

Research Paper

Mental Health Status and Socio-demographic Profile of Distress Callers on a Mental Health Helpline during COVID-19

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ABSTRACT

The aim of this paper is to present the socio demographic profile and mental health status of the distress callers, during COVID-19 in Delhi, Gujarat and Jharkhand. The survey was undertaken between June 2021 and October 2022. It was largely representative of the population as 577,239 people were from households of 26 districts of Delhi, Jharkhand and Gujarat. The survey population aged 15 to 65 years. 473,970 people were screened for anxiety, depression, suicidal thoughts (if scores severe on screening). Conditions which they were facing were explored by a semi structured script accompanied with PHQ4 as a screening tool. The overall response rate was 87.79%. This paper presents selected findings for the pattern and sociodemographic profile of the people screened. Inferences and conclusion: People who identify as LGBTQIA2S+ reported higher proportions of moderate and severe mental health issues. Respondents <18 contributed higher proportions of moderate and severe mental issues. Unmarried, divorced, separated and widowed people reported to face higher proportions of moderate and severe mental issues. Unemployed people and students reported higher proportions of moderate and severe mental issues.

Keywords: *Mental health conditions, Anxiety, Depression, Students, LGBTQIA2S+, Socio demographics, Gender.*

Acknowledging the importance of the epidemiological data which sheds light on population challenges posed by mental health conditions in Indian states. This paper attempts to throw light on patterns in sociodemographic details such as gender, age, marital status and employment status with regards to severity in mental health problems faced by the respondents of Delhi, Jharkhand and Gujarat in India.

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On tele-counseling:

As the use of Internet and telecommunications services continues to grow, researchers have questioned the practice of telephone counseling for general mental health.

The Kiran helpline (1800-599-0019) of the Department of Empowerment of Persons with Disabilities (DEPwD) of the Ministry was launched on September 7. From September 16, 2020 to January 15, the helpline received 13,550 new calls, of which 70.5% were from males and 29.5% from females, the report said. About 32% of those who reached out were students.

The coronavirus disease 2019 (COVID-19) pandemic has affected people globally by causing psychological, social, and economic chaos. World Health Partners, India started telephone helplines to address the psychological issues.

Mental health status with respect to socio demographic profile

Gender and sex:

It is generally known that anxiety, trauma-related, and stress-related disorders are more common, severe, and burdensome in women than in men.

Women experience more strain as a result of stressful life events because of their unequal sensitivity to events, which is influenced by gender's interaction with other social variables. Instead of women having more occurrences, it is a result of variations in role. Only crises involving children, housing, and reproduction put women at greater risk; crises involving money, employment, and marital problems do not. (Ohannessian, 1996).

It has been discovered that adolescent girls are much more likely than adolescent boys to experience low and moderate degrees of depression and anxiety. In outpatient settings, women underwent milder forms of depression slightly more frequently than severe forms among adults. (Ohannessian, 1996).

LGBTQIA2S+

Recently, researchers have resumed their investigation of LGB populations' mental health. According to findings, gay men and lesbians have more mental health issues, such as substance use disorders, affective disorders, and suicide, than their straight counterparts do (Cochran, 2001; Herrell et al., 1999). According to researchers, stigma, prejudice, and discrimination create a stressful social environment that can result in mental health issues in members of stigmatised minority groups, which is why there is a higher prevalence of disorders among LGB people (Friedman, 1999). Minority stress can be used to describe this theory (Brooks, 1981; Meyer, 1995). In a 2003 Meyer meta-analysis where he analysed nine separate studies that examined homosexual, bisexual, and heterosexual communities for the incidence of anxiety, mood disorder, and substance-dependence disorders. He found that the LGB people are 2.5 times more likely to experience psychological distress compared to heterosexuals at some stage in their lives. In a review, it was observed that despite progress in LGBT rights and equality. The rate of depression and anxiety was higher in people who identify as homosexuals than in the heterosexual population as a result of difficult environmental and personal factors. The review also lent credence to the stress-related minority theory by demonstrating how minority stressors, particularly sexual bias encounters and internalised homophobia, contributed to psychological suffering (Rajput, 2020).

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Age

According to reports, children and adolescents may continue to experience this pandemic's heightened long-term negative effects compared to adults (Shen et al., 2020). The type and severity of the effects on this age group depend on a variety of risk factors, including the child's or parents developmental age, current educational status, special needs, and any pre-existing mental health conditions. Other risk factors include being economically disadvantaged and having special needs or being quarantined because of an infection or a fear of infection (Singh, 2020).

Children and teenagers learned most well before lockdown when they interacted one-on-one with their peers and mentors. Over 91% of students around the world have been badly impacted by the widespread closures of schools and institutions (Lee, 2020). Due to disruptions in their education, physical activities, and socialization chances, home confinement in children and adolescents is linked to uncertainty and anxiety (Jiao et al., 2020). Long-term absence from the regulated environment of school leads to disruptions in routine, boredom, and a lack of creative ideas for participating in various academic and extracurricular activities. Some kids have shown less emotion because they can't play outside with their classmates or participate in in-person school activities (Liu, 2020).

The older age groups reported more resilience, lower degrees of loneliness and felt stress, and more relaxation coping. The findings of the study demonstrated that, over time, mental distress decreased marginally, with the trend being modulated by age group. (Na, 2022).

Marital status

According to a study conducted in Nigeria in 2022 while married people fared well, were emotionally stable, and had favorable self-evaluations, unmarried people reported weaker coping, more stress, and lower self-esteem during the pandemic (Abiodun, 2022).

Employment status

Having a job improved quality of life for people according to many researches (Cruz, 2011; Abdin, 2013; Sun, 2011). Job instability has been shown to have immediate negative consequences on employees' physical, psychological, and social functioning (such as social support and marital problems), as well as their somatic symptoms and pain (Nella, 2015). According to a study conducted in the United Kingdom, having a job significantly lowers your risk of developing general psychiatric problems and loneliness (Li, 2020).

METHODS

Sample

The survey was undertaken during a 16-month period by World Health Partners under the mental health project 'Comprehensively Address Mental Health Issues due to COVID 19'. All interviews were conducted between June 2021 and October 2022. It was largely representative of the population as 577,239 people were reached from households of 26 districts of Delhi, Jharkhand and Gujarat.

Door to door screening of all households in covid afflicted communities was carried out face to face as well as via telecommunication. The survey population aged 15 to 65 years. 473,970 people were screened for anxiety, depression, and suicidal thoughts (when required). The overall response rate was 87.79%.

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This paper presents selected findings for the pattern and sociodemographic profile of the people screened.

Screening tools: Patient Health Questionnaire-4.

➤ Brief - The Patient Health Questionnaire-4 (PHQ-4) is an ultra-brief screener for anxiety and depression, which combines the Patient Health Questionnaire-2 (PHQ-2) and the Generalised Anxiety Disorder-2 (GAD-2). The use of the PHQ-4 was first published in 2009, reporting a study conducted in 2004–05 (Kroenke et al., 2009)

Severity

- PHQ-4 Scoring: Total score ranges from 0 to 12,
- None: 0-2
- Mild: 3-5
- Moderate: 6-8
- Severe: 9-12
- Anxiety sub-scale = sum of items 1 and 2 (score range: 0 to 6)
- Depression sub-scale = sum of items 3 and 4 (score range: 0 to 6)

Inclusion criteria:

Respondents within the age range of 15-65 at the time of interview were included.

Respondents who scored ≥ 3 on PHQ 4 were included in this data set.

Respondents who scored < 3 on PHQ 4 were excluded in this data set.

Exclusion criteria

Respondents above 65 years of age were excluded.

Socio-demographic profile

The socio-demographic data of age at interview, and sex, marital status, employment status were collected as a standard. Though socioeconomic status could not be successfully elicited, in many respondents, hence cannot be used as a reliable marker in socio-demographic profile.

Analysis

Descriptive analyses were calculated by the use of SPSS Version 29.0.0.0(241). To examine data separate cross tabulations were conducted to determine Chi-square, setting statistical significance at $p < .001$.

RESULTS AND DISCUSSION

Gender with MH category Cross Tabulation

		Mild	Moderate	Severe	Total
Female	Count	17694	1702	382	19778
	%	89.5%	8.6%	1.9%	100.0%
Male	Count	12786	1286	338	14410
	%	88.7%	8.9%	2.3%	100.0%
LGBTQAI2S+	Count	195	33	8	236
	%	82.6%	14.0%	3.4%	100.0%
Total	Count	30676	3022	728	34426
	%	89.1%	8.8%	2.1%	100.0%

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Chi-Square Tests

	Value	df	p-value
Pearson Chi-Square	22.774	6	0.001

The above data throws up an interesting observation along the percentage of severity of MH cases within gender cohorts. LGBTQIA2S+ (3.4%) and males (2.3 %) report higher percentages of severe MH cases in comparison to the 2.1% contribution of severe MH cases to the total number of MH cases observed. Females reported a lower percentage value at 1.9% in terms of severe MH cases.

A similar trend is seen with moderate MH cases with observed values of LGBTQIA2S+ (14.0%) and males (8.9%) as compared to the 8.8 % contribution of severe MH cases to the total number of MH cases observed. Females reported a lower percentage value at 8.6% in terms of severe MH cases.

However, when it comes to mild MH cases LGBTQIA2S+ (82.6%) and males (88.7%) report a lower percentage of severe MH cases in comparison to the 89.1% contribution of severe MH cases to the total number of MH cases. The trend for females here is reversed with a reporting of a higher percentage at 89.5%.

Age Group with MH category Cross Tabulation

		Mild	Moderate	Severe	Total
<18	Count	246	34	13	293
	%	84.0%	11.6%	4.4%	100.0%
≥60	Count	4799	303	61	5163
	%	92.9%	5.9%	1.2%	100.0%
18-34	Count	9393	1023	260	10676
	%	88.0%	9.6%	2.4%	100.0%
35-59	Count	15665	1470	339	17474
	%	89.6%	8.4%	1.9%	100.0%
Total	Count	30676	3022	728	34426
	%	89.1%	8.8%	2.1%	100.0%

Chi-Square Tests

	Value	df	p-value
Pearson Chi-Square	426.87	8	0.000

The above data allows us to observe that the <18 group (84.0%) and 18-34 group (88%) reports a lower proportion of mild MH cases in the sum of all MH cases in their age group than the total (89.1%) proportion of mild MH cases out of all recorded MH cases whereas the 35-59 group (89.6%) and ≥60 group (92.9%) report a higher proportion of mild MH cases than the total (89.1%) proportion of mild MH cases out of all recorded MH cases.

This observation reverses for moderate cases where the <18 group (11.6%) and 18-34 group (9.6%) reports a higher proportion of moderate MH cases in the sum of all MH cases in their age group than the total (8.8%) proportion of moderate MH cases out of all recorded MH cases whereas the 35-59 group (8.4%) and ≥60 group (5.9%) report a lower proportion of moderate MH cases than the total (8.8%) proportion of moderate MH cases out of all recorded MH cases.

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A similar reversal of trends is also observed for severe cases where the <18 group (4.4%) and 18-34 group (2.4%) reports a higher proportion of severe MH cases in the sum of all MH cases in their age group than the total (2.1%) proportion of severe MH cases out of all recorded MH cases whereas the 35-59 group (1.9%) and >=60 group (1.2%) report a lower proportion of severe MH cases than the total (2.1%) proportion of severe MH cases out of all recorded MH cases.

Marital Status with MH category Cross Tabulation

		Mild	Moderate	Severe	Total
Married	Count	23111	1911	380	25402
	%	91.0%	7.5%	1.5%	100.0%
Unmarried	Count	3401	539	160	4100
	%	83.0%	13.1%	3.9%	100.0%
Others*	Count	3212	374	102	3688
	%	87.1%	10.1%	2.8%	100.0%
Total	Count	29724	2824	642	33190**
	%	89.6%	8.5%	1.9%	100.0%

**Others include divorced, widowed, and separated*

***1236 people were of unknown marital status and their MH status was as follows: 1075 Mild (86.9%), 88 Moderate (8.0%) and 62 Severe (5.1%).*

Chi-Square Tests

	Value	df	p-value
Pearson Chi-Square	292.939	4	0.000

The above data set brings up a few interesting observations. When it comes to severity of MH issues, unmarried people (3.9%) and others* (2.8%) report a higher proportion of severe MH cases in the sum of all MH cases for their marital status than the total (89.6%) proportion of severe MH cases out of all recorded MH cases whereas married people (1.5%) report a lower proportion of severe MH cases in the sum of all MH cases for their marital status than the total (1.9%) proportion of severe MH cases out of all recorded MH cases.

A similar trend is observed in moderate MH cases where unmarried people (13.1%) and others* (10.1%) report a higher proportion of moderate MH cases in the sum of all MH cases for their marital status than the total (8.5%) proportion of moderate MH cases out of all recorded MH cases whereas married people (7.5%) report a lower proportion of moderate MH cases in the sum of all MH cases for their marital status than the total (8.5%) proportion of moderate MH cases out of all recorded MH cases.

However this trend is reversed for mild MH cases where we observe that unmarried people (83%) and others* (87.1%) report a lower proportion of mild MH cases in the sum of all MH cases for their marital status than the total (89.6%) proportion of mild MH cases out of all recorded MH cases whereas married people (91%) report a higher proportion of moderate MH cases in the sum of all MH cases for their marital status than the total (89.6%) proportion of moderate MH cases out of all recorded MH cases.

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Occupation with MH category Cross Tabulation

		Mild	Moderate	Severe	Total
Unemployed	Count	4271	545	150	4966
	%	86.0%	11.0%	3.0%	100.0%
Student	Count	1074	100	22	1196
	%	89.8%	8.4%	1.8%	100.0%
Employed	Count	9687	736	76	10499
	%	92.3%	7.0%	0.7%	100.0%
Homemaker	Count	11212	724	115	12051
	%	93.0%	6.0%	1.0%	100.0%
Total	Count	26244	2105	363	28712***
	%	91.4%	7.3%	1.3%	100.0%

***5714 people were of unknown marital status and their MH status was as follows: 5154 Mild (90.2%), 463 Moderate (8.1%) and 97 Severe (1.7%).

Chi-Square Tests

	Value	Df	p-value
Pearson Chi-Square	300.155 ^a	6	0.000

When we took a look at the above tables we came across a pattern. When it comes to severity of MH issues, unemployed (3%) and student (1.8%) report a higher proportion of severe MH cases in the sum of all MH cases for their occupational groups than the total (1.3%) proportion of severe MH cases out of all recorded MH cases whereas employed people (0.7%) and home-makers (1%) report a lower proportion of severe MH cases in the sum of all MH cases for their occupational groups than the total (1.3%) proportion of severe MH cases out of all recorded MH cases.

A similar trend is observed in moderate MH cases where we observed that unemployed (11%) and student (8.4%) report a higher proportion of moderate MH cases in the sum of all MH cases for their occupational groups than the total (7.3%) proportion of moderate MH cases out of all recorded MH cases whereas employed people (7%) and home-makers (6%) report a lower proportion of moderate MH cases in the sum of all MH cases for their occupational groups than the total (7.3%) proportion of moderate MH cases out of all recorded MH cases.

However this trend is reversed for mild MH cases where we observed that unemployed (86%) and student (89.8%) report a lower proportion of mild MH cases in the sum of all MH cases for their occupational groups than the total (91.4%) proportion of mild MH cases out of all recorded MH cases whereas employed people (92.3%) and home-makers (93%) report a higher proportion of mild MH cases in the sum of all MH cases for their occupational groups than the total (91.4%) proportion of mild MH cases out of all recorded MH cases.

When compared to a prevalence rate of 6.6% by Sagar et al., 2020, we see a prevalence rate of 7.38% which points to an increase of the prevalence of common mental disorders in the overall population.

The planning and execution of mental health that is broad and integrative socioculturally relevant services in India and economically and politically diverse stratified is an extremely difficult assignment for policymakers; yet, it is unquestionably essential. Recently, the

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Mental Health Policy, and the court directions, new Mental Health Bill National Commission on Human Rights.

Activities and advocacy efforts are aimed at improve the situation and are undoubtedly the necessary actions in this direction. This massive burden of mental, behavioural, and drug use problems in India requires the immediate attention of political leaders, policymakers, health professionals, opinion leaders, and society as a whole. It is envisaged that the NMHS data would inform mental health policy and law, as well as assist shape the country's mental health care delivery systems. Most importantly, mental health should be prioritised in India's development plan.

Limitations and strengths of the study

With regards to limitations; the study does not address prevalence rates of specific mental health issues such as schizophrenia, personality disorders, bipolar affective disorder etc. The study was not able to collect and inform on prevalence in the homeless population, those in prison, or hostels etc. the subgroup of elderly could not be included. Which could have had a small impact on the population but remained unrepresented in some cases specifically skilled interviewers may be required. It is to be noted that there is a global decline in responses and participation due to time and energy required.

Despite the limitations there are various strengths to the study; first and foremost being the large data pool, which very well represents the population in question.

The time spent in the completed survey was 30 minutes, which proved to be short and efficient and could be regarded with a better response rate of 87.7%. The demographic data available sheds light onto much required analysis of frequency of mental health issues in different age groups.

The study at large paints a picture of further in-depth exploration as well as possibility of short term interventions in near future and a direction in policy making as well.

CONCLUSION

People reached out to seek help in fairly large numbers as the COVID-19 pandemic made society aware of the existence, volume and severity of Mental Health issues.

A few important trends that were noticed in people who reported with Mental Health challenges were:

- People who identify as LGBTQIA2S+ reported higher proportions of moderate and severe mental health issues.
- Respondents <18 reported higher proportions of moderate and severe mental issues.
- Unmarried, divorced, separated and widowed people reported higher proportions of moderate and severe mental issues.
- Unemployed people and students reported higher proportions of moderate and severe mental issues

Mental Health screening, services and consultations are something that are required at the grassroots level. There is a need to create awareness and dispel stigma about Mental Health issues at a level on par with that of physical health by using a three pronged approach which

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involves psychoeducation, mental health promotion and creating a pool of resourceful mental health professionals that can support the needs of the population.

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Conflict of Interest

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