

SOCIAL INEQUALITIES, MENTAL HEALTH, AND SUICIDALITY

Ibrash Pasha, MPhil Scholar Qurtaba University of Science and Technology, Peshawar

Kinan, Pasha, PhD Scholar, AWKUM

Abstract

This article is a theoretical debate over social inequalities and its role in mental illness which paves way to suicide and related behaviors. 18 sources have been sampled in order to judge association among the mentioned variables whereby numerous databases were searched for it through Keywords. It is concluded that social inequalities are responsible for mental illness such deprivation, lack of access to facilities, negation etc. This in turn leads to stress, anxiety and depression which paves way for suicide and related behaviors.

Key words: Suicide, mental illness, social, inequalities

1. Introduction

Health is an important component of studies relevant to social inequalities. Globally, researchers aim to study the impact of social inequalities on health in different contexts including access to health facilities, low quality health facilities for middle and lower social class, lack of awareness and education about health etc. Similarly, mental health is one of the core concerns for researchers among middle and lower socio-economic stratum. This article provides an insight to prevalence of mental illnesses among middle and lower socio-economic stratum and its link with suicide.

2. Discussion

Research shows that health is one of the core concerns of poor socio-economic stratum (David, 2015). The health situation of individuals falling in middle and lower class is more worrisome in developing regions (Orach, 2009). Mental health is a major dimension in health and so far, it is

validated by research that it is affected socio-economic status such as being poor. Globally, research on mental health shows that mental health issues including minor and major illnesses predominantly prevail among middle class and the lower social class. In other words, SES (socio-economic status) is significantly linked with mental health. For example, stress, anxiety, depression and psychosis prevails in higher rates among middle and specifically lower socio-economic stratum (Hudson, 2005). It is woven in the fact that middle and lower social class have comparatively limited access to health care; people in lower and middle class have other vulnerabilities, for example, confronting economic issues, inadequate water usage and low quality or insufficient food, poor standard of life and so on. Another key factor is education, for instance, lower levels or lack education is correlated with lack of awareness affecting physical and mental health as well (Kim & Park, 2015).

Suicide is significantly linked with mental health. It is validated by plethora of research that poor mental health significantly contributes to suicidal ideation, attempts and completed suicide (Brådvik, 2018). There is link between suicide and social inequality (Samartians, 2012). Social inequalities are responsible for exacerbating situation leading to suicidality. In this regard, for example, first, in terms of lack of work stress is a resulting impact. Individuals who do not find employment suffers from stress leading to familial conflicts, disagreements, negation, stigmatization etc. These factors are well-researched in terms of contributing factors to suicide and related behaviors (American Psychiatric Association, 2013). Second, social inequalities limits access to education (Russell Sage Foundation, n.d); lack of access to education is linked with mental illness (Helen, Angela, Johannes, Silvia and Juergen, 2019). It indicates that there is link between social inequality and lack of access to education that exacerbates mental illness. Social inequalities are linked with poor or inadequate housing (Braubach and Savelsberg, 2009). Pevalin, Reeves, Baker & Bentley (2017) found that persistent poor housing have significant positive correlation with mental illnesses, for example, there are three-fold higher rates of anxiety and depressive patients among populations living in inadequate house as compared to those living in adequate houses. In addition, individuals and families belonging to poor-socio economic stratum

confronts other housing issues including rent, debt and inability to pay bills at time. These factors also contribute to stress and in many cases is reported reason of anxiety and depression and the rate is as high as 10 percent. 10 percent of the people with inadequate housing suffers from mental illness (Shelter, 2017).

Financial issues are key concerns of those who are affected by social inequalities. For instance, unmanageable debt that often results in stress, shame and humiliation. These three factors are also key indicators for developing suicide and related behaviors (Samaritans, 2017).

Another important dimension in social inequalities, mental health and suicidal behaviors is labor market policies. Take for example, job insecurity that is a key concern of those who belongs to middle class and lower social class. Burgard, Kalousova and Seefeldt (2012) explicates that loss of self-esteem, anxiety, and minor psychiatric symptoms are the outcome of mental health. Overholser, Adams, Lehnert, & Brinkman (1995) found a significant association between low self-esteem and suicidal behaviors among adolescents. Hocaoglu (2015) enumerates that anxiety and related psychiatric symptoms contributes to suicidality.

The most intriguing aspect of social inequalities, mental health and its association with suicide is socio-economic disadvantage and stressful life events. Socio-economic inequalities have social, economic and psychological repercussions in share of events in life which leads to or exacerbates mental illness. For example, link low income with familial conflicts, domestic violence and divorce; divorce has been reported more in socio-economically disadvantage people such as lower middle and lower social class. Divorce is a stressful event leading to minor and major mental illness that are linked with suicidality (Fjeldsted, Teasdale, Jensen, & Erlangsen, 2017).

Another intriguing aspect in terms of social inequality is gender inequality. Gender inequality is global social phenomenon that leads to many discriminatory practices against women, for example, lack of access to education, adequate food, ignorance in decision making process, an increased vulnerability to domestic violence, sexual abuse and so on. WHO (2002) explicates that there is higher rates of prevalence of mental illnesses among women as compared to women

whereby gender inequalities is a significant factor. Qingsong, Paul, and Ying (2019) work is significantly important in this connection whereby the authors enumerate that cultural oriented gender inequalities such as ignorance in decision making process and oppression are associated with higher rates of suicidality among women.

Seeman et al., (2010) conceptualized about *allostatic load* among social groups and individuals confronting social inequalities. In explanation, social groups and individuals with social inequalities are confronted with continuous and long-term stress, for example, lack of access to education, lack of opportunities to work, unmet basic and secondary needs are the culprits. The continuous exposure to these aspects are responsible for acute and chronic stress leading to suicidality (Samaritans, 2017).

Psychologically, factors such as thwarted belongingness and perceived burdensomeness prevails with high intensity among individuals and social group influenced by social inequalities. The work of Samaritans (2017) is significant in this regard whereby it is evident that individuals living in socio-economic inequalities are vulnerable to abruptly developing perception of burden over others; such individuals are confronts abrupt perception of lack of social support whereby acute stress is outcome which is associated with suicidality.

3. Conclusion

It is evident that social inequalities have negative outcomes with regard to health. Mental health being a major dimension in health is affected by social inequalities particularly socio-economic status. Stress, anxiety, and depression are the three major mental illnesses prevailing in higher rates among individuals belonging to middle class and particular to lower social class. Individuals belonging to middle class and particular to lower social class are confronted with problems in their lives such as unmet basic needs, lack of access to education, lack of access to health facilities, poor or inadequate housing, low income and unemployment whereby so far research show significant relationship between these indicators and mental illness. The outcome

of mental illnesses due to these indicators is one of important reasons for higher rates of suicidality in middle and lower socio-economic stratum.

References

- American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders (5th ed.)*. Arlington, VA: American Psychiatric Publishing.
- Brådvik L. (2018). Suicide Risk and Mental Disorders. *International journal of environmental research and public health*, 15(9), 2028. <https://doi.org/10.3390/ijerph15092028>
- Braubach, M. and Savelsberg, J. (2009). Social inequalities and their influence on housing risk factors and health. WHO. Online available at: https://www.euro.who.int/_data/assets/pdf_file/0013/113260/E92729.pdf. Retrieved on: 14/6/2021.
- Burgard, S. A., Kalousova, L. And Seefeldt, K.S. (2012). Perceived job insecurity and health: the michigan recession and recovery study. *Journal of Occupational and Environmental Medicine*, 54 (9): 1101–1106.
- Fjeldsted, R., Teasdale, T. W., Jensen, M., & Erlangsen, A. (2017). Suicide in Relation to the Experience of Stressful Life Events: A Population-Based Study. *Archives of suicide research :official journal of the International Academy for Suicide Research*, 21(4), 544–555. <https://doi.org/10.1080/13811118.2016.1259596>
- Helen N, Angela B, Johannes M, Silvia S, Juergen M,(2019). Education and mental health: Do psychosocial resources matter?. *Population Health*, 7 (2): 22-31.
- Hocaoglu, Cicek. (2015). Anxiety Disorders and Suicide: Psychiatric Interventions. 10.5772/60594.
- Hudson C. G. (2005). Socioeconomic status and mental illness: tests of the social causation and selection hypotheses. *The American journal of orthopsychiatry*, 75(1), 3–18. <https://doi.org/10.1037/0002-9432.75.1.3>

- Kim, J., & Park, E. (2015). Impact of socioeconomic status and subjective social class on overall and health-related quality of life. *BMC Public Health*. BMC Public Health. Retrieved from <http://dx.doi.org/10.1186/s12889-015-2014-9>
- Matthews, D. (2015). Social-class-and-its-influence-on-health. *Nursing times*, 111: 20-21.
- Orach C. G. (2009). Health equity: challenges in low income countries. *African health sciences*, 9 Suppl 2(Suppl 2), S49–S51.
- Overholser, J. C., Adams, D. M., Lehnert, K. L., & Brinkman, D. C. (1995). Self-esteem deficits and suicidal tendencies among adolescents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 34(7), 919–928. <https://doi.org/10.1097/00004583-199507000-00016>
- Pevalin, D. J., Reeves, A., Baker, E., & Bentley, R. (2017). The impact of persistent poor housing conditions on mental health: A longitudinal population-based study. *Preventive medicine*, 105, 304–310. <https://doi.org/10.1016/j.ypmed.2017.09.020>
- Qingsong, C. Paul S.F. and Ying Y. (2019). Gender inequality and suicide gender ratios in the world. *Journal of Affective Disorders*, 243: 297-304.
- Samaritans. (2017). Dying from inequality: socio-economic disadvantage and suicidal behavior. Pears foundation. Online available at: https://media.samaritans.org/documents/Samaritans_Dying_from_inequality_report_-_summary.pdf. Retrieved on: 14/6/2021.
- Seeman, T., Epel, E., Gruenewald, T., et al. (2010). Socio-economic differentials in peripheral biology: Cumulative allostatic load: SES peripheral biology. *Annals of the New York Academy of Sciences*, 1186(1): 223–239.
- Shelter. (2017). The impact of housing problems on mental health. Online available at: https://assets.ctfassets.net/6sxvmndnnpn0s/59MBno13nAzVDGZeSjjJkX/3c2b8e75becb0e3f10057f696c95c284/Housing_and_mental_health_-_detailed_report.pdf. Retrieved on: 15/6/2021

- WHO (2002). Gender and mental health. https://www.who.int/gender/other_health/genderMH.pdf. Retrieved on: 13/6/2021.