

Impact of COVID-19 outbreak on mental health of slum residents

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Abstract

COVID-19 affected most of the human being in this world. The bio-psycho-social process also changed for many of us as pandemic not only affected physically, but also hampered the mental health of people by socially isolating each other from their family members, neighbors etc. Especially those who had already financial or any other significant burden and living socially isolated places like slum areas went through very tough scenario to cope with the pandemic. So, for them, the role of the health professionals, as well as other Govt. workers were very substantial in this condition.

Keywords: pandemic, health, covid-19

Introduction

In India, there are around 93 million people staving in slum ^[1]. Due to space constraint, over-crowding, lack of resources to cope with the pandemic situation is challenging for them ^[2]. Isolation and contact tracing are the major key for controlling COVID-19 rising cases ^[3]. But people staying in slum area have not enough space to live in isolated room. They have to share common toilet, washroom, bedroom, which again increases the chance of infection. Those staying in slum are highly vulnerable to COVID-19 as they are already suffering from fulfilling basic needs ^[2]. Although physical distance is the major approach to prevent COVID-19, still people living in slum cannot make it possible. High contact rates in Delhi slum are related with higher and faster epidemic peaks ^[4]. Respiratory system is getting affected by COVID-19 pandemic ^[5]. Poor housing in slum is a major risk factor for increasing respiratory diseases ^[6]. Uncertainly, higher fatality among male may be linked with smoking behavior^[7]. As residents of slum buy water in high cost [8], it may prevent them to wash hand in soap. Shared toilet may increase transmission risk ^[7]. The risk factor is not limited to this. Those staving in slum are at greater risk of spreading COVID-19 to rural areas [9].

Diarrhea is one of the top two causes of death among children below 5 years of age in slum ^[10], which adds more stress on the part of their parents. They may get stress regarding fulfilling basic needs like food, medicine and improving their children's immunity power. But making this possible depends on the financial condition, which again dependent on their daily wages. Thus, most of the family members have to go out-side for their livelihood and they have the choices of either keeping their children with them to the work place or left them alone. But if the child age is very young and if the child is not mature enough to handle the situation, then it will again increase their mental stress. They might have the continuous fear that if one person in their slum suffers from corona, then they will suffer due to space constraint and other factors. They may not get proper job to fulfill their needs post lock down due to the fact that people may not allow them to do any job as they belong to slum, they might have corona and infect others. They may

confront stigma while in workplace.

Less number of health care providers are available for those staying in slum area ^[11]. Health related problems, social concern and natural calamities are increasing the risk factors for people staying in slum ^[12]. Quarantine period has long term effect on the mental health of people ^[13]. Although migrant workers have not proper information in their mother tongue language, still they are being stigmatized ^[14].

Result of some studies shows that mental distress increased among general public as well as frontline medical workers during pandemic outbreak ^[15, 16]. Gender, social support, specific experience with COVID-19 infection, length of isolation and amount of exposure to media could be attributed to several reasons of vulnerability to psychological distress ^[13, 17].

Though those staying in informal settlement are highly vulnerable to COVID-19, yet generally not well understood, overlooked, or left out of official policy. To encourage for getting care and assistance, government and civil society groups should work together to decrease fear and disbelief. Local language can be used to decrease language barrier to gain sufficient information ^[7].

Conclusions

As per the need of pandemic situation the number of clinical psychologist available in our country is very less. Again, as they are habituated in giving therapy in hospital-set up, those who have earlier experience in handling these groups of population may be motivated to come forward to help them. Leaflet, pamphlet etc. in local language should be provided to educating how to maintain social distance in home as well as at workplace and how to recognize early symptoms of mental health related problems and instead of ignorance reaching out to the mental health professionals through phone call, video call by using smart devices. Awareness regarding the impact of the pandemic on mental health can be done by providing free caller tune. Dividing total number of professional's area wise may be better. Pregnant women, person with disability and mental disorder can be given special attention. Although there are many studies have done on mental health and psychological perspective of general population and other explicit groups during COVID-19 pandemic, still there are very limited works available on people staying in slum. No doubt their physical health is highly important, but at the same time taking care of their mental health is unavoidable. Otherwise, another pandemic-like situation may persist in their life. But living peacefully and living in mentally healthy atmosphere are their right to life with dignity. Factors which may lead to poor mental health must be identified and addressed. So, if mental health of these sub-groups of vulnerable population will not be taken care of at the right time, then upcoming years will be a major challenge for the countries to cope with.

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