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**An Analysis of Mental Health**  
**in Slums of India**

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## **1.0 Introduction**

There has been a rapid growth of the urban population and more than 65 million inhabitants live in almost 14 million urban slum households in India. (Mercian Daniel, 2019) With the dearth of sanitation, food insecurity and bare-minimum incomes, slum dwellers fail to rectify their mental health. Although mental health problems in developing countries are highly prevalent, such issues are not yet adequately addressed in their rapidly urbanising megacities, where a growing number of residents live in slums. Little is known about the spectrum of mental well-being in urban slums and only poor knowledge exists on health promotive socio-physical environments in these areas. (Gruebner, 2012)

Influences of the slum environment on residents' health perception are pervasive and span across the psychological domain, where job insecurity induces worries and distress that inhibit a sense of well-being. Rather than favouring the development of strong and stable social bonds, the proximity of people in slum areas leads instead to heightened competition for scarce resources, lack of privacy, the spread of epidemics and diseases, and therefore to an environment more prone to conflict and criminal activity, with related psychological distress. (Das, Angeli, & Schayck, 2020)

Mental health, like other aspects of health, remains imperative as well as sensitive. Although a subjective argument, it can have a significant impact on society as a whole. In this article, the author aims to shed some light on this very topic with respect to the slums in India, an area that is often overlooked by us. The fact that the slum-dwellers have unequal access to most of the resources as compared to their non-slum counterparts equally applies to their share in mental well-being. Their economic and social disadvantages make them bear the disproportionate burden of psychological distress, thus affecting the mental health of slum households.

## **2.0 Facets of Psychological Distress in Slum**

Psychological distress is a major contributor to the slum's overall burden of functional impairment. The qualitative findings suggest that non-notified status plays a central role in creating psychological distress— by creating and exacerbating deprivations that serve as sources of stress, by placing slum residents in an inherently antagonistic relationship with the government through the criminalization of basic needs, and by shaping a community identity built on a feeling of social exclusion from the rest of the city. (Subbaraman et al., 2014)

Chronic illness, on the other hand, once detected leads to emotional dysfunction among participants, like anxieties, uncertainties, fears and losses. An important toll on the psychological wellbeing of slum dwellers is taken by the financial insecurities related to living in a slum settlement, which directly affects their social life and consumption patterns. This results in feelings of isolation, loss of self-esteem and feelings of hopelessness that affect their mental wellbeing. (Das et al., 2020)

Besides the usual misfortunes associated with insanitation and the like, the slum dwellers are confronted with other illimitable difficulties that alter their mental well-being. The perpetual fear of eviction or evacuation by the landlords and pandemics, like the recent COVID-19, and the absence of Permanent Account Number (PAN) card or other major official documents potentially offer a stressful environment for them leading to Common Mental Disorders.

### **3.0 Mental Growth in Slums**

The conditions prevailing in a slum altogether have a major and long-lasting impact on the children. The cycle of family poverty reaching its zenith in slum dwellers predetermines that the children will be malnourished, have repeated bouts of illness, and lack even basic education, all of which ensnares the young adult in low-paying jobs or no job at all, perpetuating the cycle of poverty. (Advances in Pediatrics, 2013) Growing up in a poor household increases the risk of exposure to adversities such as social vulnerability, delinquency, deprivation and violence, all of which are risk factors for a mental disorder. Conversely, mental disorder contributes to educational underachievement, loss of employment, and increased health-care costs. (Patel, Flisher, Hetrick, & McGorry, 2007)

Numerous studies document that the tenuous conditions of informal settlements negatively affect children's relationships with their family and peers, slows their growth and cognitive abilities, and worsens self-esteem. Violence is not solely relegated to the external slum environment, but also to within households. The constant fear of eviction and abuse make these children vulnerable to behavioural and emotional problems compared with children living in rural areas or non-slum locales (Bhatia, 2007 and Patel, Flisher, Nikapota, & Malhotra, 2008, as cited in Advances in Pediatrics, 2013) Witnessing and being victims to a child and spousal abuse is highly correlated with negative physical and mental health outcomes in children. (SAGE Journals, 2011, as cited in Advances in Pediatrics, 2013)

A study on psychosocial problems among adolescents in urban slums in Kolkata, West Bengal, revealed that depression, anxiety, educational difficulties and substance abuse were found to be higher in adolescent boys while conduct disorder was more in females. The difference between males and females with or without psycho-social problems was found to be statistically significant. (Sinha Roy, Sau, Madhwani, Das, & Singh, 2018) Though adolescents are an otherwise healthy group, deprived living conditions in slums may predispose them to both poor mental and physical health. (Mercian Daniel, 2019)

#### **4.0 Women's Health**

Young women are also at greater risk of mental distress, which is related to hegemonic masculinity that values males and disadvantages females (Loganathan & Murthy, 2011, as cited in Mathias, 2018) As across the world, studies in India have shown that Common Mental Disorder such as depression and anxiety are strongly associated to female gender besides poverty. Hormonal factors related to the reproductive cycle may play a role in women's increased vulnerability to depression. In India, the absence of any clear policies for the welfare of severely ill women, and the social stigma further compounds the problem. (Malhotra & Shah, 2015). Choking inside the tiny hutments due to the use of firewood for cooking and the fear of harassment during open defecation significantly have a toll on women's mental health.

#### **5.0 Mental well-being and Migration**

The migrant labourers have constant stress of moving to a new area, finding a job, looking for shelter, perception of safety, financial precariousness and ensuring survival. Altogether, it creates significant biological, social and psychological dysfunction and disorganisation among the residents and their immediate environment. In a study conducted at slums of Kolkata and Bangalore, old migrants perceived 'symptoms of abnormality' in their well-being in terms of physical aspects alone. While, for the new migrants an illness that is not serious in its initial manifestation, a common practice is to not consider it as ill-health in its early stages and to hope it disappears in a few days. However, when physical functional ability and stamina severely decline, the participants acknowledge that their bodies are becoming hard to control. (Das et al., 2020) In his interview with The Indian Express, Professor Raghu Raghavan, a mental health expert and director of the Mary Seacole Research Centre at De Montfort

University (DMU) in Leicester, United Kingdom said, “Mental health narratives of internal migrants in India have so far tended to focus on the prevalence of psychological distress, anxiety and depression, but we have scant evidence about the resilience of migrant slum dwellers.”. (Mascarenhas, 2018)

## **6.0 Discussion**

The lack of data on the burden of disease morbidity and mental health status in slums hampers the efficient allocation of health care initiatives and the provision of appropriate disease prevention services (Riley, 2007, as cited in Gruebner, 2012). Given that psychological well-being is associated with physiological well-being. (Prince et al., 2007, as cited in Gruebner, 2012). At the individual level mental well-being was positively associated with environmental health knowledge, which reflects a person's awareness of environmental threats. Such knowledge may justify protective measures and eventual adaptation strategies of the local residents. Furthermore, the quality, sufficiency, and durability of housing were found to be positively associated with mental well-being. An interesting fact is the observed negative relationship between mental well-being and personal health knowledge, which reflects a person's awareness of the effects of personal sedentary lifestyles and other activities that can cause poor health. One explanation for this relationship could be that a higher awareness of health issues might cause a tendency to be dissatisfied with the overall poor living conditions. Unfavourable housing quality is thereby assumed to cause poor health by provoking asthma and other respiratory conditions, injuries, psychological distress, or by hindering child development (Vlahov, 2007, as cited in Gruebner, 2012)

A study in Kaula Bandar revealed that in the context of a severe shortage of trained psychiatric personnel in India, the high prevalence of individuals with high Common Mental Disorder risk highlights a need to explore a community-based expansion of lay health worker-driven psychiatric interventions, as has been studied in clinical settings in India (Patel et al, 2011, as cited in Subbaraman et al., 2014) Affirmation of mental health is gradually rising in India, however, in view of this analysis, mental health and well-being needs to be strongly addressed in slums of India. Besides the holistic elevation of slums, the stigma related to mental health needs to be eradicated.

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