



Social Gradient in the Shadow of Coronavirus Pandemic: India as World's Most Depressing Country is Far Behind the Mission of Tackling the Mental Health Crisis

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Received: July 03, 2020

Published: August 25, 2020

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Abstract

According to World Health Organization (WHO), India has one of the largest populations affected from mental illness. India is looking at a mental health crisis, with suicide-related deaths as its lead indicator. Suicide is reportedly the second leading cause of non-coronavirus deaths in India during the lockdown and has become a more pressing concern as the pandemic spreads and preventing it therefore needs an urgent consideration.

The distribution of infections and deaths during the COVID-19 pandemic, the lockdown and associated measures, and the longer-term socioeconomic impact are likely to reproduce and intensify the financial inequalities that contribute towards the increased prevalence and unequal distribution of mental ill-health. The 2016 National Mental Health survey reveals the lowest income groups were the most vulnerable when it comes to mental disorders. Now amid the pandemic, when they are also the economically worst hit most media reported suicided deaths are of migrant workers resorting to self harm out of financial desperation.

In the midst of great uncertainty, people of India look to their government for leadership. The psychological virus emergency is a painful reminder that reform within the mental health care sector is long late. The worldwide pandemic has thrown a focus on the vulnerabilities rose from structural discrimination, practices of isolation and discrimination legislation. And there exist a dire need to address the social injustice down the social gradient. Public health authorities have the responsibility to ensure all citizens of the country, mental healthcare. We are only as strong as the most vulnerable in our community.

Keywords: *Mental Health; Social Stigma; Social Gradient; Yoga; Covid 19*

Introduction

According to World Health Organization (WHO), mental illness makes about 15% of the total disease conditions around the globe [1]. The same estimate also suggests that India has one of the largest populations affected from mental illness labelling India as the world's 'most depressing country' [1].

There's another public health crisis that's rearing its ugly head, as the raging coronavirus disease (Covid-19) continues to take lives across the world. Going by the history of pandemics, and the knock-on effects of an inevitable economic downturn, India is looking at a mental health crisis, with suicide-related deaths as its lead

indicator [2]. Suicide is reportedly the second leading cause of non-coronavirus deaths in India during the lockdown [3]. 168 of the 326 non-COVID-19 deaths till 9 May (51 percent) were suicides and the figures are simply a compilation of deaths reported in the media [3]. In fact nowhere close to the actual impact of the crisis. This new peril may perhaps unbridle more death and despair than the pandemic virus itself.

Suicide has become a more pressing concern as the pandemic spreads and preventing it therefore needs an urgent consideration. According to a recent study conducted by Indian Psychiatry Society (IPS), there is 20% rise in mental illness cases affecting at least 1 in

5 Indians [4]. The increase in mental health concerns and psychosocial effects will also conversely undermine the country's effort to eradicate the contagion by decreased adherence with the containment and treatment processes.

During this unprecedented time of uncertainty and fear, India has witnessed an unpredictable spike in suicide cases due to plethora of underlying factors. The harsh pandemic lockdown has affected the health, safety, and well-being of both individuals (causing, for example, insecurity, mental instability, emotional alienation, and stigma) and communities (owing to economic loss, work and school closures, inadequate resources for medical response, and deficient distribution of necessities). These effects may translate into a range of emotional reactions (such as distress or psychiatric conditions), unhealthy behaviors (such as excessive substance use), and noncompliance to the directives provided from the public health domain (such as home confinement and vaccination) in people succumbs to the disease and in the general population [5].

How serious is the issue?

The toll of social stigma

Social stigma is a major obstacle in the fight to address India's mental health crisis [6]. Stigma fosters fear and animosity towards fellow citizens. The stigma can take the forms of social rejection, gossip physical violence and denial of services [7]. Anticipating stigma from other people, seeing infected people being ostracized/judged for their illness. This during a pandemic not only poses the threat to self but in fact to everyone. Research from HIV, Ebola, infectious disease epidemic shows stigma undermines the efforts at testing and treating the disease [8].

What is actually concerning is the recent report of mental health issues and suicides among the Covid positive patients and migrant workers [2,9]. People fear of disclosing symptoms for fear of discriminatory behavior which is harmful to the community. This will definitely undermine the country's effort to check the Corona virus spread.

Enough scientific literature is available showing pandemic and the measures taken to control, so called the lockdown have invariably led to significant mental stress to the people subjected to it amid the pandemic. This has further hampered people's capacity to reach out for help.

The social gradient plays a role!

The distribution of infections and deaths during the COVID-19

pandemic, the lockdown and associated measures, and the longer-term socioeconomic impact are likely to reproduce and intensify the financial inequalities that contribute towards the increased prevalence and unequal distribution of mental ill-health [10]. The 2016 National Mental Health survey reveals the lowest income groups were the most vulnerable when it comes to mental disorders [11]. Now amid the pandemic, when they are also the economically worst hit most media reported suicided deaths are of migrant workers resorting to self harm out of financial desperation. The looming economic crisis have created panic, mass unemployment, poverty and homelessness, that will surge the suicide risks or drive an increase in the attempt rates in such patients. This 'social gradient' means that mental health problems are more common further down the social ladder.

Solutions against this backdrop

Practice social distancing, not social alienation at a primary level

Communication is the key. Stigma can only be addressed through connectivity. The virus can affect anyone irrespective of our age, caste, sexual identity, religion, economic status or race. We are not granted immunity by virtue of any of these. Although stigma is an evolved reaction to disease, it is not an inevitable one. Stigma divides and turns us against each other, but pandemics remind us of how connected we all are. Our shared vulnerability to this virus is a source of solidarity.

Free counseling services at a secondary level

Restricted access to healthcare services is a human rights violation. As inequality has risen, health disparities have widened. Preventive care and health education have steadily tilted toward the educated and the well-off. Online or tele-therapy is a privilege reserved for the upper and middle class Indians; none of the technology platforms that have become our respite from lockdown are designed taking into account the less literate, disabled or the poor people. Lower income group are the most vulnerable as their anxiety attacks were driven by real-life survival crisis. They are also the least likely to seek help. Even before the lockdown, access and cost barriers along with social stigma associated to mental illnesses, kept it out of reach for the poor. Now with the entire country under lockdown, the marginalised section has added stress and reduced access to therapists and medication. Without immediate intervention, the consequences of the current inaction by governments will lead to a long-term negative impact on economies and communi-

ties, while leaving thousands of people experiencing mental health distress without the care they so urgently need.

Science of Yoga in times of COVID

Yoga is an ancient way of right living, that is to live in harmony with oneself (body, emotion and intellect) and nature. Yoga based lifestyle appears to be a powerful tool in these unusual times where there is reduced physical activity and increased emotional distress. Many research studies have shown the stabilization power of yoga in Hypertension and Diabetes status, which are also a contributing factor to SARS CoV infection related mortality [12]. A recent study published in British Journal of Sports Medicine has pointed out that movement based yoga has promising results with significant implications [13]. But challenges remain as importantly the most vulnerable in our community are often the least likely have access to exercise and yoga programs despite the potential benefits.

Conclusion

In the midst of great uncertainty, people of India look to their government for leadership. The psychological virus emergency is a painful reminder that reform within the mental health care sector is long late. The worldwide pandemic has thrown a focus on the vulnerabilities rose from structural discrimination, practices of isolation and discrimination legislation. And there exist a dire need to address the social injustice down the social gradient. Public health authorities have the responsibility to ensure all citizens of the country, mental healthcare. We are only as strong as the most vulnerable in our community.

Conflicts of Interest

Nil.

Funding

Nil.

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