

Mental health Vulnerability in different groups of populations during COVID-19: perspectives from India

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ABSTRACT

Background: The evolving COVID-19 pandemic has made the investigation of mental health vulnerability an integral concept. During this unusual crisis, certain populations are more at risk for being victims of abuse and violence, especially at homes, intensifying during the lockdown. Recognition of mental health challenges on an individual, families, communities, and the economy is the need of the hour. **Objective:** This study focuses on the identification of mental health vulnerabilities across life span of different groups of populations in India. **Design:** A theoretical framework is presented which lays down the applicable literature in the discourse. The current article has used qualitative paradigm: content analysis of documents, reports and newspaper articles thereby leading to critical analysis and identification of the main factors. **Results:** This article looks at the distinctions in the conceptualization of vulnerability in different groups of populations in the Indian society which have unmasked mental health inequalities due to COVID-19. This article highlights the key lockdown specific psychological challenges faced by children and adolescents, young adults, elderly, migrant workers and farmers that are quintessentially the most vulnerable populations in India. **Conclusion:** The looming mental health crisis in the country have reinstated the call for the implementation of 'mental health care to all' especially to the worst affected. The post COVID-19 scenario will multiply anxiety, depression, suicide and other psychological effects that will put novel challenges for mental health services in the community. The article concludes by sharing some information on some cultural variants that can better serve community mental health. It emphasizes the need for psychological crisis intervention and rights-based mental health approach in India.

Keywords: Mental Health, Risk Factors, Vulnerabilities, Life Span, COVID-19, India

The evolving COVID-19 pandemic has made the investigation of mental health vulnerability an integral concept. During this unusual crisis, certain populations are more at risk for being victims of abuse and violence, especially at homes, intensifying during the lockdown. Recognition of mental health challenges on an individual, families, communities, and the economy is the need of the hour.

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In the light of the biggest nationwide lockdown in Indian history, a survey conducted by the Indian Psychiatry Society has found that the number of reported cases for mental health issues has increased by 20% within a week of the lockdown (Loiwal, 2020). The shared prediction of a massive mental health crisis in the coming weeks and months was displayed by mental health experts in the country.

The most accepted description of mental health is “a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community” (World Health Organization, 2005). The understanding of risk factors in mental health through the lens of community level is required and not just from a subjective, idiosyncratic standpoint for a comprehensive mental health action plan. The inclusion of mental health in the Sustainable Development Goals is the most important consideration in the health policies around the world (United Nations, 2015).

Vulnerability is termed “as a lack of resources, which in a defined context, places individuals or group at major risks of experiencing negative consequences across their life course” (Spini, Hanappi, Bernardi, Oris, Bickel, 2013, p. 1). In post-industrial societies, the growing uncertainty that has been witnessed in the last four decades has characterized the importance of studying vulnerability from a life-course outlook (Beck, 1992; Castel, 2009; Sapin, Spini, Widmer, 2007). The recognition of mental health as a public health crisis is shared widely all over the world. Mental health is considered substantially important for the healthy functioning of the individual as well as for the family, community, and society. Throughout life, the value of mental health can be seen as a foundation of an individual’s ability to achieve assets for dealing with life’s stresses. Through the inquiry of vulnerability in human beings, the systemic and structural differences are better apprehended (Ferraro & Schafer, 2017). Certain groups of populations will face more suffering than the rest with life chances and choices. A life-course approach to mental health inequality has been significantly emphasized by researchers. The framework of life course perspectives enables the knowledge of the life span and the subsequent context where the individual belongs to. Such an overview widens the learning of individual as well as contextual factors that have a role to play in later developmental trajectories (Kuh, 2003; Mayer, 2009). From a life-course point of view, it has been found that during the growing years of life, risk exposures can adversely influence overall well-being in the later years of the individual (Foresight project, 2008; Kieling et al., 2011; Fisher et al., 2011).

METHODOLOGY

A theoretical framework is presented which lays down the applicable literature in the discourse. The current article has used qualitative paradigm: content analysis of documents, reports and newspaper articles thereby leading to critical analysis and identification of the main factors.

RESULTS

The present article will shed light on the concept of vulnerability from a life stage and familial context during COVID-19. People face unique mental health challenges with COVID-19 such as violence from families, economic insecurity, lack of access to government schemes, and lack of social safety nets. Identification of particular vulnerabilities in different age groups specifically children and adolescents, young adults, elderly, and other vulnerable groups are

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taken into consideration which can help to formulate holistic interventions for affected individuals.

Children and Adolescents

According to Merriam Webster dictionary, a child is between birth and puberty (“Child”, n.d.). An adolescent is a young person developing into an adult from 12 to 19 years of age (“Adolescent”, n.d.). The devastating impact of COVID-19 has conveyed a notable rise in mental health concerns among children and adolescents. In India, since the national lockdown that has begun on 24 March 2020, there has been a suspension of all educational institutions of any kind. In this pandemic, the profound effect of the lockdown is distributed unequally among the most vulnerable children. The shutting down of schools has led to the inaccessibility of teachers as a safety net for children. The restriction of movements and no access to socialization has been critical for the well-being of children and adolescents.

Violence against children affects up to 1 billion children worldwide (World Health Organization, 2016). The initial 18 years serves as a crucial period for the healthy development of an individual, which if affected can lead to further health and social problems. According to a report published by World Health Organization (2016) in collaboration with the United States Centers for Disease Control and Prevention (CDC), most violence against children depicts at least one of six main forms of interpersonal violence that occur throughout the developmental trajectory of a child: Maltreatment by parents/caregivers or in settings such as schools and orphanages; bullying including in the cyberspace; youth violence; dating violence or domestic violence; sexual violence; and emotional or psychological violence. Violence by caregivers is the most common form of violence faced by children (UNICEF, 2020).

During the COVID-19 crisis, the national helpline numbers have acted as the leading signal of the changes in the reporting of such violence (Child Rights International Network, 2020). A national helpline called the ‘CHILDLINE 1098’, a service provided by the Ministry of Women and Child Development, Government of India, announced that there were 92,000 SOS calls regarding abuse and violence in the first initial 11 days of lockdown in the country between March 20-31,2020 (The Hindu, 2020). Such alarming figures point to the constant exposure of violence that children face from an early age. Research has pointed out key factors that make children and adolescents more vulnerable which ranges from physical, emotional, psychological, and financial dependency to lack of agency and power at this age (Sefton Council, 2017). Children can also be made vulnerable because of unique factors such as their disability (UNICEF, 2013). Witnessing domestic violence for instance between parents or family members can act as be the cause of making children and adolescents more susceptible (Health and Wellbeing Profile, 2015). The social acceptance of tolerance of victimization against children and adolescents is another causal factor in the increasing likelihood of victimization (World Health Organization, 2016). The social-ecological model for understanding and preventing violence against children illustrates the shared common causes at the individual, family, community, and societal extent (World Health Organization, 2002). At the individual level, factors such as the gender of the child, education, disability, history of child maltreatment, or any form of psychological disorder lead to further victimization.

India is home to 365 million-plus adolescents and youth. What happens to this generation during the pandemic not only affects their health and wellbeing at this sensitive period, but also their health and wellbeing in their later adult life, and to the next generation. Reports have

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also shown an escalation in the likelihood of corporal punishment against children and adolescents in previous public health emergencies (UNICEF, 2020). The emergence of new stressors due to COVID-19 can hamper the capacity of parents/caregivers to provide adequate care and attention to their children. These additional and unavoidable stressors will put children at home more at risk in their overall wellbeing. School closures and movement restrictions have led to reports of online threats resulting in the risks of online sexual abuse and cyberbullying. The detrimental effects of online space have put 243 million Indian adolescents at risk of further isolation, anxiety, and low self-esteem (The New Indian Express, 2020). A survey conducted by OLX India to be aware of the preparedness of parents to safe online practices during the pandemic has revealed a shocking 100% increase in screen time in the age group of 5 to 15 years since the first phase of the lockdown (The Economic Times, 2020). Around 54% of parents reported that their children were spending 5 hours extra hours online on an average. These distressing numbers have created anxiety among parental supervision and their active monitoring of their children's online activity.

While on one hand there is a concern for online safety for children among Indian parents, a grim picture further sheds light on the digital divide that has transpired the economic disparity in Indian society. A survey conducted by a state-representative organisation found that only 5% of adolescents live in a household that does not have access to computers (Jejeebhoy, 2020). The outcome for this virtual transition from traditional education has been devastating for the vulnerable groups. A young girl of 14 years whose father was a daily wage labourer and out of job due to the pandemic killed herself as she could not gain access to smartphone or computer at home (Naha, 2020). The effects of vulnerability for children and adolescents due to ongoing lockdown can range from mood issues/temper tantrums, confusion regarding lockdown, low self-esteem, academic struggles with additional challenges with e-learning, eating disorders or body image issues, more prone to fights/emotional outbursts, difficulty concentrating or following rules, vulnerability to sibling abuse, concept of family/love or relationship is affected, functioning in surviving mode (UNICEF, 2020). Loss of social connection and routine with the added effects of loneliness and isolation have presented additional risks to their safety and security (Young Minds, 2020).

The long struggle of risks and crises associated with the pandemic will have residual consequences for at-risk children and adolescents. The discriminating impact of the pandemic on the society needs to be owned. Without adequate psychological help at critical period of growth and development, will place them in everlasting loss.

Young Adults

In the context of unprecedented adversity such as the COVID-19 pandemic, young adults have also endeavored complex and changing environments. This has contributed to an added burden to their vulnerability. Past research on acute new adversity has provided ample documentation of the occurrence of high-stress levels as well as cumulative risk exposure (Pine, Costello & Masten, 2005). The manifestation of psychological challenges can be translated into the young adult's familial, social, financial, and emotional aspects of their lives. This in turn may intensify negative outcomes and hamper their overall well-being. Several mental health concerns such as anxiety due to financial uncertainty, sleep disturbances, and poor mental well-being were already detected with the declaration of lockdown in India (Varshney, Parel, Raizada & Sarin, 2020). As the disease progresses, concerns regarding health, economy, and livelihood increase day-by-day. The financial distress is likely to fall heavy on young adults since they are the ones to be either graduating this year or are more

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likely to not have financial stability just yet. Economic strains are known to have a significant effect on an individual's life. Young adults are also missing out on critical moments that help them transition into the next stage of their adulthood such as graduation ceremonies and other anticipated events that got canceled. It puts them at a greater risk of developing clinical anxiety and depression (Neighmond, 2020).

Parental conflicts and toxic family environment is also a prevalent form of abuse for young adults. Many employed young adults are forced to quarantine with their families, which can be extremely difficult. The resultant powerlessness due to the power relations with their parents has been described as traumatic due to physical or verbal abuse as well as a psychological betrayal (Rodriguez, Ryan, Rowan & Foy, 1996). In terms of other family problems contributing to the vulnerability, parents/caregivers who are alcoholic or drug abusers, are chronically ill or have personality disorders that may also influence an individual's vulnerability (Shah, Arora, Chaturvedi & Gupta, 2015).

Within young adults, there is a less discussed issue of violence against women which represents a horrifying global surge in domestic violence due to the forced lockdown. In India, cases of domestic violence also rose to an alarming level. Gendered nature of domestic work seems to have been a notable factor. A large part of domestic labor falls in the woman's shoulders which stems from the exercise of patriarchal power in Indian society. The National Commission for Women (NCW) received 291 complaints from March 23 to March 30, 2020 (The Telegraph, 2020). This vicious cycle keeps women subordinated and dis-empowered. It further leads to a profound impact on women's health and well-being (Goli et al., 2020). Violence as a determinant of health has a consequential impact on the morbidity and mortality of an individual.

The maintenance of intimate relationships due to long-distance becomes difficult for young adults. Being responsive to a partner's needs also becomes demanding. Epidemics act as an external stressor for such couples and families. For instance, marriage, birth rates, and divorce increased after Hurricane Hugo in areas that were more affected by the hurricane (Cohan & Cole, 2002). In India, an online law newsletter reported a 20% spike in divorce queries (Ram, Joshi & Natu, 2020). The pressure of being confined indoors is likely to be taxing and have an added stress on the daily routines of marriages and families. They also tend to be overly critical and argumentative when faced with the stress of the pandemic (Pietromonaco, 2020). The stress of loneliness and disruption of sleep schedules also degrades mental and physical health. Young adults without access to support systems and safe spaces are more vulnerable to psychological distress. Recent literature documents the association between poor social skills and compromised mental health (Segrin, 2017). When the desired level of social contact diminishes, individuals become more tenuous and susceptible to ill effects of mental strain.

With painfully long periods of lockdown, people are getting highly agitated. In India, the pandemic has also flared up into racial hatred and violence. The COVID-19 panic also brought out more disgraceful sides of the mainland population of India against people from North-east India. Cases range from being called out names to being spat on a public road, all because of how they look. Such stigmatization of a certain race triggers further division which also has an inherent psychological impact (Deori, 2020). The impact of the pandemic is visible in various aspects of one's life. It requires people to stay away from gatherings. Many people have borne the brunt of its economic effects, however, the psycho-social impact is equally immense.

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Elderly

The pandemic has also increased the vulnerability of the elderly. Due to the heightened digital divide, many elderly populations do not have access to digital technologies, which results in greater isolation. It has caused untold fear and anxiety across older people. A survey by the NGO HelpAge India, 'The Elder Story-Ground Reality' during COVID-19, described that around 42 percent of the respondents reported worsening of their health conditions (Sampath, 2020). It also found out that many faced difficulties in accessing essential goods and services. The deteriorating cognitive and physical health as well as their financial dependency on family members for basic activities also make them more at risk. In India, most of them live on a fixed income or pension which has also ensued uncertainty during the lockdown.

There have also been several cases of elderly persons facing abuse and neglect. According to a survey conducted by an NGO Agewell Foundation, the most common form of abuse was verbal abuse and disrespect due to interpersonal relationships within the family environment. Almost 51% of respondents reported being harassed (physically/mentally), shouted at and threatened at by their younger family members. They also face psychological issues due to the lack of assured medical support and a lack of support system (Agewell Foundation, 2020). Some of the indicators of psychological abuse are fear, anxiety, depression, cowering, and withdrawal (Banerjee, 2020). This is due to filial piety, a traditional virtue supported by the broader Indian culture, where the family is responsible for the support and care of the elderly. Such support during the outbreak gets overwhelmed with the added burden.

In the time of COVID-19's outbreak, just like in many other countries such as Italy and China, many older people are at a higher risk of being infected and thus have a higher risk of death. The elderly population constitutes 10% of India's total population, which is lower than in most developed countries. They accounted for nearly 50% of the total COVID-19 deaths in the country (The Times of India, 2020). Most of the people in their 50s or 60s died due to co-morbid conditions such as diabetes or heart and lung diseases which exacerbates their risk, impairing both daily functioning and cognition (Yang et al., 2020).

In India, apart from filial piety, there are also instances of elderly people acting as caregivers of grandchildren within the traditional Indian culture. With the changing nature of labor mobility, most parents live and work distantly. In such cases, grandchildren are brought up by their grandparents. Home confinement and quarantine become difficult in such cases (Petretto & Pili, 2020). These caregiving roles put the added risk of exposure to obtain food and other essential supplies. According to reports by an NGO Dignity Foundation, there has been a 40% to 50% increase in the number of distress calls by the elderly during the lockdown. The biggest fear has been feelings of abandonment during isolation (Agarwal, 2020). The disruption in their daily routines has made them vulnerable, including age-based discrimination due to multiple barriers.

Other Vulnerable Groups

During the outbreak, India faced one of the biggest humanitarian crises with the mass exodus of migrant workers from various cities in the country. There were disturbing images and reports of millions of migrants walking back to their homes. In several parts of the country, remittances sent by these workers to their native homes are the only source of sustenance (Ravindranath & Daniel, 2020). The workers were filled with anxieties and fears stemming from the elimination of their daily wages. Several forms of risks may have long-lasting impacts on these families. They reported an increase in negative emotions such as tension,

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frustration, low mood, and fear of death (Kumar, Mehra, Sahoo, Nehra & Grover, 2020). The emergent situation led to a lot of stress and distress with no job security.

Another vulnerable population specific to India is the farming sector which represents about half of the country's workforce. The breakdown in the supply chains has left farmers unable to sell their crops (Puranam, 2020). The pandemic has magnified new risks and vulnerabilities of their livelihood. Harvesting the nation's supply without sick pay or health insurance, their lives become fraught with losses and perils. Their plight represents gruesome statistics of farmer suicides in the country. This has been largely due to agrarian distress and crippling debts (Wal, 2020). Studies on farming communities have recognized that factors such as overwork, drought, role conflict, isolation, and government regulations have a major influence on their overall well-being ((Wheeler, Zuo & Loch, 2018). In India, a government survey found that 34.7% of the farmers reported suffering from somatic symptoms and 55% displayed signs of anxiety, social dysfunction, and 24.7% were diagnosed with clinical depression (Bomble & Lhungdim, 2020). This is a growing concern in India, where financial uncertainty and poor working conditions that have accelerated during the outbreak are seen as issues that can lead to mental health problems.

DISCUSSION

Based on the review of 20-25 studies, the pieces of evidence show that COVID-19 is altering human experiences drastically. In the context of India, the notion of vulnerabilities is also linked to environmental and socio-economic conditions. As per the analysis, a number of factors have been identified as risk factors for COVID-19 in India. Firstly, overcrowded living conditions with limited access to personal space and hygiene often make people more exposed to respiratory tract infections. Secondly, stress from interpersonal relationships within family have also accelerated the exposure to COVID-19. Thirdly, access to health care was also exacerbated by the responses to the pandemic and its aftermath.

People have different vulnerabilities and life experiences. However, good recovery in the aftermath is possible through community support. In India, cultural and religious practices may help to restore the equilibrium. Some of the salient features of a common Indian culture, concerning the sense of belongingness, personal meaning, maintenance of self-efficacy, and collective social care and support system may all shape the resilience we have as a community.

The presence of protective factors may compensate for the risk factors in one's life. Developing resilience encourages positive adaptation to adverse life experiences (Luthar & Cicchetti, 2000). During the emerging mental health issues associated with the COVID-19, there are some key factors specific to India which may contribute to psychological resilience during the pandemic period. Social support from family, friends, and other loved ones can bolster resilience. The collectivistic nature of the family as an institution provides a deeper need for connections and relationships towards an enduring and trustworthy ongoing support in times of crisis. Affiliation with a religious ideology expressed through daily activities also provides a secure base which is as influential as any psychological aspects of positive development. Culturally esteemed values such as interdependence and a strong sense of obligation to the maintenance of the family may be constructive to the resilience process.

As we confront the substantial mental health challenges, a multi-faceted approach to understand vulnerability and protective factors tend to transact and facilitate resilience. The multiple levels of influences at the individual, family, and community level can help the public

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collectively combat the spread of COVID-19. Resilience is being able to maintain a trajectory of good health with the ongoing stress and distress (Galatzer-Levy, Huang & Bonanno, 2018). Adapting to the new reality is a serious stressor, however, it is not impossible. It is important to use the tools we have available at our disposal to reduce anxiety and worry.

CONCLUSION

Building a mental health care system on understanding the socio-ecological vulnerabilities over the life span, will be of utmost importance. This will ensure accessibility and inclusivity for the marginalized and vulnerable populations of India. The COVID-19 has called for attention in the gaps in the current mental health care available in the country. It fails to look at the environment- family, community, society- acting as risk factors for causing mental health concerns. The shift of focus to a rights-based approach to mental health will ensure dual objectives; firstly, it will ensure more affordable and accessible mental health care for the at-risk populations by creating an environment that curtails stigma, violence and inequity; and secondly, provide agency to the individual and the family in his/her recovery process (The Mariwal Health Initiative, 2019). The multiple understandings of the term mental health based on social-cultural and political processes will both constitute and enable living of these experiences. It will also encompass on shared belonging and collective gains. Mental health intervention that is based on such inclusiveness and diverse realities of Indian society will improve the overall wellbeing of the country.

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Conflict of Interest

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