can severely impair developmental trajectories. In many regions, taboos surrounding menstruation, sexuality, reproduction, and gender identity compound psychological distress by isolating girls from supportive

networks. Economic insecurity also exacerbates vulnerability. Women are disproportionately represented in informal, low-wage, and precarious employment sectors that lack job stability, health benefits, or maternity protections. Financial dependence on male household members or partners can reduce autonomy and reinforce abusive power dynamics. Limited access to education, healthcare, and legal protections further restricts agency, trapping women and girls in cycles of vulnerability that undermine their psychological well-being⁴. Another significant challenge is the persistent stigma surrounding mental health. Cultural beliefs that equate emotional distress with personal weakness or moral failure discourage women from seeking help. In many societies, a woman who expresses psychological suffering risks being labelled unstable, unfit for marriage, or incapable of fulfilling familial responsibilities. These societal perceptions create powerful disincentives to accessing mental healthcare services, often forcing women to cope silently with anxiety, depression, or trauma. Collectively, these structural and cultural factors generate an environment in which women and girls experience mental health risks that are both intensified and overlooked. Addressing these challenges requires an intersectional framework capable of recognizing the overlapping impacts of gender, age, socioeconomic status, caste, ethnicity, and disability on mental well-being.

3. PSYCHOLOGICAL AND SOCIAL RESILIENCE AMONG WOMEN AND GIRLS

Despite the multitude of challenges confronting them, women and girls demonstrate extraordinary resilience, drawing upon internal strengths and external support systems to navigate adversity. Resilience in this context is not merely an innate trait but a dynamic, adaptive process shaped by environmental conditions, social relationships, and opportunities for empowerment⁵. For many women, resilience begins with early socialization that emphasizes endurance, empathy, and responsibility-attributes that, although often exploited by patriarchal systems, also serve as psychological tools enabling them to persevere through hardships. A key contributor to resilience is social connectivity. Women often form strong interpersonal networks-through family, friendships, community groups, or workplace relationships-that serve as emotional anchors during periods of stress. These networks provide spaces for shared experiences, mutual understanding, and collective problem-solving, which mitigate feelings of isolation and despair. Girls, similarly, derive strength from peer relationships, extracurricular groups, and positive mentoring environments, which nurture self-confidence and emotional expression. Educational empowerment further enhances resilience. Access to quality education

equips women and girls with critical thinking skills, self-advocacy abilities, and aspirations for greater independence⁶. Education also fosters a sense of identity and agency, enabling women to challenge restrictive norms and envision alternative life possibilities. Participation in academic or vocational activities provides structure, purpose, and goal-directed behavior-all important components of psychological resilience. Cultural wisdom and intergenerational coping strategies also sustain emotional strength. Rituals, storytelling, traditional healing practices, and spiritual beliefs often serve as culturally grounded mechanisms for coping with grief, anxiety, or uncertainty. These practices can offer a sense of continuity, belonging, and hope, particularly for women in communities where formal mental health services are limited. It is important to recognize that resilience should not be romanticized as a substitute for structural reform. While women's adaptation to adverse conditions is a testament to their strength, it also reflects the systemic pressures that compel them to withstand inequities. Therefore, resilience must be viewed as a protective but insufficient response that requires reinforcement through supportive institutional and societal mechanisms.

4. INSTITUTIONAL BARRIERS AND GAPS IN MENTAL HEALTH SUPPORT SYSTEMS

The mental health support available to women and girls often falls short of meeting their needs due to systemic inadequacies, fragmented services, and gender-blind policies. Mental health services in many countries remain underfunded and understaffed, with a scarcity of trained professionals who understand gender-specific mental health concerns⁷. The lack of female mental health practitioners can further deter women and girls from seeking help, especially in cultures where open discussions of trauma or reproductive health are considered taboo. Healthcare systems often prioritize physical health over mental well-being, resulting in insufficient screening for psychological symptoms during routine medical consultations. For instance, postpartum depression-a condition faced by millions of women globally-frequently goes undiagnosed due to limited awareness among healthcare providers and stigma within communities. Similarly, adolescent girls' mental health is rarely integrated into school health programs, leaving early indicators of distress unnoticed. Another significant institutional limitation is the fragmented nature of mental health services. Many systems fail to provide seamless integration between primary healthcare, counselling services, crisis response mechanisms, and community-based interventions. Women experiencing domestic violence or sexual assault

often encounter bureaucratic delays, lack of confidentiality, or insensitive treatment, which deepens their trauma rather than alleviating it⁸. Rural and low-income communities face even greater barriers. Geographic isolation, inadequate infrastructure, economic hardship, and cultural restrictions inhibit access to mental health resources. Women in marginalized groups-such as migrants, refugees, indigenous communities, or persons with disabilities-confront compounded barriers due to intersecting discriminations. Educational institutions, despite being critical environments for early intervention, often lack trained counsellors, mental health curricula, or crisis management protocols. Girls experiencing bullying, academic pressure, or identity-related stress may be dismissed as "overreacting" or "emotional," preventing meaningful engagement with their mental health needs⁹. These institutional shortcomings underscore the necessity for comprehensive reforms that integrate mental health into primary healthcare, strengthen community-based services, and ensure gender-responsive training for all professionals involved in mental health support.

5. PATHWAYS TO STRENGTHENING MENTAL HEALTH SUPPORT FOR WOMEN AND GIRLS

Constructing robust mental health support pathways requires a multifaceted approach that synthesizes policy reforms, education-based interventions, community participation, and accessible clinical care. One of the most effective pathways is the mainstreaming of mental health within primary healthcare systems. Regular check-ups, obstetric care, and adolescence-based health visits offer strategic opportunities for early mental health screening, identification of risk factors, and timely referrals. Trained healthcare workers, including nurses, midwives, and counsellors, can play a transformative role in addressing mental health concerns sensitively and effectively¹⁰. Schools and educational institutions serve as crucial intervention points for girls, providing platforms for psychological education, emotional literacy, and social learning. Implementing school-based mental health programs that address self-esteem, stress management, bullying prevention, and digital safety can cultivate supportive environments that recognize and respond to emotional distress. Teacher training in mental health awareness and gender sensitivity can significantly improve early identification of problems and promote empathetic responses. Community-led approaches are equally vital. Women's self-help groups, local NGOs, youth collectives, and community health workers can deliver contextually relevant psychosocial support, raise

awareness, and reduce stigma¹¹. Community engagement strengthens trust and encourages help-seeking behaviors, particularly in regions where institutional services are limited or culturally distant. Peer support models that employ trained women from the community have shown remarkable effectiveness in creating safe spaces for dialogue and emotional exchange. Technology-enabled mental health interventions also hold promise. Telecounselling, mobile-based therapy tools, and online support groups can expand access to women and girls who may face mobility barriers, safety concerns, or privacy restrictions. Digital platforms must, however, ensure confidentiality, cultural sensitivity, and ethical safeguards to protect vulnerable users¹². Finally, legal and policy reforms are essential to safeguard the mental health rights of women and girls. Laws addressing gender-based violence, workplace harassment, reproductive rights, and equal opportunity directly influence psychological well-being¹³. Policies that promote economic empowerment, supportive maternity benefits, and access to affordable healthcare create an enabling environment that nurtures emotional and mental stability.

6. FUTURE RECOMMENDATIONS

Strengthening the mental health and well-being of women and girls demands comprehensive and sustained action across multiple sectors. First, governments should prioritize gender-sensitive mental health policies that incorporate women's unique life experiences and recognize the intersectional roots of psychological distress¹⁴. This includes budget allocations for mental health programs, national awareness campaigns, and integration of mental health into all public health planning. Second, education systems must embed mental health literacy into school curricula, coupled with mandatory counselling services that provide confidential support for students. Gender-sensitive teacher training, adolescent wellness clubs, and early intervention mechanisms should be institutionalized to address distress among girls at a formative stage. Third, healthcare systems should adopt routine mental health screening for women, particularly during adolescence, pregnancy, postpartum phases, and menopause-stages of life marked by heightened vulnerability due to hormonal, emotional, and social transitions. Training programs for healthcare providers must emphasize trauma-informed, empathetic, and patient-centered care. Fourth, community-driven models should be strengthened to

reduce stigma and expand access. Governments and civil society organizations can collaborate to develop local mental health hubs, women's support collectives, helplines, and peer mentorship networks¹⁵. Such models must be culturally tailored and accessible to women across socioeconomic and geographic contexts. Finally, research must continue to explore the gendered dimensions of mental health, focusing on emerging challenges such as digital violence, climate anxiety, economic precarity, and the mental health implications of migration. Evidence-based research is essential for crafting policies that are responsive to real-world needs and sensitive to the diversity of women's experiences.

7. CONCLUSION

The mental health and well-being of women and girls represent a critical yet often overlooked dimension of global public health. Constrained by deep-rooted sociocultural expectations, economic inequities, gender-based violence, and limited institutional support, women and girls face unique psychological challenges that require sustained and thoughtful intervention. Yet, their resilience-manifested through social solidarity, adaptive coping, educational pursuit, and community engagement-reveals their capacity to rise above adversity and envision healthier futures. A holistic approach to promoting mental health among women and girls should integrate structural reforms, community participation, educational empowerment, and accessible healthcare. While resilience offers protection, it must not be romanticized or used to justify systemic neglect; rather, resilience should be strengthened through equitable, gender-responsive, and well-resourced mental health infrastructures. Ultimately, improving mental well-being among women and girls is not merely a health imperative but a moral and social responsibility. A society that prioritizes emotional dignity, mental safety, and equitable support for women and girls paves the way for stronger families, resilient communities, and a more humane and just world.

Conflict of Interest

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