The International Journal of Indian Psychology ISSN 2348-5396 (Online) | ISSN: 2349-3429 (Print)

Volume 11, Issue 2, April-June, 2023

■DIP: 18.01.055.20231102, 
■DOI: 10.25215/1102.055

https://www.ijip.in

**Research Paper** 



# Effect of COVID-19 on Financial and Mental Stability - A Comparison in Upper and Lower Socio-Economic Groups

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#### **ABSTRACT**

Pandemics are large scale episodes of viral infection that can cause destruction and deaths over a large geographic range and cause major economic and socio-political crisis. Through many studies it has been found that there is a positive correlation between poor financial status and mental health related problems. The aim of this study is to qualitatively determine the extent to which COVID-19 has affected the financial and mental health stability in upper and lower classes of India and what are the factors in place for such differences. For this purpose, 14 individuals were interviewed belonging to either Upper or Lower class and a series of structured questions were prepared. After the collection of the data, it was analyzed thematically and the main concepts and ideas were grouped under 10 themes which provided answers for four research questions. After the data was analyzed thematically, certain common themes were found for each of the research questions. These 4 research questions and the subsequent themes that answer these questions it are: What was the level of impact of a pandemic on the financial inequalities of upper and lower classes?- Financial Losses, Ease of coping with financial losses; What was the level of impact of a pandemic on the mental health of upper and lower classes?-Sense of Belonging, Altruism, Disturbance in Psychological Well-Being, Recreational Activities; How was Spirituality used as a coping strategy by the different classes?- Positivity & Strength, External locus of control and What are the primary factors behind unequal impact in different classes of society?- Access to Services. As found in the research, there are some significant differences in the experience of participants belonging to upper and lower classes during the ongoing crises of COVID-19. The most notable difference was observable in the financial distress it caused in both the groups which further related to a plethora of other problems such as various mental health related issues. The key factors in such differences identified were the varying support systems in place for participants from both sections.

Keywords: COVID-19, Socioeconomic disparity, Mental Health

andemics are large scale episodes of viral infection that can cause destruction and deaths over a large geographic range and cause major economic and socio-political crisis. Pandemics such as COVID-19, create genuine health and financial issues. As an outcome of globalization, the economies everywhere on the world are related, and the

Received: March 09, 2023; Revision Received: April 25, 2023; Accepted: April 29, 2023

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human population is more prominent and denser than ever. These components encourage the episode of new infectious infections and their spread. The spread of COVID-19 can be attributed to an ecological medical problem since its event relies upon the condition of people and their surroundings. (Tisdell, 2020).

Historically pandemics have been known to cause widespread infection which leads to morbidity and mortality which often has a correlation with economic and socio-political disruption. The previous pandemics include the Black Death, Spanish flu, SARS, HIV/AIDS, etc.

The most effective means of curbing the spread of an infectious virus has been lockdown. It was used all over the world in most countries to some degree or the other during COVID-19. Besides this, COVID-19 has fundamentally disrupted the financial and social aspects of the world. Its negative impacts have been managed to a certain degree by the accessibility of information and technology, which has enabled numerous people to 'work from home' and has helped in maintaining social connectivity with friends and relatives too.

For those who contracted the virus did not always have an easy recovery road. The symptoms of some patients lasted for months even after recovery from the coronavirus infection. Some developed long term and even chronic illnesses due to the effects of the virus. Chronic complications include- "Cardiovascular: inflammation of the heart muscle, Respiratory: lung function abnormalities, Renal: acute kidney injury, Dermatologic: rash, hair loss, Neurological: smell and taste problems, sleep issues, difficulty with concentration, memory problems, Psychiatric: depression, anxiety, changes in mood." (CDC, 2020)

The COVID-19 pandemic has brought forth considerable detriment in people's overall mental health especially among healthcare workers, students and the overall population around the world. The pandemic-related limitations, for example, 'social distancing', 'self-isolation' and quarantining measures, are affecting financial supportability and general wellbeing of an individual, which may instigate mental health concerns such as stress, guilt, helplessness, anger, fear, frustration, irritableness, etc. (Mukhtar, Psychological health during the coronavirus disease 2019 pandemic outbreak., 2020)

Usually, the two risk factors for COVID-19 that have been stated have been-old age, and people with existing health conditions. However, a lot of researches point to a third and very important factor- Socioeconomic Status (SES). A common trend that has been observed in a lot of capitalist countries has been the growing socioeconomic inequalities due to which there has been a rising gap in the access to healthcare. Due to which people belonging to lower economic classes are likely to ten percent more likely to have chronic health problems. These very circumstances make them even more susceptible to contracting the novel Coronavirus and its impact could prove to be deadlier. (Medicine, 2002)

According to a study conducted by the UN's International Labour Organization (ILO) in April 2020, the estimated calculations proved that the number of people living in poverty may double in India. It claimed that due to COVID-19, more than 400 million of India's workforce from the informal sector would be pushed further into economic distress. (International Labour Organization, 2020) A recently published Oxfam report estimated that, "It would take an unskilled worker 10,000 years to make what Mukesh Ambani made in an hour during the pandemic and 3 years to make what he made in a second... Data

shows what Ambani earned during the pandemic would keep the 40 crore informal workers that are at risk of falling into poverty due to COVID-19 above the poverty line for at least 5 months," (Berkhout, 2021)

Through many studies it has been found that there is a positive correlation between poor financial status and mental health related problems. Mental health issues are faced by all, despite their upbringing or social class. But the susceptibility to facing mental health problems vary throughout different sections in society in our country. It has been found that the sections in society who face the most hardships are also at an increased risk of facing mental health problems. (Mental Health Foundation, 2020)

During the pandemic, COVID-19 the extreme and unprecedented measures of lockdown, social distancing and other related measures, have caused long lasting socioeconomic impact which would further intensify financial inequalities already prevalent in our society which would in turn lead to an unequal distribution of a plethora of mental health issues.

#### REVIEW OF LITERATURE

Mukhtar, S. (2020) aimed to study the unpredictable and potentially adverse impacts of the novel coronavirus on the mental soundness of individual on a community level. As was observed previously, the psychological effect on the groups that are not infected uncovered critical mental morbidities, negative feelings, and poor psychosocial and adapting reactions towards the impact of pandemics in general and the associated pre-occupation over getting infected. The method of systemic review was used to collect data. The variables considered were: Mental Health and Pandemic, vulnerable children, older adults, pregnant women, pre-existing mental illness, victims of abuse, living below poverty line. The outcomes indicated a commonness of mental issues in everybody. 4% to 41% indicated symptoms of PTSD and 7% of depression. Previous studies conducted to examine the psychological effects on patients who were practicing social distancing during MERS and Ebola demonstrated higher score on sleep, numbness, anxiety and depression. These were all found to be the results of psychological distress.

Kousoulis, A. & McDaid, S. et al. (2020) investigated the impact of financial inequalities on the imbalances on psychological well-being during the pandemic of COVID-19. A longitudinal report on the emotional wellness effect of pandemic was taken into see which referred to the outcomes from the "Coronavirus: Mental Health in the Pandemic" research, a UK based, long-term exploration of how the pandemic is influencing the psychological well-being of people. Under this project, more than 4000 adults, aged above 18 have participated. The results show that one fifth (19.70%) of unemployed have had suicidal thoughts and feelings as compared to 8.64% of people who are employed It turned out to be evident that individuals in lower financial gatherings are bound to have money related worries than individuals in higher gatherings. In fact, practically 50% of individuals reviewed who are jobless (44.7%) state they were stressed over gathering their essential needs in the previous fourteen days, contrasted with 29.32% of individuals who are employed. It could be conclusively said that the groups who have vulnerable health are likely to be impacted the most especially if they belong to low family incomes.

Mamelund, S. (2004) wrote a paper which aimed to prove that the average working class in 1918 experienced higher mortality rates during the Spanish Influenza than the common and office white collar class in the Norwegian capital of Kristiania. The different evaluates the

'Standardized Mortality Ratios (SMR)' of flu and pneumonia for every one of the 20 areas. In the second part of the investigation, the impacts of various covariates upon those enduring Spanish Influenza are evaluated utilizing Cox relative dangers models. The result showed a 30 percent lower mortality from Spanish Influenza among the average and the professional 'white collar middle class' contrasted with the 'blue-collar working class'. The most exceedingly impacted were those reliant on open help such as differently abled, widows, the elderly and the ones with premorbid health conditions - notwithstanding low paid administrative officials. This unmistakably demonstrated even in the past flu a century back, the upper classes fared better due to better safety frameworks, better housing, minimal crowding, awareness about the health advisories.

#### METHODOLOGY

#### Aim

The aim of this study is to qualitatively determine the extent to which COVID-19 has affected the financial and mental health stability in upper and lower classes of India and what are the factors in place for such differences.

#### **Objectives**

- To determine the relationship between financial inequality and mental health
- To determine the level of impact of a pandemic on the financial inequalities of upper and lower classes
- To determine the level of impact of a pandemic on the mental health of upper and lower classes
- How was Spirituality used as a coping strategy by the different classes?
- To suggest recommendations on both policy level as well as individual level to enable better coping strategies.

#### Sample

The sample consists of 14 individuals, 7 belonging to Upper class and 7 from lower class living in India were interviewed. There were 7 males and 7 females of the age range 40-60 years.

#### Sampling Technique

Since the sample taken for this study was exclusively from the population belonging to either Upper or Lower class, so technique used is Purposive Sampling.

#### Inclusion Criteria

- Indian Citizen
- Male and Female
- Age group- 40-60 years
- Working individuals
- Income group (Below Rs 70,069 and Above Rs 8,46,023)

Classification by World Bank according to a 2020 report.

Threshold	July 2020 (PA)
Low income	Below \$1,036 or Rs 75,423
High income	Above \$12,535 or more, that is Rs 9,12,574

#### **Exclusion Criteria**

• Pre-existing mental health conditions

#### Variables Used in this study

- Income Group
- Socioeconomic Status
- Mental Health
- Spirituality/Faith

# Description of Tools

For the current study, a sequence of semi-structured questions were developed. The questions framed in the questionnaire were both open ended and closed ended questions giving the freedom to the participants to convey their views unreservedly and giving a base to the researcher to have a better insight and explore the aim of the current study.

#### Procedure

After preparing the questions in both English and Hindi, and getting them approved for the present study, individuals from both upper and lower classes were approached. These individuals, if they met the inclusion criteria, were then interviewed. The interview started after a rapport was formed with the participants and the questions were asked in prearranged sequence. The interviews conducted through both these methods, i.e, telephonic interviews or face to face interviews were recorded after taking prior consent from the participants. These lasted for about 10 to 25 minutes.

#### Data Analysis

To understand the data that had been gathered through these interviews (collected as of March 2021), the method of content analysis was used, specifically thematic analysis. Rough notes were being taken involving particular words that many participants used while speaking about their experiences during the lockdown. The recorded data was then transcribed. Some similar ideas and concepts were grouped together under a bigger concept and a relevant theme was then framed. For formal description of themes, the transcription data from interviews was translated into English for the purposes of uniformity. Each theme was then defined and explained with the use of the concepts and ideas under each theme. The themes produced were separate from each other however no theme was completely unique.

RESULTS		
What was the	Theme	Financial Losses
level of impact		
of a pandemic	Description	This theme is described as participant's loss of money or
on the financial	of theme	decrease in financial value due to the effects of lockdown
inequalities of		which is measured through parameters such as reduction
upper and lower		in salary, temporary or permanent unemployment.
classes?	Theme	Ease of coping with financial losses
	Description	This theme is described as individual's ease in coping
	of theme	with the financial losses due to support systems, pre-
		existing resources, ability to meet basic needs, taking
		loans to meet basic needs.
What was the	Theme	Sense of belonging

level of impact	Description	This theme is described as individual's acceptance in a
of a pandemic	of Theme	particular group where their basic emotional needs
on the mental	OI THEIHE	
		through a community or family members. It is described
health of upper		as each individual's need for positive regard and
and lower		interpersonal connection within and is perceived through
classes?		the quality, meaning and satisfaction with such social
		connections.
	Theme	Feelings of altruism
	Description	This theme is described as individual's act of helping
	of Theme	someone out at the cost of their own. It also includes
		feelings of sympathy or empathy when others are in
		challenging circumstances and a desire to help others.
	Theme	Disturbance in Psychological Well-Being
		This theme is described as individual's perceived mental
	Description	
	of Theme	health impact such as feelings of anxiety, nervousness,
		questions of uncertainty, loneliness and depressive
		symptoms in response to COVID-19 and the lockdown
		measures
	Theme	Recreational Activities
	Description	This theme is described as participant's indulgence in
	of Theme	activities of leisure often performed for enjoyment,
		amusement, or pleasure in the discretionary time
		available due to the lockdown protocols for COVID-19.
How was	Theme	Spiritual Practices
Spirituality used	Description	This theme is described as individual's belief system and
as a coping	of Theme	is associated with positive emotions such as optimism,
strategy by the		finding hope and strength in challenging times. Studies
different		have shown that faith helps in coping with major
classes?		stressors and facing uncontrollable problems.
What are the	Theme	Access to Services
primary factors	Description	Through Review of literature, it was determined that
behind unequal	of theme	there are a few factors namely-level of education, type of
impact in		nutrition, access to healthcare services, housing
different classes		conditions and working conditions that determine the
of society?		socioeconomic status of an individual and that these
		factors then determine the mental health of
		individualities.
	Sub-	<b>Level of Education</b> (What is your level of education?)
	Categories	Nutrition (Do you have a proper balanced diet or meal
		minimum twice a day?)
		Healthcare Services (How convenient is it for you to
		access healthcare facilities in times of emergency?)
		Housing Conditions (What sort of housing complex do
		you live in? Is it owned by you?
		Working conditions (Is there access to basic sanitation
		and clean drinking water at your workplace? What are
		your usual working hours?)

#### DISCUSSION

The aim of this study is to qualitatively determine the extent to which COVID-19 has affected the financial and mental health stability in upper and lower classes of India and what are the factors in place for such differences. For this purpose, 14 individuals were interviewed belonging to either Upper or Lower class and a series of structured questions were prepared. After the collection of the data, it was analyzed thematically and the main concepts and ideas were grouped under 10 themes which provided answers for four research questions.

# What was the level of impact of a pandemic on the financial inequalities of upper and lower classes?

- **Financial Losses:** Financial losses were mostly experienced by both the groups. However, through the interviews it was found that their intensity was varying in both groups. While in the upper class most of the participants experienced a reduction in salary, they had enough financial resources to manage through their daily expenses. Whereas with the lower-class participants, most of them lost their major source of income or were only receiving half their previous salaries.
- Ease of coping with financial losses: Within the upper-class participants, though they had borne some major financial setbacks however it was relatively easier for them to recover it due to various support systems such as a considerable amount of savings and better job prospects. However, with lower class participants, a few of them had to resort to taking loans to meet daily expenses or compromise on daily need items. "We would spend judiciously, not spend too much."

# What was the level of impact of a pandemic on the mental health of upper and lower classes?

- Sense of Belonging: With upper class, despite being cut off from their extended family and relatives, most of them expressed having strengthened positive relationships with the family members with whom they were quarantining. On the other hand, with the lower class most of the participants were already living in communal spaces along with their family members so for them it was not a novel experience to be spending time with their family members. But most of them did report finding emotional and even financial support from within the members of their family.
- **Feelings of Altruism:** Many participants reported having felt more empathy and sympathy for those with lesser means than them. This was however more commonly noted among participants of upper class which can be attributed to the fact that most of them were living a comfortable life despite the challenges due to the various support systems in place. Though fewer in number, participants from lower class too expressed sympathy and concern for those with lesser means than them.
- **Disturbance in Psychological Well-Being:** Both the groups reported feeling overwhelmed, anxious, frustrated, lonely, disturbed sleeping pattern however with participants from lower classes, it was rooted in more tangible causes primarily stemming from financial strains and loss of savings and concerns about daily expenses being met. Whereas in upper class participants it was pertaining to difficulty in maintaining work-life balance, uncertainty about the events.
- Recreational Activities: There was found to be a stark contrast in these activities performed by upper and lower classes. Most participants in upper class responded

performing certain recreational activities for their own pleasure or relaxation as well as practices 'introspection' whereas this concept was largely missing from the participants of lower class. They were either not aware of its importance or did not have the means to participate in such self-care activities. Besides 'watching TV' or doing some physical exercise mostly in the form of household work, there was no mention of any recreational activities. This led to reported feelings of 'boredom' and 'frustration'.

# How was Spirituality used as a coping strategy by the different classes?

• **Spiritual Practices:** The upper-class participants reported feeling 'positivity' and 'strength' through regular spiritual practices. Some participants also mentioned developing a 'sense of hope' which prevents them from building frustrations. Whereas the lower class displayed a more external locus of control, "it is the belief that success or failures result from external factors beyond their control such as luck, fate, circumstances, etc" or in this case spiritual beliefs or faith. They believed that the precipitating as well as protective factors were out of their hands and in control of God.

#### What are the primary factors behind unequal impact in different classes of society?

• Access to Services: Through the responses it was found that there was a vast difference in the quality and extent of services that are available to both the groups. The biggest difference was observable in access to healthcare services. Most participants belonging to lower classes did not have proper access to medical treatments. They would either not have many doctors around their areas of residence or would not go there due to high fees. There was a major difference was found to be in housing conditions as well as education level.

## SUMMARY AND CONCLUSION

Through many studies it has been found that there is a positive correlation between poor financial status and mental health related problems. The aim of this study is to qualitatively determine the extent to which COVID-19 has affected the financial and mental health stability in upper and lower classes of India and what are the factors in place for such differences. To make the required assessment, the data gathered was thematically analyzed and key concepts were grouped under 4 overall reasons and 9 themes which are: Financial Losses, Ease of coping with financial losses, Sense of Belonging, Altruism, Disturbance in Psychological Well-Being, Recreational Activities, Positivity & Strength, External locus of control, Access to Services.

As found in the research, there are some significant differences in the experience of participants belonging to upper and lower classes during the ongoing crises of COVID-19. The most notable difference was observable in the financial distress it caused in both the groups which further.

#### Recommendations

The key areas to focus on should be ensuring economic security, reaching out to the unemployed, providing budget for health infrastructure and a plan by the government for mental health and recovery. The immediate need is to put resources into meeting our essential and complex human needs, beginning from tending to the key issue of money related imbalance in our social orders. Mental health issues cannot be tackled only with

counselling, but through a multi-dimensional approach which includes financial support because it has been found that the two often go hand in hand.

### **Implications**

The thematic analysis provided a more in-depth analysis on the experiences of people from different social classes during the first wave of the COVID-19 lockdown measures undertaken in 2020. The findings pointed out the distinction in the experiences of people belonging to different socio-economic groups as well as certain shared experiences. There was a stark contrast in coping mechanisms for financial losses as well as access to healthcare whereas some common theme identified were feelings of altruism, sense of faith in trying times.

#### Limitations

As the COVID-19 pandemic is still playing out in India, there is a likelihood of it becoming dated as new factors come into the picture. The data collected was through first hand interviews which has high subjectivity risk and makes it harder to generalize. There was not a uniformity in language of the data collected which could have led to potential transcription errors or watering down of actual content.

#### **Future Directions**

The themes identified in this study can be studied in different populations to understand if they can be replicated. As the pandemic is still playing out there can be many variables that are unknown or ongoing which could be studied too in future researches such as access to vaccination.

#### REFERENCES

- Asmundson, G. J. (2020). How health anxiety influences responses to viral outbreaks like COVID-19: What all decision-makers, health authorities, and health care professionals need to know. Journal of Anxiety Disorders., 78.
- Ayers, K. &. (2008). Mental Health Considerations During a Pandemic Influenza Outbreak. The *Internet Journal of Rescue and Disaster Medicine*, 9(1).
- Banerjee, D. &. (2020). Social isolation in Covid-19: The impact of loneliness. International Journal of Social Psychiatry, 1-3.
- Banerjee, D. &. (2020). The hidden vulnerability of homelessness in the COVID-19 pandemic: Perspectives from India. International Journal of Social Psychiatry, 1-4.
- Banks, J. e. (2020). Recessions and health: the long-term health consequences of responses to the coronavirus. Institute for Fiscal Studies.
- Barnes, K. (2014). Social Vulnerability and Pneumonic Plague: Revisiting The 1994 Outbreak In Surat, India. Environmental Hazards, 13(2), 161-180.
- Barrett, C. &. (2012). Economic and Social Impact of Influenza Mitigation Strategies by Demographic Class. *Epidemics.*, 3, 19-31.
- Bavel, J. e. (2020). Using social and behavioural science to support COVID-19 pandemic response. Nat. Hum. Behav, 4, 460-471.
- Berkhout, E. G. (2021). The Inequality Virus. Oxfam International.
- Bhandare, N. (2020). In Parts Of India, More Than 25% Women Still Face Domestic Violence. India Spend.
- Businelle, M. &. (2013). Do stressful events account for the link between socioeconomic status and mental health? Journal of Public Health, 36(2), 205-212.
- CDC. (2020, November). Long-Term Effects of COVID-19. Centre for Disease Control and Prevention.

- Douglas, P. &. (2009). Preparing for Pandemic Influenza and its Aftermath: Mental Health Issues Considered. *International Journal of Emergency Mental Health*,, 11(3).
- Fegert, J. M. (2020). Challenges and burden of the Coronavirus 2019 (COVID-19) pandemic for child and adolescent mental health: A narrative review to highlight clinical and research needs in the acute phase and the long return to normality. *Child and Adolescent Psychiatry and Mental Health*, 14(20).
- Fish, J. N. (2020). "I'm Kinda Stuck at Home With Unsupportive Parents Right Now": LGBTQ Youths' experiences With COVID-19 and the importance of online support. *J. Adolesc. Health*, 67, 450–452.
- Funk, M. e. (2012). Mental health, poverty and development. *Journal of public mental health*, 11(4), 166-185.
- Gao, J. &. (2020). Mental health problems and social media exposure during COVID-19 outbreak. *PLoS ONE*, *14*(4).
- Gururaj, G. G. (2005). Mental, neurological and substance abuse disorders: Strategies towards a systems approach. *National Commission on Macroeconomics and Health Background Papers—Burden of Disease in India*.
- Hindu, T. (2020). *India's overall spending on health sector 'low', says Niti Aayog member*. The Hindu.
- Huang, Y. &. (2020). Mental health burden for the public affected by the COVID-19 outbreak in China: Who will be the high-risk group? *Psychology, Health & Medicine*.
- Huang, Y. a. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. *Psychiatry Res*.
- International Labour Organization. (2020). ILO Monitor. United Nations.
- Jha, S. (2019, February). Unemployment rate at four-decade high of 6.1% in 2017-18: NSSO survey. *Business Standard*.
- Kelly, B. (2020). Plagues, pandemics and epidemics in Irish history prior to COVID-19 (coronavirus): What can we learn? *Irish Journal of Psychological Medicine*.
- KHAN, M. M. (2008). Casecontrol study of suicide in Karachi, Pakistan. *Br J Psychiatry*, 193, 402-5.
- Kousoulis, A. &. (2020). The COVID-19 Pandemic, Financial Inequality and Mental Health. *Mental Health Foundation*.
- Kumar, S. &. (2012). Existing health inequalities in India informing preparedness planning for an influenza pandemic. *Health Policy and Planning*, 27, 516-526.
- Kuruvilla, A. &. (2007). Poverty, Social Stress & Mental health,. *Indian Journal of Medical Research*, 126(4), 273-278.
- Lee, S. (2020). Coronavirus Anxiety Scale: A brief mental health screener for COVID-19 related anxiety. *Death Studies*, 44(7), 393-401.
- Lee, S. M. (2018). Psychological impact of the 2015 MERS outbreak on hospital workers and quarantined hemodialysis patients. *Comprehensive Psychiatry*, 87, 123-127.
- Lund, C. e. (2011). Poverty and mental disorders: breaking the cycle in low-income. *Lancet*, 378, 1502-14.
- Madhav, N. O. (2017). Pandemics: Risks, Impacts, and Mitigation. In G. H. Jamison DT, Disease Control Priorities: Improving Health and Reducing Poverty. 3rd edition. Washington DC: The International Bank for Reconstruction and Development / The World Bank;.
- Mamelund SE, S.-E. C. (2019). The association between socioeconomic status and pandemic influenza: protocol for a systematic review and meta-analysis. . *Syst Rev*.
- Mamelund, S. &. (2019). The Association Between Socioeconomic Status and Pandemic Influenza: Protocol for a Systematic Review and Meta-Analysis. *Systemic Reviews*,, 8(5).

- Mamelund, S. (2004). An egalitarian disease? Socioeconomic status and individual survival of the Spanish Influenza pandemic of 1918-19 in the Norwegian capital of Kristiania. Oslo University, Department of Economics, Memorandum.
- Mamelund, S. (2018). 1918 Pandemic Morbidity: The first wave hits the poor, the Second wave hits the rich. Influenza Other Respi Viruses, 12, 307-313.
- Medicine, I. o. (2002). Committee on Assuring the Health of the Public in the 21st Century. The Future of the Public's Health in the 21st Century. *National Academies Press (US)*.
- Mental Health Foundation. (2020). The COVID-19 Pandemic, Financial Inequality and Mental Health. Mental Health Foundation.
- Merriam, S. B. (1998). Qualitative Research and Case Study Applications in Education. San Francisco: Jossey-Bass Publishers.
- Mohammed, A. S. (2015). An evaluation of psychological distress and social support of survivors and contacts of Ebola virus disease infection and their relatives in Lagos, Nigeria: A cross sectional study: 2014. BMC Public Health,, 15(824).
- Mukherjee, S. &. (2011). Social Class Related Inequalities In Household Health Expenditure And Economic Burden: Evidence From Kerala, South India. International Journal for Equity in Health, 10(1).
- Mukhtar, S. (2020). Psychological health during the coronavirus disease 2019 pandemic outbreak. International Journal of Social Psychiatry, 1-5.
- Mukhtar, S. (2020). Psychological health during the coronavirus disease 2019 pandemic outbreak. International Journal of Social Psychiatry., 66(5), 512-516.
- Muniyandi, M. &. (2015). Socioeconomic inequalities of tuberculosis in India. Expert Opinion on Pharmacotherapy. .
- Patel, V. &. (2003). Poverty and common mental disorders in developing Countries. Bull World *Health Organization*, 81(8), 609-615.
- Patel, V. e. (2007). Risk Factors for Common mental Disorders in Women: Population-Based Longitudinal Study. The British Journal of Psychiatry, 189(6), 547-55.
- Patra, S. &. (2020). COVID-19 and adolescent mental health in India. The Lancet, 7(12), 1015.
- Pfefferbaum, B. a. (2020). Mental health and the Covid-19 Pandemic. N. Engl. J. Med, 383, 510-512.
- Rajkumar, R. (2020). COVID-19 and mental health: A review of the existing literature. Asian Journal of Psychiatry, 52.
- Ramaci, T. e. (2020). Social stigma during COVID-19 and its impact on HCWs outcomes. Sustainability, 12, 3834.
- Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: a systematic review. Soc Sci Med, 90, 24-31.
- Restubog, S. L. (2020). Taking control amidst the chaos: emotion regulation during the COVID-19 pandemic. . J. Vocat. Behav.
- Roy, A. &. (2020). Mental health implications of COVID-19 pandemic and its response in India. International Journal of Social Psychiatry.
- Roy, D. &. (2020). Study of knowledge, attitude, anxiety & perceived mental healthcare need in Indian population during COVID-19 pandemic. Asian Journal of Psychiatry, 51.
- Stojkoski, V. &. (2020). The Socio-Economic Determinants of the Coronavirus Disease (COVID-19) Pandemic,. SSRN Electronic Journal.
- Tisdell, C. (2020). Economic, social and political issues raised by the COVID-19 pandemic. Economic analysis and policy, 17–28. .
- UNICEF. (2020). Coronavirus disease (COVID-19) advice for the public: Myth busters.
- UNICEF. (2020). How Many Children and Youth Have Internet Access at Home? UNICEF and the International Telecommunication Union (ITU).
- UNICEF. (2020). Social stigma associated with COVID-19.

- Usher, K. B. (2020). Family violence and COVID-19: increased vulnerability and reduced options for support. Int. J. Ment. Health Nurs, 29, 549–552.
- Vakulabharanam, V. &. (2010). Does Class Count? Class Structure and Worsening Inequality in China and India. The International Association for Research in Income and Wealth. .
- Van Bortel, T. (2016). Psychosocial effects of an Ebola outbreak at individual, community and international levels. Bull. World Health Organization, 94, 210-214.
- Vellakkal, S. &. (2013). Socioeconomic Inequalities in Non-Communicable Diseases Prevalence in India: Disparities between Self- Reported Diagnoses and Standardized Measures,. PLoS ONE, 8(7).
- Vigo, D. &. (2020). Mental Health of Communities during the COVID-19 Pandemic. The Canadian Journal of Psychiatry.
- Watkins, R. &. (2008). Tackle the Problem When It Gets Here: Pandemic Preparedness Among Small and Medium Businesses. Qualitative Health Research, 18(7).
- Wheaton, M. G. (2020). Intolerance of uncertainty as a factor linking obsessive-compulsive symptoms, health anxiety and concerns about the spread of the novel coronavirus (COVID-19) in the United States. Journal of obsessive-compulsive and related disorders, 28.
- WHO. (2010). What is a pandemic? World Health Organization.
- World Bank. (2020). Educational challenges and opportunities of the Coronavirus (COVID-19) pandemic https://blogs.worldbank.org/education/educational-challenges-and-opportunit ies-covid-19-pandemic.
- Xiang, Y. T. (2020). Timely mental health care for the 2019 novel coronavirus outbreak is urgently needed. The Lancet Psychiatry, 7, 228-229.
- Zhang, Y. &. (2020). Impact of the COVID-19 Pandemic on Mental Health and Quality of Life among Local Residents in Liaoning Province, China: A Cross-Sectional Study. International Journal of Environmental Research and Public Health. .
- Zhao, Y. &. (2020). Mental Health and Its Influencing Factors among Self-Isolating Ordinary Citizens during the Beginning Epidemic of COVID-19. *Journal of Loss and Trauma*.

#### Acknowledgement

The author(s) appreciates all those who participated in the study and helped to facilitate the research process.

# Conflict of Interest

The author(s) declared no conflict of interest.

How to cite this article: Goyal, M. (2023). Effect of COVID-19 on Financial and Mental Stability- A Comparison in Upper and Lower Socio-Economic Groups. *International Journal* of Indian Psychology, 11(2), 514-525. DIP:18.01.055.20231102, DOI:10.25215/1102.055