Psychiatric Disorders among Divorced People in Basrah

Rafal W. Khalid [1], Aqeel Ibraheem Al-Sabbagh [2], Jamal Abdulzahra Muzil [3]

[1] Psychiatrist, Al-Fayhaa Teaching Hospital, Al-Basra, Iraq. [2] Basra Medical College, University of Basra, Al-Basrah, Iraq. Consultant Psychiatrist, Psychiatry Unit, Basrah Teaching Hospital, Al-Basrah, Iraq. [3] Consultant Psychiatrist, Member of the Iraqi Association for Medical Research and Studies, Basrah, Iraq.

ABSTRACT

Background: Divorce has been linked to increased psychiatric morbidity; however, studies in regions such as Iraq remain sparse. Despite the known mental health challenges that often follow divorce, the impact within the Iraqi context—shaped by unique cultural changes—demands focused exploration. **Aim**: This study aimed to estimate the prevalence of psychiatric morbidity among divorced individuals, identify psychiatric disorders post-divorce, and assess the impact of various sociodemographic variables on psychiatric morbidity in this population. **Methods**: Employing a case-control design, this study was conducted in collaboration with local courts and psychiatric clinics in Basrah. A total of 154 participants, divided equally between divorced individuals (cases) and married controls, were selected. Data were collected using the General Health Questionnaire (GHQ) and semi-structured interviews, followed by statistical analysis to evaluate the association between divorce and psychiatric disorders. **Results**: The study revealed a significant prevalence of psychiatric disorders among divorced individuals compared to controls. A notable increase in depressive symptoms was observed in 68% of cases versus 55% of controls. Generalized Anxiety Disorder (GAD) was present in 42% of cases, compared to 22.2% of controls. Substance abuse was reported at 8% in cases but was not present in controls. A history of psychiatric illness before divorce was significantly associated with post-divorce psychiatric morbidity ($P<0.05$). The analysis highlighted a marked difference in the psychological impact of divorce, underscoring the intensified risk of psychiatric disorders among the divorced population. **Conclusions**: The findings underscore the heightened vulnerability of divorced individuals to psychiatric disorders, emphasizing the need for targeted mental health support and interventions. This study contributes to the growing body of evidence on the mental health repercussions of divorce and underscores the importance of comprehensive support systems for this population.

Keywords: Divorce, Psychiatric Disorders, Mental Health, Depression, Anxiety.

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INTRODUCTION

Divorce is one of the most hazardous social phenomena that can occur in any society, as it is the primary cause of family breakdown and the subsequent major imbalance in the social system that relies on family unity and stability.[1] Iraq has not stood apart from the rest of the world in terms of architecture, literature, art, or legal

systems; it has been distinguished by the continuity of the Iraqi family and the strength of its cultural ties. The community may criticize or even ostracize families that have undergone a divorce.[2] However, due to the country's changing governments, Iraqi society has faced worsening conditions and wars, which have significantly negatively impacted the overall population. Iraq's political, economic, and social realities from 1991 to 2003 demonstrate that new challenges have emerged in the realm of families.[3] In this context, the divorce rate has dramatically risen and has become a leading societal phenomenon. After 2003, many families disintegrated, harming Iraqi society and its family structure, a situation further exacerbated by openness and ethnic shifts.[4,5] A survey of articles from January 2000 to February 2016 revealed that 22,360 research articles addressed the effects of separation and divorce in Europe and the United States.[6] In the same 16-year period, there were only 1,452 articles in Arab countries specifically discussed divorce and separation during the same 16-year period. When we focus on resilience after divorce or separation, the number of articles drops dramatically to 76.[7] The likelihood of divorce has increased significantly in recent years. In 2004, there were 28,689 divorce claims, which rose to 33,348 cases in 2005, 35,627 cases in 2006, 38,536 cases in 2007, and finally to 66,372 cases, or 58% of all divorce claims, in 2009, according to a statement released by the Higher Judicial Council of Iraq.[8] Additionally, there were 97,273 divorce cases between 2015 and 2016, an increase of 9% from the previous year's 91,301 divorce cases.[8] Finally, more than 73,000 couples divorced in 2021. Young couples between the ages of 22 and 35 have significantly higher divorce rates, accounting for the fact that nearly half of marriages end in acrimonious divorces, with nearly half of the couples having more than one child at the time of divorce. According to officials, domestic violence is a common cause of divorce for women, while other issues such as adultery and financial difficulties are among the leading causes of the recent rise.[9] The legality of divorce and its religious perspectives vary among different nations and ethnic groups; therefore, findings from divorce studies may be limited to nations with uniform religious and legal systems.[10] Divorce-related stress impacts mental health. Although divorce typically terminates a dysfunctional marriage, it is frequently followed by feelings of aggression, helplessness, despair, remorse, loneliness, and doubt regarding the possibility of repairing the marriage.[11] Social shame, primarily

experienced by women, intensifies the psychological stress associated with divorce. In various Arab nations.[12] divorce has been described as "the worst trauma" a woman can experience. Arab women report that the societal stigma of divorce makes them feel criminalized, isolated from society, blamed, and as though they possess unequal rights.[13] Furthermore, divorced women are more likely than divorced men to be viewed negatively as parents and partners, leading to intense regret among many women. Additionally, divorced women frequently experience challenges with self-esteem, feel more emotionally drained, and may become more depressed.[13] According to the study by Cohen and Savaya, adjusting to life after divorce is more difficult the more stigmatized a person feels by society.[14] Women expressed feelings of rejection and unwelcomeness in society, being held responsible for their marriage's demise, being viewed as sinful and criminal-like, and coping with injustice in a male-dominated society. Some women in the study preferred to keep their marital status a secret due to the societal stigma they encounter.[13] Due to the financial hardships and lowered social standing associated with divorce, women have described the experience as "traumatic".[15] Along with being sexually objectified, divorced Arab women are also considered a threat to the stability of other marriages.[16] Divorce has negative and potentially long-lasting effects. Individuals who have recently divorced experience a variety of physical and psychological problems. Studies indicate that the majority of individuals who suffer trauma experience growth as a result (post-traumatic growth). According to Krumrei et al., individuals who utilize spiritual coping techniques are more likely to experience this growth.[17] Additionally, studies have shown that the degree of stress experienced after a divorce is influenced by how well post-divorce conflict is managed. Divorce is often viewed as a means of escaping an unpleasant situation; while suffering, many also enjoy independence, happiness, and the opportunity to reinvent their identity.[18] Furthermore, the quality of prior relationships, the level of support received, the individual's worldview, and contextual factors contribute to resilience during divorce. Moreover, the more empathetic the divorce process is, the more it preserves individuals' identities, enabling them to remain strong despite dissolution.[18,19] Psychiatric disorders that may arise after divorce include grief and psychological distress, depression, divorce-related anxiety and panic attacks, post-traumatic stress symptoms, obsessive-

compulsive disorder, phobias, substance abuse, and psychotic disorders.

MATERIALS AND METHODS

A case-control study was conducted to assess the prevalence and types of psychiatric disorders among divorced individuals. A total of 154 participants (77 divorced as "cases" and 77 married as "controls"), all aged 18 or older, were included. Participants were selected from diverse backgrounds for broader representation. The study was carried out from March 2023 to January 2024, in collaboration with local courts and psychiatric clinics. Data collection took place in private research areas to ensure confidentiality.

Data sources:
1. Court attendees for divorce proceedings
2. Psychiatric clinic patients
3. Divorced relatives and staff members

Outcome measures: Primary: Prevalence of psychiatric disorders among divorced individuals using the General Health Questionnaire (GHQ). Secondary: Types of psychiatric disorders, association with divorce-related stressors, and influence of demographic factors.

Data collection: Eligible participants were randomly selected, informed, and provided written consent. They completed the GHQ under supervision. Semi-structured psychiatric interviews were conducted, recorded with consent, and transcribed for analysis. Exclusion criteria included:
1. Individuals under 18
2. Unclear divorce status
3. Refusal to participate or provide consent

Procedure:

General Health Questionnaire (GHQ-30): A 30-item psychological screening tool used to assess mental well-being. The Arabic-translated version was applied, with binary scoring (0–1 per item), totaling up to 30 points. Higher scores indicated greater psychological distress. Semi-Structured Psychiatric Interview: Following GHQ completion, participants underwent semi-structured interviews based on ICD-10 criteria. This method balanced structure and flexibility, allowing for deeper exploration of responses. It was administered by trained interviewers and is suitable for diagnostic assessment in clinical settings. The study adhered to ethical standards, ensuring participant privacy and confidentiality. Informed consent was obtained from all participants and relevant relatives.

RESULTS

Table 1 compares the predictive values of a semi-structured interview to the General Health Questionnaire for cases and controls. The positive predictive value (PPV) for cases is 90.91%, indicating a high probability of true positive predictions. The negative predictive value (NPV) for cases is 68.0%, showing a lower chance of true negative predictions. Controls have a PPV of 81.82% and an NPV of 86.20%, indicating balanced accuracy in predictions. The higher PPV in cases suggests effective identification of individuals with the condition, while the lower NPV indicates a higher likelihood of false negatives. Controls demonstrate a stronger capacity for correctly identifying those without the condition.

Table 1: Positive and negative predictive values of the semi-structured interview among cases and controls with regard to the General Health Questionnaire

Variables		Values
Cases	Positive predictive value	90.91%
	Negative predictive value	68.0%
Control	Positive predictive value	81.82%
	Negative predictive value	86.20%

Table 2 compares demographic and socioeconomic variables between cases and controls in a sample of 154 individuals. The mean ages for males and females in cases and controls show slight differences but are not statistically significant (P value = 0.348). The majority of both male and female participants in both groups are employees, with some occupational disparities noted. However, these differences are not statistically significant (P value = 0.172). There is a significant difference in educational attainment (P value = 0.001), particularly in higher education. Residency data indicates that most participants reside in urban areas, with no significant difference observed (P value = 0.155).

Table 3 compares personal and social variables between the two groups. Most cases fall into the 1–4 year duration category (48.1%). However, there are no comparative data or p-values for controls in this category. Marital problems are the most common cause

among cases (54.5%), but again, no control data is provided for comparison. A significant difference is seen in previous psychiatric illness, with 24.7% of cases having a history compared to 0% in controls (p=0.002). Social life also differs significantly, with 37.7% of cases living alone compared to 61.0% of controls (p=0.004). The number of previous divorces is mostly one for cases (80.3%), but no comparative data for controls are given. The number of children shows no significant difference between cases and controls (p=0.247). Both groups have similar distributions across categories of having no children, one child, two children, or more.

Table 4 compares the prevalence of various psychological and psychiatric disorders between the two groups. Cases show a significantly higher prevalence of psychiatric disorders overall (64.9%) compared to controls (23.7%), with a P value of <0.001. However, for specific disorders like GAD, phobias, OCD, depression, psychosis, substance abuse, and panic attacks, there were no statistically significant differences between cases and controls (P values ranging from 0.136 to 0.939). The percentages of affected individuals for these conditions did not show significant variations between the two groups. For instance, while GAD prevalence was slightly higher in cases (42.0%) than in controls (22.2%), this difference was not statistically significant (P = 0.263). Substance abuse was the only condition with no prevalence in the control group (8.0% in cases, 0.0% in controls), but the difference was not statistically significant (P = 0.379).

| Table 2: Demographic data distribution among the study groups					
Variables		Cases (No. 77)		Controls (No. 77)		P value
		Males (N=24)	Females (N= 53)	Males (N= 34)	Females (N= 43)	
Age (years) (Mean ± SD)		37.41 ± 8.25	35.22 ± 8.44	35.56 ± 7.52	32.77 ± 9.20	0.348
Occupation	Employee	17 (70.8%)	30 (56.6%)	26 (76.5%)	33 (76.7%)	0.172
	Non-employee	2 (8.4%)	0 (0.0%)	6 (17.7%)	0 (0.0%)	
	Businessman	4 (16.7%)	6 (11.3%)	0 (0.0%)	4 (9.3%)	
	Student	1 (4.2%)	2 (3.77%)	2 (5.9%)	0 (0.0%)	
	Housewife	0 (0.0%)	15 (28.3%)	0 (0.0%)	6 (14.0%)	
Education	Illiterate	0 (0.0%)	3 (5.7%)	2 (5.9%)	0 (0.0%)	0.001
	Primary education	3 (12.5%)	9 (17.0%)	4 (11.8%)	4 (9.3%)	
	Secondary education	8 (33.3%)	22 (41.5%)	8 (23.5%)	2 (4.7%)	
	Higher education	13 (54.2%)	19 (35.9%)	20 (58.9%)	37 (86.1%)	
Residency	Rural	0 (0.0%)	2 (3.8%)	0 (0.0%)	0 (0.0%)	0.155
	Urban	24 (100%)	51 (96.2%)	34 (100%)	43 (100%)	
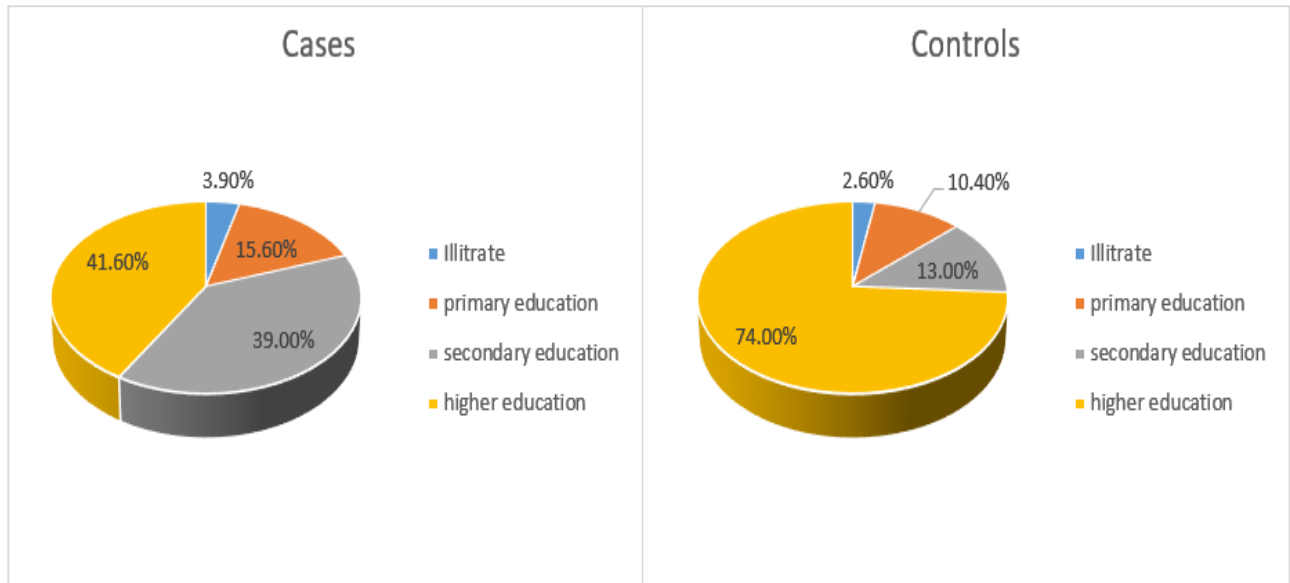
Figure 1: Pie charts showing the educational level distribution among the cases and controls

Table 3: Divorce-related data distribution among cases and controls				
Variables		Cases (N= 77)	Controls (N= 77)	P value
Duration (years)	< 1 year	21 (27.3%)		
	1-4 years	37 (48.1%)		
	5-10 years	7 (9.1%)		
	>10 years	12 (15.6%)		
Causes	Marital problems	42 (54.5%)		
	Family problems	10 (13.0%)		
	Decision of the spouses	6 (7.8%)		
	Others	19 (24.7%)		
Previous psychiatric illness	Yes	19 (24.7%)	0 (0.0%)	0.002
	No	58 (75.3%)	77 (100.0%)	
Social life	Living alone	29 (37.7%)	47 (61.0%)	0.004
	Living with family	48 (62.3%)	30 (39.0%)	
Number of previous divorces	0	0 (0.0%)		
	1	61 (80.3%)		
	2	11 (14.5%)		
	3	4 (5.3%)		
Number of children	No children	21 (27.3%)	28 (36.4%)	0.247
	1	28 (36.4%)	22 (28.6%)	
	2	0 (0.0%)	2 (2.6%)	
	More	28 (36.4%)	25 (32.5%)	

Table 4: Psychiatric disease distribution among cases and controls

Variables			Cases (N= 77)	Controls (No=77)	P value
Presence of the disease		Yes	50 (64.9%)	18 (23.7%)	<0.001
		No	27 (35.1%)	59 (76.3%)	
Generalized anxiety disorders		Yes	21 (42.0%)	4 (22.2%)	0.136
		No	29 (58.0%)	14 (77.8%)	
Phobia		Yes	16 (32.0%)	4 (22.2%)	0.558
		No	34 (68.0%)	14 (77.8%)	
Obsessive-Compulsive Disorder		Yes	15 (30.0%)	6 (33.3%)	0.842
		No	35 (70.0%)	12 (66.7%)	
Depression		Yes	34 (68.0%)	10 (55.6%)	0.468
		No	16 (32.0%)	8 (44.4%)	
Psychosis		Yes	6 (12.0%)	2 (11.1%)	0.939
		No	44 (88.0%)	16 (88.9%)	
Substance abuse		Yes	4 (8.0%)	0 (0.0%)	0.379
		No	46 (92.0%)	18 (100.0%)	
Panic attack		Yes	8 (16.0%)	2 (11.1%)	0.842
		No	42 (84.0%)	16 (88.9%)	
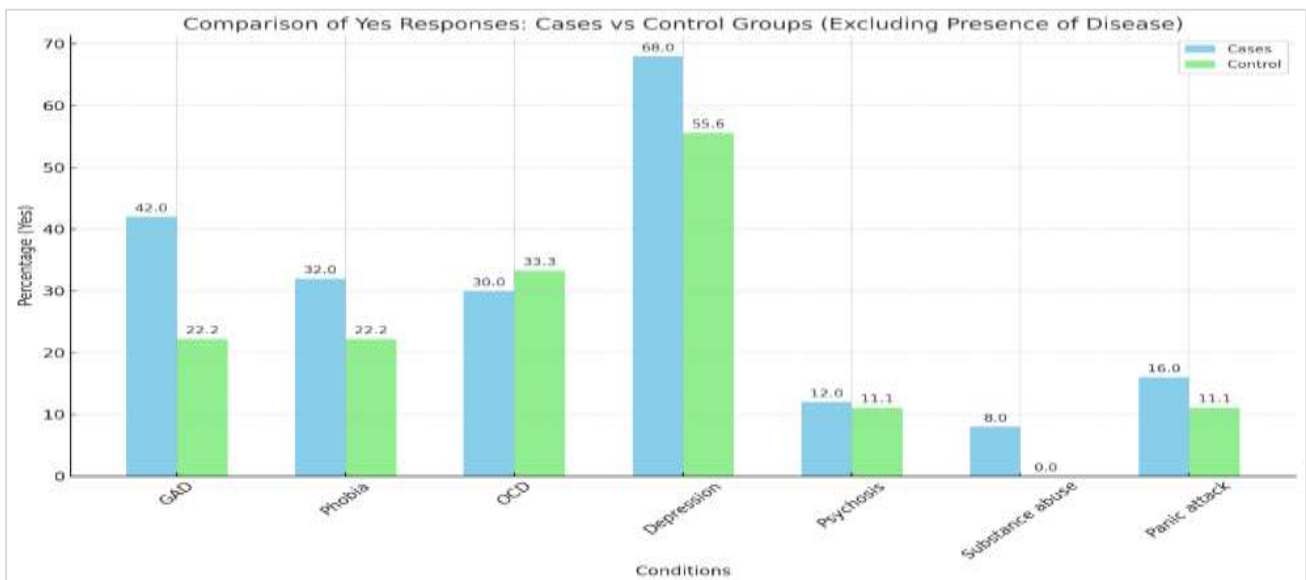
Figure 2: Histogram showing psychological disease distribution among cases and

DISCUSSION

Entering a marriage improves earnings as well as physical and mental health, whereas divorce has negative effects on subsequent earnings and on economic and social well-being. Divorce increases the risk of subsequent mental and psychiatric disorders.[20] The corresponding study demonstrated the psychological impact of divorce on the population of Basra city. The prevalence of

psychiatric diseases was significantly higher (p=<0.01) in cases of divorce than in the control group. The study found that the psychological impact of divorce is primarily represented by depression (68%) in cases and (55%) in controls, generalized anxiety disorder (42%) in cases and (22.2%) in controls, phobias (32%) in cases and (22%) in controls, and OCD (30%) in cases and (33%) in controls, while other disorders showed lower rates. This result could be explained by the living conditions of divorced individuals who face various burdens after divorce. According to our culture, the first traumatic experience for divorced individuals is the stigma imposed by the public; this negative perception significantly impacts their psychological well-being. In addition to stigma, divorced individuals face numerous challenges, including the loss of their children and financial instability, particularly for women.[21] To illustrate the ongoing impact of divorce on mental health, a poll of 50 Iraqi women found that more than half of divorced women experienced moderate to high levels of psychological distress.[21] Another study among 1856 subjects from nearly all cities in Denmark, spanning from January 2016 to January 2018, noted higher levels of both depressive and anxiety symptoms than the background population; specifically, 32% of women and 32% of men scored equal to or higher than the cut-off value for anxiety compared to 7% of the general Danish population. For depression, 43% of women and 49% of men from our sample scored above the recommended cut-off value compared to 10% for the general Danish population.[22] In a cross-sectional questionnaire study of 1,002 Muslim Malaysian mothers, support was provided for the role of psychosocial vulnerability factors and severe life events in contributing to depression, with most risk factors being higher in divorced mothers. Depression in divorced mothers was almost double that in married mothers. Lack of support, negative self-evaluation, negative interactions with spouse or children, and the presence of severe life events all added to a regression model of depression.[23] Similar findings were reported in a study of 145 Muslim Pakistani women who showed that marital status (divorced, separated, or widowed) conferred a higher risk of chronic depression.[24] Based on numerous past studies, separation and/or marital dissolution can be precursors to depression, anxiety, and other psychosocial problems, particularly when experienced as a humiliating, devaluing, or unanticipated event.[25] On the other hand, Cohen et al., in their study of 118 patients suffering from

depression, found that if divorce is not experienced as a loss or a negative event, but rather as a relief or an escape, recovery from depression may be more likely.[26] Among the divorced patient group, our study showed a correlation between having a history of psychiatric disorders and an increased psychological impact of divorce; 17 out of 19 (89%) had a history of psychiatric disease and recent psychiatric disorder, whereas 33 out of 57 (58%) did not have a history of psychiatric disorders but had recent psychiatric disorders. Comparable results were obtained from Afifi et al. in their study on mental health profiles among divorced mothers.[27] A further study from the USA also yielded similar results.[28] These associations likely reflect two interrelated factors. First, individuals with psychiatric disorders may have difficulty managing interpersonal relationships over time. Second, individuals with psychiatric disorders may be impaired in other areas of life, such as work performance, and these extra-familial limitations have secondary effects on fulfilling role expectations within the family. Mental and psychiatric disorders likely account for some of the associations reported between divorce and behaviors during marriage, such as frequent intoxication.[29] From a demographic perspective, the study found a greater prevalence of psychiatric disorders in females than in males (including depression and anxiety) in cases of divorce, with a ratio of (69%) to (31%), respectively, which is consistent with results from studies from Brazil, India, and China.[20] This finding aligns with previous literature indicating that women are at a higher risk of depression than men during stressful situations.[30] Regarding the educational level of patients affected psychologically in cases of divorce, secondary school (39%) and higher education (41.5%) were the most affected groups. This contrasts with the results of Cohen et al.'s study on a sample of depressed divorced patients at Stony Brook University, USA, which found no significant difference in the educational levels of divorced patients presenting with depression.[26] The high percentage of patients with psychiatric problems among divorce cases is certainly a concerning statistic. The fact is that people who are suffering from these disorders require all the love and support they can receive.

CONCLUSIONS

Divorce has imposed a great burden on health, affecting not only physical aspects but also mental and psychological well-being. The prevalence of psychiatric diseases was significantly higher (p=<0.01) in cases of

divorce than in the control group. Our study revealed the psychological impact of divorce, represented by depression, GAD, psychosis, and phobias, which were observed in higher percentages in cases than in controls; this observed difference was statistically insignificant. Employees were the most affected group, and there was a correlation between previous psychiatric history and the increased psychological impact of divorce.

Limitations:

One limitation of this study is the self-selectivity of the sample. Second, this study included individuals in their post-divorce period; however, many psychiatric events may be more severe during the most stressful pre-divorce period.

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