

Mental Health Problems Due To COVID-19 In Low-Income Group

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Abstract. The changes in aggregate health indicators over eras of economic expansion and recession suggest that recent economic recessions trigger various mental health symptoms. A causal relationship between job loss and losses to one's psychological and physical health has also been demonstrated through studies. When there is a sharp macroeconomic fall, there are noticeable social class disparities in the frequency of mental health issues like depression, anxiety, and panic. The COVID-19 epidemic is shown from the viewpoint of mental health, and this article argues two of these causes; financial uncertainty and misery/depression/anxiety. The objective is to guide future psychiatric research on COVID-19 and mental well-being and to broaden the discussion of the differential impact. Scholars, mental health specialists, and community health workers are given recommendations on how to lessen the negative impact on it of vulnerable groups, especially those with lower incomes, those who need government assistance, and those with ongoing medical concerns. These persons might not have the appropriate social and financial resources to successfully deal with new social and psychological stressors. Anxiety, trauma, and Posttraumatic stress syndrome (PTSD) are among the mental health diseases that are most vulnerable in low-class society; these conditions are already the leading causes of disability globally, as per Global Burden of Disease research. Due to increasing exposure to established risk determinants, including economic burden, job uncertainty, and joblessness, the pandemic shows a spike in suicide rates globally.

Keywords: Covid, Financial Needs, Global Inequity, Mental Health, Poor Class, Low Income, Depression, Anxiety.

1. Introduction

According to WHO, a person's mental health and well-being involve meeting their fundamental needs and rights; the organization also suggests exosystemic-based treatments that focus on social and psychological variables, that includes social inequality, poverty, and mental health issues [1].

In America, every year individuals in the United States battle some form of mental illness. Nearly 50 million Americans, or about 20% of the country's total population, had a mental disorder diagnosis in only 2019. 47% of individuals reported having anxiety symptoms, 39% of adults reported having depressive symptoms, and 1 in 5 persons admitted to having a mental disorder. Anxiety disorders are the most common mental health disease in the US. According to a study, there are more than 40 million adult sufferers of anxiety; only 37% of those individuals actively seek treatment for their symptoms. Other widespread mental health issues include: depression, panic attack, trauma-related stress disorder (PTSD), disorder of compulsive behavior (OCD), substance abuse (alcoholism), disorders of eating [2].

A known risk factor for mental illness is the stress of financial uncertainty. Actual financial instability, such as unemployment or inadequate income to cover necessities, as well as the prospect of imagined economic insecurity, is the source of this stress (e.g., fear of job loss). In addition, lower mental health is linked to more significant levels of income disparity in society, particularly among low-income populations. One study predicts that the economic consequences of COVID-19 might result in 9570 more suicides each year worldwide due to increased unemployment brought on by the pandemic [3].

According to earlier studies, socially disadvantaged groups are more severely affected mentally by previous societal traumas than socially privileged groups. In a viral pandemic, these populations

may experience higher institutional and interpersonal prejudice when seeking medical care, have less vital resources. In addition, they tend to live bad environments that are conducive to spreading infections. [4].

National governments have activated emergency measures, such as lockdowns, school closures, and self-isolation to stop communal transmission of COVID-19. These techniques, which restrict regular human connection, and worry about the effects of infection and false information on social media, exacerbate the disorder, stress, and conflicts in communities. Additional pressures include the death of loved ones from COVID-19, financial instability, and economic worry, all representing obvious and present risks. According to reports, increased problems, including child abuse, intimate partner violence, and suicide, are linked to isolation and physical confinement. [5].

Adverse early life experiences, discrimination, exposure to fighting, political harm, involvement in crime, low educational attainment, poor educational quality and educational inequalities, unemployment, job insecurity, individual and residence-level poverty, homelessness, homing instability, and poor-quality housing, food deficiency, poor access to transportation, and poor access to healthcare are some of the issues they address [6].

2. Pandemic has exaggerated the mental illness

2.1. The impact of the pandemic on mental illness

In reaction to COVID-19, there are allegations of assault, kidnappings of reporters, and recording dubious government practices, fraud, and maladministration. The pandemic tends to occurs in certain groups, such as people receiving treatment in mental health facilities or people with disabilities, or people who are the victims of domestic violence and others, as a result of deteriorating shortcomings in the protection of human rights. For instance, countrywide online research of about 10,000 people revealed the prevalence of depression of 33% and suicide thoughts of 5% [7].

Threats to the pandemic may be categorized as economic (e.g., money, property, unemployment), neighborhood (e.g., residential structure or overpopulation), and sociological (e.g., support systems, human capital, education). Significant risk factors for having severe ARS coronavirus 2 include low levels of education and economic. This tendency, for instance, is already seen in Brazil, where the poorest neighborhoods are those with the highest risk of disease transmission. Due to worries about SARS-CoV-2 infection and humiliation brought on by linkages between institutionalized settings and COVID-19 transmission, fewer people seek psychiatric therapy, particularly from hospital facilities [7].

Severe and ongoing stress, which may include sleep problems, increased drug usage, and depression symptoms, including suicidality, anxiety-related behaviors, and declines in perceived health, are some of reason. Many communities have seen an increase in the prevalence of adverse childhood experiences, unemployment, and food insecurity caused by supply chain issues, business closures, empty store shelves, and inadequately stocked food pantries [6].

The pandemic effects on it include anxiety, panic, and depression as a "crisis" response to stress and infection-related dread. Shortage of mental health services and support worsened the emotions, powerlessness, and sadness. Public health measures caused economic losses, and negatively impacted the individual way of life. Those who lost their jobs have been shown to reduce mental health [8].

2.2. Differences in mental illness among different populations:

Compared to individuals working in more-skilled and higher-paying sectors, people in lower-ranking occupations faced a higher likelihood of labor market detachments that were two to three folds greater. The COVID-19 pandemic's severe mental health effects are affected by racial, cultural, and socioeconomic divisions. However, past disasters and public health crises indicate that socially deprived groups, such as racial/ethnic minorities and those with low income, will suffer from psychological morbidity connected to the pandemic at a higher rate than socially advantaged groups.

Socially privileged groups have more resources to control their exposure and ability to deal with stresses brought on by disaster, thanks to historically generated structures of power and privilege [3].

US reported higher levels of "COVID stressors" (present and anticipated anxieties about housing, food, and health care), which were linked to depressive and anxious symptoms. Additionally, those from bad socioeconomic backgrounds reported much more weekly adversities, particularly those involving money (loss of employment or lower income) and necessities (access to food and medications). In addition, being exposed to new or increasing socioeconomic hazards (such as hunger, homelessness, interpersonal violence, and problems with utilities or transportation) increases the likelihood of developing depressive, anxious, or posttraumatic stress disorder symptoms. Early COVID pandemic experiences varied significantly across socioeconomic categories, with lower-income persons suffering unfavorable effects on their finances and access to necessities like food and mental health care [9].

The socioeconomically weakest are the ones that are affected the hardest. they find that younger and self-employed people saw a decrease in consumption during the lockdown, which is expected to have reduced their wages. The collapse of the job market might leave young people, especially those who would have started working this year, with permanent unemployment [10].

The health impacts have been unequal and more severe for individuals in racial and ethnic minority groups, those working in certain jobs requiring social contact, and those living in less prosperous regions. Schools have been giving less help to low-income families since caring for and educating children at home has become an enormous time commitment for parents. On the other hand, parents who are better off and have more education perform work from home, have a space where their kids may study, and have savings to cover unforeseen expenses [10]. Fear of feeding, paying rent, and buying necessary safety items like hand sanitizer and nose masks to conform to the new norm has increased the financial burden of all classes, increasing the prevalence of depressive states compared to the high-income category [11].

2.3. Reasons for the high burden of mental illness among low-income people:

According to prior studies, major economic downturns or natural disasters typically result in melancholy, anxiety disorders, drug addiction, an increase in suicide ideation, and PTSD. Those who were subjected to physical isolation were more likely to suffer from mental disease, and a lack of self-control, according to research on the effects of quarantine and other preventive measures on mental health. Another quick study found that stressors like concern about infection, impatience, lack of money, and stigma had an impact on the general public, leading to continually posttraumatic stress symptoms [12].

The socioeconomic determinants of health and mental health all have a role in the unequal frequency and severity of the virus among disadvantaged and underprivileged individuals, creating a negative feedback loop. Consequently, the uneven COVID-19 prevalence adds to the deterioration of the social factors that influence mental health. For instance, housing instability makes it harder to remain indoors and raises the chance of COVID-19. As a result, exposure to COVID-19 increases housing instability when at-risk people are either evicted from their homes, forced to live alone, or unable to pay their rent due to unemployment caused by COVID-19. In the same way, crowded dwellings and densely inhabited areas contribute to the occurrence of infection, sickness, and mortality [6].

People of low-income origin are more prone to engage in informal employment (such as agricultural or domestic work) and are members of racial or ethnic minorities [13].

3. Importance of good mental health

Stabilizing healthy habits, feelings, and ideas depends on maintaining good mental health, which may boost performance, increase sense of identity, and strengthen interpersonal connections [14].

In addition to making daily life simpler, mental health care may also help us manage or even combat some physical health conditions that are strongly tied to mental health conditions.

For instance, since stress and heart disease are linked, reducing stress may benefit heart disease. Taking care of our mental health might also provide the following advantages: increasing our psyche, lessening our stress, fostering a greater sense of inner calm, better mental clarity, improving our connections, boosting our sense of self, maintain successful, wholesome relationships, manage life's everyday stress, create a good sense of who you are, continue to be inspired, active, and healthy, increase your output at work and school, engage in meaningful interactions and give back to the neighborhood, recognize your potential and strive to fulfill it [15].

4. Impact of mental health

We specifically consider three types of financial stress (workload, income reduction) and three major mental health concerns (loneliness, depression, and health anxiety). The percentages of people reporting despair, loneliness, or health anxiety in March and April 2020 are 26.2%, 26.5%, and 37.5%, respectively. Therefore, we deduce that those in lower prestige jobs who earn less money or have less education are far more likely to experience depressive symptoms when COVID-19 is under lockdown [16].

4.1. How is mental health lacking?

Many families are unable to ask for help. Others might receive inconsistent or inadequate care due to the lack of financial resources. There are sometimes very few or no mental healthcare professionals available in rural locations. Patients may have to wait months before doctor's appointments. If a person doesn't express their inner thoughts and feelings, people around don't take them seriously. On the other hand, the potential for racism in personal, organizational, and cultural contexts is a considerable barrier. Some people are concerned that their family members will reject and mistreat them. Mental illness, especially untreated disorders, frequently affects people in ways that go beyond their immediate emotional or mental capabilities. The capacity to prosper in job, school and general health may be compromised [5]. Heart disease, one of the leading causes of mortality in the US, is 40% more likely to develop in those who are depressed. Mentally unwell People are far more prone to keep smoking. This then triggers a variety of further physical health problems [14]. Substance misuse affects more than one-third of those with a mental disorder diagnosis and has severe physical repercussions. Sleep-related issues like sleep apnea and insomnia are far more common among those with mental illness. People with chronic illnesses such as diabetes, osteoarthritis, and cancer have a higher risk of developing mental illnesses.

To put it simply, a remarkable number of problems can arise when mental health is neglected. These complexities make it more challenging to address the underlying issue. While each of these consequences on the person is severe, the onset of suicidal thoughts may have the most impact [17].

4.2. Effective preventive measures:

To address mental health literacy needs governance structures. Prioritizing mental health and consciously allocating financial resources to address mental health concerns are essential steps that policymakers must take. Publicly sponsored mental health therapy should be made available to everyone. In keeping with this, Australian has put a \$1.1 billion package to improve mental health care for Australians coping with the terrible effects of COVID-19 [13].

Increasing the human resources available for mental health care is important, and job sharing might help with this. Training programs for general health professionals may be launched. As a result, primary care facilities would be better able to provide comprehensive effects. A robust health management information system (HMIS) linked to mental healthcare outcomes may also be required due to streamline the tracking of mental health programs within the communities [8]. For instance, social media may be a helpful tool for spreading knowledge that can use to discuss methods for coping

with mental stress [5]. To encourage counseling for stress management, materials have been prepared in various LMICs. The stress management self-help approaches come with corresponding audio exercises and may be done in as little as a few minutes daily. The manual, published in English and currently being translated into other languages, is open to anybody. Sparkthejoy, a public impact movement that implores individuals to perform an "act of good," was launched [7].

Many healthcare professionals have received training to assist in identifying people who have mental illness and psychological distress. People who require treatment have been recognized and mentioned through phone-based programs [7]. Face-to-face treatments have continued to be provided in several LMICs, which show that the care system responded in various ways. For instance, opioid medication substitution treatment was effectively used in Punjab, India. For people with psychotic illnesses, used a cross approach of in-person and online services in Brazil. This model included antipsychotic injection shots during in-home visits when tracking food uncertainty [18].

Additionally, many LMIC governments, healthcare workers, and other institutions have adjusted to the difficulties posed by physical separation, such as video services via mobile phones and gadgets, voice-only phone-based services, and suicide and mental health helplines. As a result, it is now advised that contact tracers who work in infectious disease control receive training in psychological first aid. People must safeguard the fundamental needs and rights that are upheld to attain excellent mental health. Mental health therapies are less effective when social inequities are not addressed [19].

Telepsychology interventions might provide mental health care while also safeguarding people susceptible to COVID-19 by enabling them to get care in their comfort zones. It is still uncertain whether it will be safe for elderly persons to reduce their social distance restrictions, although immunization efforts are of great help. The alternative for psychological psychotherapy for depression and anxiety in older persons may soon be telepsychology [13].

4.3. How Effective the Measures Are

New approaches to providing health services were quickly accepted, particularly the usage of digital ways. In about 80% of high-income nations by the middle of 2020, telehealth and internet therapy will have supplanted in-person mental health sessions and the use of helplines. For instance, the US implemented changes to its telehealth legislation, allowing for the use of insecure platforms and access beyond state lines that were previously unheard of. By the end of 2020, 90% of the psychiatric treatment will be used online. The largest psychiatric teaching hospital in Canada saw a 750% increase in virtual admissions from March to April 2020 [20].

According to an initial report, professionals and patients have responded well to digital services for mental health treatment during the crisis. For video-delivered services, both high levels of service user satisfaction and adherence are recorded. Other electronic resources for mental health are becoming more widely available. Talkspace, an online therapy provider, online treatment clients have increased by 65%, and online use of self-screening questionnaires has increased by 60-70% during the pandemic. Patient calls to the federal hotline increased 1,000% year over year [20].

Because 25% of respondents from Germany and the UK was found a subjective aggravation of the symptoms, it particularly demonstrates the need for intervention systems to help general public [21].

Before the crisis, it was widely acknowledged in the majority of OECD countries that remote workers put in more time than office workers; this pattern persisted all through the COVID-19 crisis. Additionally, remote employees work fewer regular hours. For instance, a study found that more than half (44%) of those polled claimed to have worked atypical hours. The blending of personal and professional lives might also have an impact on sleep quality, and video meetings might be more mentally taxing than in-person meetings, which would increase tiredness.

Working long hours and burning out are concerns that can be heightened by teleworking; working parents who must juggle growing childcare and homeschooling responsibilities with their ethical duties have found it particularly difficult to manage the balance between work and life.

In the pandemic, governments need to offer online or digital mental health resources. Additionally, the Canadian government increased financing for the Kids Help Phone and the Canada Suicide

Prevention Service. It also included self-care recommendations for the Canada COVID19 app, which is used to record suspected COVID19 symptoms. The Canadian government introduced Wellness Together Canada, a brand-new gateway for mental health resources, in mid-April 2020. It provides free wellness tracking and self-assessment [21].

5. Conclusions

To comply with the COVID-19 pandemic, several training courses and standards have been devised to assist mental health practitioners in providing tele psychotherapy. To combat the epidemic, a mental health commission has been established inside the response committees in several LMICs to combat the epidemic. These actions are a part of ground-breaking campaigns to increase public awareness of mental health problems. This timely special edition served two purposes. The initial objective was to ponder the pandemic's effects on psychological health. This paper explored and argued the psychological impact of the institutional and social methods employed to contain the pandemic, in addition to studies of the physical effects of the disease itself. It is necessary to concentrate on human resources since doing so will improve the standing and function of social workers and development professionals in the mental health field. To effectively address social determinants, mental health professionals must hold diversity in the workplace and welcome social work practitioners' understanding, skills, and expertise. This will help to advance the objectives of poverty reduction, gender equivalence, housing access, stigma reduction, the creation of support groups, and equal distribution of wealth.

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