ISSN 0037-7627

SOCIAL ACTION

A Quarterly Review of Social Trends

MENTAL HEALTH AND PSYCHOLOGICAL WELL-BEING

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- Theorizing the Projections of Virtual Lives: The Model of Virtual Life Cycle
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- Understanding Mental and Psychological Health
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A UGC–CARE APPROVED JOURNAL

JANUARY - MARCH 2023 VOLUME 73 NO.01

SOCIAL ACTION

JANUARY – MARCH 2023 VOLUME 73 No.01

SOCIAL ACTION is published on the 15th of January, April, July and October. Those who do not receive copies in time should write to the Business Manager within three months of the date of publication. After that free replacement copies may not be available.

Articles in **SOCIAL ACTION** are indexed in ICSSR Research Abstracts, Sociology of Education Abstracts, Book Review Index, and Review of Publication Reviews. **SOCIAL ACTION** has been published continuously from 1951. A micro-film edition is available from University Microfilms International, Ann Arbor, Michigan 48106, USA.

Note: Social Action is listed in the UGC-CARE list of approved Social Science Journals.

Subscription Rates

Institutional/Personal	One Year	Two Years	Three Years
Ordinary Post	580.00	1160.00	1750.00
Registered Post	650.00	1295.00	1950.00
Foreign (Air Mail)	US$ 100	US$ 180	US$ 250

Payments of Indian Subscriptions by DD/Postal Order/M.O. in favour **INTEGRATED SOCIAL INITIATIVES**, payable at Delhi only.

SOCIAL ACTION
A Quarterly Review of Social Trends

JANUARY - MARCH 2023 **VOLUME 73** **NO. 01**

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Articles of 4,500-5,000 words are printed on the above themes. To facilitate the processing, please send them by post and soft copy or email to avoid undue delay. Articles should reach the Editor at least two months before the month of publication at the address below. SOCIAL ACTION is published on the 15th of January, April, July and October.

Editor

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Lodhi Road
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Editorial

Mental Health and Psychological Well-being

In recent decades, public awareness on the importance of mental health has been increasingly emphasized by public health policymakers, academicians and mental health practitioners. Mental health is understood to involve both, the absence of mental illness and the presence of psychological well-being. A growing literature supports the idea that there is an important relationship between psychological well-being and physical and mental health in both, adolescents and adults. Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. Mental health is a basic human right that is crucial for personal, community and socio-economic development. Individual psychological factors and exposure to unfavourable socio-economic, geo-political and environmental circumstances increase people's risk of experiencing mental health conditions. Local threats heighten risk for individuals, families and communities, while global threats, such as economic downturns, disease outbreaks, natural disasters, violent conflicts, forced displacement and climate crisis, heighten risk for whole populations.

Promoting child and adolescent mental health is a public health priority that can be implemented by legislations and policies that promote mental health, supporting caregivers to provide nurturing care, conducting mental health awareness programmes and improving the quality of community and online environments. National efforts to strengthen mental health should include community-based mental health care, which is more accessible and acceptable than institutional care, helps prevent human rights violations and delivers better recovery outcomes for people with mental health conditions. Promoting mental health at workplaces is another growing area of interest and can be supported through legislation and regulation, organizational strategies, manager training and interventions for workers. In addition, suicide prevention has become a global priority as it has been included in the Sustainable Development Goals. The World Health Organization (WHO) had drawn up a 'Comprehensive Mental Health Action Plan 2013-2030", which is being implemented in all WHO Member States. It aims to improve mental health by strengthening effective leadership and governance, providing comprehensive, integrated and responsive community-based care, implementing promotion and prevention strategies,

and strengthening information systems, evidence and research. WHO has been working nationally and internationally to provide governments and partners with strategic leadership and technical support to strengthen the collective response to mental health and enable a transformation towards better mental health for all. However, in 2020, WHO's analysis of the progress made by each country in implementing the action plan revealed that insufficient advances were made against the targets set in the agreed plan.

In India, WHO estimates that the burden of mental health problems in India is 2,443 disability-adjusted life years (DALYs) per 100,000 population and the age-adjusted suicide rate per 100,000 population is 21.1. India is the world's suicide capital with over 2.6 lakh cases of suicides in a year. Statistics show that 1 in every 5 individuals suffer from some form of mental illness symptoms. 50 per cent of mental health conditions begin by age 14 and 75 per cent of mental health conditions develop by age 24. In 2017, an estimation of the burden of mental health conditions for the states across India revealed that as many as 197.3 million people required care for mental health conditions. This included around 45.7 million people with depressive disorders and 44.9 million people with anxiety disorders. The economic loss due to mental health conditions, between 2012-2030, is estimated to be USD 1.03 trillion. In India, it is estimated that mental health issues cost Indian employers about 14 billion dollars per year because of absenteeism, lower productivity and attrition. During the COVID-19 pandemic, there has been a sharp increase in mental health issues globally. In India, mental health issues were especially seen among white-collar workers. The Mental Health Policy 2014 upholds a participatory and rights-based approach for quality service provisions. The Mental Healthcare Act 2017 provides the legal framework for providing services to protect, promote and fulfil the rights of people with mental illnesses, which are in line with the United Nations Convention on Rights of People with Disabilities (UNCRPD). The National Mental Health Programme and Health and Wellness Centres are efforts to provide quality healthcare at the primary health centres. Besides deaddiction centres have been set up and rehabilitation services are being provided to provide quality mental healthcare to those who wish to avail them. However, there is a severe shortfall of mental health professionals in India and there is no insurance for people admitted to hospitals with mental illness.

In order to respond to the mental health crisis globally, this issue of Social Action has tried to highlight mental health issues and the promotion of

psychological well-being among individuals and communities. The article by Meenu Anand titled "Gender and Mental Health: The Socio-Cultural Juxtaposition" has dwelt on the contemporary discourse on gender and mental health in relation to prevailing socio-cultural ethos in society. It focuses on the role of biopsychosocial factors influencing women's mental health in the context of women's social position in society. It advocates for a gender-sensitive mental health care to attain better outcomes in mental health and well-being. The article "Theorizing the Projections of Virtual Lives: The Model of Virtual Life Cycle" by Chitra Tanwar and Shikha Rai is the outcome of a study undertaken to explore the identity construct of social media users and decode the socio-psychological aspects of their virtual identity. Using the Goffman's theory, the authors devise a virtual life cycle model that explains the behavioural patterns of social media users. R.N. Manjula and S. Suba have presented the psychopathological as well as socio-cultural and other epidemiological factors affecting suicidal behaviour in their article titled "Exploring Suicidal Ideation: A Review and Research Agenda". They argue that suicide is preventable and advocate an integrated social and public health approach with interventions at multiple levels within society in order to address the rising trend of suicides in the country. Jaimon Varghese and Suresh Mugutmal presented their case study on the emotional intelligence of social work students during the COVID-19 pandemic in their article titled "Emotional Health of Student Social Workers during COVID-19 Pandemic in India – A Case Study". The findings of the study reveal that the emotional intelligence of social work students belonging to socially and economically backward communities were lower than those of other communities as the COVID-19 pandemic affected them more than the other students in multiple ways. The article "Psychological Well-being and Pandemic: Precipitation of Rural Female-Headed Households" by Jeyabaskaran S. and M. Hilaria Soundari focuses on the impact of the COVID-19 pandemic on the psychological well-being of rural female-headed households in three blocks of Dindigul District of Tamil Nadu. The authors suggest that the government needs to evolve gender sensitive policies in order to address women's vulnerabilities in health, livelihoods and gender-based violence, especially during emergency situations such as pandemics. The article by Barnali Sarma and Dimpy Mahanta titled "Hope, Self-efficacy and Psychological Resilience amongst the Flood Victims of Assam: An Exploration from a Psychological Perspective" presents a study on the challenges encountered by flood victims of Assam and the coping mechanisms adopted by them to deal with this recurrent natural disaster. The findings of the study reveal that flood

victims suffer from emotional and psychological trauma on account of loss of lives and belongings during floods. However, due to the recurrent nature of the floods every year, many of them still move on in life with hope, self-efficacy and psychological resilience. Jyothi Nair's article titled "Social Capital in Self Help Groups: Bonding Relationships as an Instrument to Diversify and Scale up Community Base of Mental Healthcare" dwells on bonding relationships among members of Self Help Groups that creates a better social environment to provide informal support for the mental healthcare of its members. This study reaffirms that humane interactions among members of Self Help Groups are capable of evolving as a community-based care provider and facilitator for ensuring universal mental health and psychological well-being. The last article titled "Understanding Mental and Psychological Health" by V. Ngamshemla explores various factors affecting mental health and psychological well-being. The author advocates the promotion of a positive and healthy lifestyle for the growth of individuals, communities and the nation.

It is hoped that these articles will reiterate the importance of mental health and psychological well-being not only as a public health priority but also for individuals and communities in India. Greater efforts are required from the State as well as civil society in order to fulfill the goals on mental health set by WHO and the SDGs.❐

Denzil Fernandes

Gender and Mental Health: The Socio-Cultural Juxtaposition

Meenu Anand*

Abstract

The discourse on gender and mental health has become an integral part of the contemporary debates and has emerged as an important traversing treatise in relation to the contemporary socio-cultural ethos in society. The intertwining crossings and intersections of gender with socio-cultural realities within the societal context reflect how the structure of social relations which shapes gender is reproduced by achieving the compliance of women.

The current paper discusses the importance of understanding the socio-cultural factors in the context of gender and mental health. It focuses on the role of biopsychosocial factors influencing mental health, which must be considered in the context of women's social position in society. Moving beyond the notion of binaries and based on the latest global statistics on mental health, the paper deliberates upon the intersection of culture, gender and mental illness from a gender perspective.

Key words: gender, women, mental health, biopsychosocial lens,

Introduction

The crossroads at which the issue of gender and mental health finds itself today in India is a unique juncture in its travelogue. On the one hand, there is discernible influence of mainstreaming gender concerns within the sector of health and also within the mental health scholarship in terms of equality, justice and rights-based approach. On the other hand, and paradoxically so, there is research evidence that brings one to confront newer challenges to women's mental health in the context of individual as well as structural inequities prevalent in the larger society. These challenges continue to sculpt the contours of the mental health field that must relentlessly deal with the changing challenging circumstances while being attentive to internal fruitions and devise newer strategies towards embracing 'mental health for all'.

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Gender differences in mental health status have been the subject of scholarly debates (Chien-Juh Gu, 2006) and the contemporary discourse has evolved as a significant transcending treatise with regard to the prevalent socio-cultural ethos in society. The way gender is intertwined, crossed, and intersected with socio-cultural realities within a society reflects how the system of social relations that shaped gender is replicated through getting women to acquiesce. The connection between gender and mental health has intrigued health professionals in the last few decades as women's health is not entirely based on the difference in biological risks. The importance of social forces, especially regarding gender roles and power dynamics is of utmost necessity in this matter (Maji and Dixit, 2018). Let us understand the interconnections across gender and mental health from an eclectic lens.

Gendering Mental Health: The Biopsychosocial Lens

Mental health differences between women and men have been attributed to sex and gender differentials. Rooted in genetics, anatomy and physiology, sex represents a biological construct. In contrast, gender comprises of psychosocial variables that differentiate women and men elucidating societal conditions (Otten et al., 2021). The social construction of gender is one of the significant underpinnings of mental health. Going beyond the physical differences in brains and bodies, an exploration of the areas of culture and development, across the lifespan and across the globe, can provide some context for a better understanding of mental health and illness, and also the intricate and diverse social worlds that make up the lives of women and men, families and communities (Andermann, 2010).

The interplay between sex and gender is an imperative factor in mental health. However, in the context of contemporary fast paced world, understanding mental disorders needs an eclectic perspective, a view that is de-centralised and which does not have a narrow perspective. For understanding gender perspective with respect to mental disorders, Okasha and Chandra (2009) explicate:

...The view is hence kaleidoscopic in that it is widened both physically and psychologically – where the disorder is viewed in a much larger context, and the multiple mirrors reflect images on each other. These images are those of the concepts of femininity and masculinity, of cultural and social realities, of violence and safety, of social networks and isolation and of motherhood and the nurturing roles of women. A kaleidoscopic view logically reflects the many multi-faceted identities, which women have today and which keep changing based on the interplay of lights and mirrors in the form of roles,

relationships, the impact of biology and finally, the state of society (Okasha and Chandra, 2009, p. 2).

The holistic biopsychosocial lens entails an understanding of the individual, socio cultural and structural factors in society and how these are intricately enmeshed thereby governing the mental health of individuals. Maji and Dixit (2018) allude the self-silencing theory that draws a connection of women's health and well-being with socially prescribed gender roles and relational self of women. Based on their research through narrative analysis, they reiterate the integral relationship between self-silencing and physical as well as mental disorders like depression, eating disorders, premenstrual dysphoric disorder and even physical conditions like cancer. It becomes clear that health-related behaviours, as well as experience of illness by women, are products of socially learned feminine identity which leads to a keenness to conform to the role and also results in some conflicts associated with it.

Locating Gender: Beyond the Binaries

Gender is often thought of dichotomously based on binary sexes, which are typically separated into two distinct categories (male and female) throughout day-to-day life. Gender is typically considered to fall into two immutable categories: masculine and feminine. Such examples of this throughout the larger environment is reiterated by the socializing agents including family, school, media, workplace etc. The acceptable distinct personality traits and behaviours or mannerisms for men (e.g., being bold, tough, dominating, assertive, aggressive, being emotionally non-expressive, etc) and women (e.g., being beautiful, nurturing, compromising, polite, being emotionally expressive, etc) are taught to the children right from an early age. In children, this dichotomy is reflected by associations between girl-ness and boy-ness and stereotypical activities (playing gentler for girls, playing roughly for boys) and toy choices (dolls, kitchen sets for girls, cars, aeroplanes for boys). In adolescence too, the gender binary categories and constructs are reinforced by popular culture, peer group and mass media (Leibowitz, 2018).

Gender identity has been closely linked to mental health. Gender identity, or how a person defines himself/herself as a gendered person, is highly individual. Over the past two or three decades the concept of non-binary identities has emerged (Dickey, 2020). In the context of mental health, with increased visibility of transgender persons in society, the DSM 5 uses the language that has shifted from a dichotomous categorization of

gender (binary male and female categories) in previous iterations toward a dimensional understanding of gender identity and expression (Leibowitz, 2018). Leibowitz and Janssen (2018) describe the recent relevant terminologies that describe domains of gender and sexuality and the listing of gender dysphoria as a diagnostic entity in DSM 5. They allude:

Historically (and presently), transgender individuals have faced family rejection, high rates of homelessness and victimization and trauma, few opportunities for gainful employment, and significant interpersonal discrimination. Transgender individuals are more likely to receive inadequate health care and historically have been seen by mental health professionals as inherently mentally ill. As a result, particularly in regard to mental health concerns, individuals with negative experiences would be expected to avoid care, even when it could be beneficial (Leibowitz and Janssen, 2018, p. 8)

Rates of mental health concerns tend to be higher among transgender people than in the general population (Dickey, 2020). Many transgender persons may feel hopeless, particularly when their family may not support their identity, which can lead to depression, self-harm, and suicide attempts. The reality of increased rates of victimization may lead to panic attacks, and children without access to puberty blockers may stop eating in order to halt the progress of puberty and the feared changes of the body (Leibowitz and Janssen, 2018).

Men have not been the focus of sociological analysis of the diagnosis and treatment of mental disorder in the same way as women have, mainly because of an absence from the psychiatric statistics. The main reasons usually given for the underrepresentation of men in psychiatric statistics include men not being good at help-seeking behaviour, being more likely to externalise problems (in crime rather than illness), being discouraged from acknowledging distress, and, finally, men have fewer real-life problems than women (Prior, 1999).

Gender as a Social Determinant of Mental Health

A large literature shows the importance of social determinants of health including gender, social status, employment, education, wealth and social support in developing an understanding of aetiology of mental disorders (Wilkinson & Pickett, 2009). Social inequality itself is a major determinant of health and is configured in ways that reflect local histories that are normalized, justified or rendered invisible through cultural frameworks of

identity and common sense. The social determinants of health are based on universal processes but they take unique form in each society based on its cultural history, politics and economy (Kirmayer, 2012).

Gender socialisation, therefore, has a direct impact on one's acquisition and development of self and understanding of social roles and responsibilities. This indeed affects the mental health of an individual (Ramsden, 2013). During the course of socialisation, boys are trained to inculcate the acceptable male behaviours including competitiveness, independence, assertiveness, ambition, confidence, toughness, aggression and even violence (to varying degrees). They are expected to avoid characteristics associated with femininity as emotional expressiveness, vulnerability (weakness, helplessness, insecurity, worry) and intimacy (especially showing affection to other males). Girls on the other hand, are socialised to develop traits like being encouraging, supportive and assigning high priority to their relationships. They are socialised and groomed to be emotionally sensitive, dependent, submissive, accommodating, warm and accepting an inferior status in marital relationship and also at workplace. Competitiveness, assertiveness, anger, and violence are viewed as unfeminine and are not generally tolerated as acceptable female behaviour (Anand, 2022).

The significance of gender as a critical social determinant of mental has been highlighted in the World Mental Health report by the World Health Organisation (2022).

Our gender..can affect our chances of developing a mental health condition. Women tend to be more socio-economically disadvantaged than men and are also more likely to be exposed to intimate partner violence and sexual violence in the community, which are strong risk factors for a range of mental health conditions, especially PTSD. Discrimination against a particular group in society increases the risk of social exclusion and economic adversity, both of which undermine mental health (WHO, 2022, p. 22).

Figure 1.1
Social Determinants of Mental Health

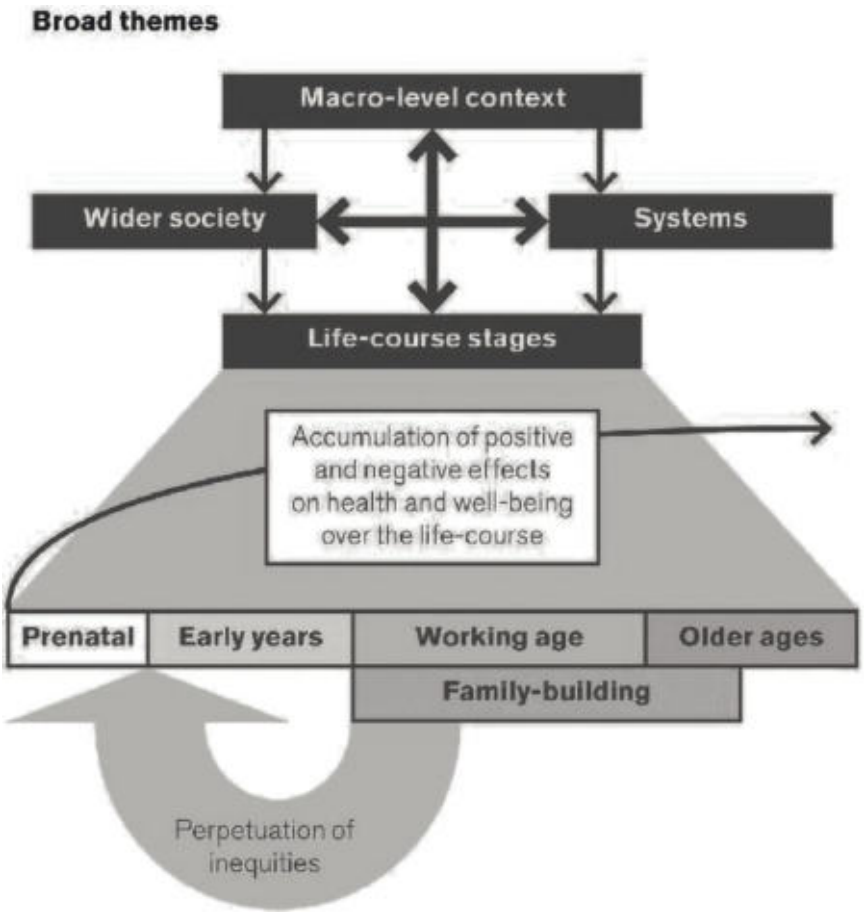

Diagram on social determinants of mental health adapted by Mental Health Foundation (2015) from the WHO European Review of Social Determinants of Health and the Health Divide in the European Region. Original source: World Health Organisation (2014). *Social Determinants of Mental Health*. World Health Organisation publications, Geneva, Switzerland.

Ogundare (2019) highlights the role of culture as it shapes the perception of self and reality, thereby influencing how individuals manifest symptoms, communicate their symptoms, cope with psychological challenges, and their willingness to seek treatment (Anand, 2020; Gurung, 2019;

Kovess-Masfety et al, 2004). Culture provides standards for normality and abnormality, and also determines what constitutes as socially and culturally negotiable (Aderibigbe and Pandurangi, 1995; Paniagua and Yamada, 2013). Marsella and Yamada (2010) identify several ways in which culture influences psychopathology in terms of the patterns of physical and psychosocial stressors, the types and parameters of coping mechanisms and resources used to mediate stressors, basic personality patterns, including, but not limited to, self-structure, self-concept, and need/motivational systems, the language system of an individual, especially as this mediates the perception, classification, and organization of responses to reality, standards of normality, deviance, and health treatment orientations and practices, classification patterns for various disorders and diseases, patterns of experience and expression of psychopathology, including such factors as onset, manifestation, course, and outcome (as cited in Ogundare, 2019, Srivastava and Anand, 2020).

Gender differences are therefore of prime importance with respect to the causes of mental distress, reasons of occurrence and prevalence of mental disorders, access to treatment and rehabilitation of the persons with mental health conditions. Ogundare (2019) argues regarding the centrality of culture to the aetiology of mental disorders as it provides standards for normality and abnormality, and the definitions of what constitutes a mental disorder as these are socially and culturally negotiated. Culture influences the experience, expression, course and outcome of mental health conditions, help-seeking and the response to health promotion, prevention or treatment interventions (Kirmayer, 2012).

Gender Differentials in Causes of Mental Distress

From a biopsychosocial lens, the aetiology of mental health conditions can therefore be examined in terms of *personal characteristics* of an individual (such as vulnerability, genetic predisposition, personality traits, self-concept, substance abuse, coping strategies, available resources) and their impact on one's mental health. The second significant factor can include *family and community factors* (such as emotional, physical, sexual abuse and violence, bullying, sudden death, job loss and unemployment, etc). The third significant factor comprises of the *structural factors* that produce gender inequality in society, and treats such forces as a major cause of the elevated status of one sex's rate of mental illness relative to the others e.g. family structure, employment status, housework load, multiple roles, injustice, exclusion, poverty and health emergencies (WHO, 2022; Chien-

Juh Gu, 2006). Together put, all the aforesaid factors put women and men at differential risks for manifestation of mental health conditions across various stages of lifespan.

Gender Differentials in Prevalence of Mental Disorders

According to the World Mental Health Report (2022), 13 per cent of global population is living with mental disorders. There were 970 million people living with mental disorders in 2019, out of which 47.6 per cent were men and 52.4 per cent were women. Anxiety disorders and depressive disorders are the two most common mental disorders. Depressive and anxiety disorders are about 50 per cent more common among women than men throughout the life-course, while men are more likely to have a substance use disorder. As depressive and anxiety disorders account for most cases of mental disorders, overall, slightly more women (13.5% or 508 million) than men (12.5% or 462 million) live with a mental disorder. Mental disorders are common among pregnant women and women who have just given birth, often with severe impacts for both mothers and babies. Worldwide, more than 10 per cent of pregnant women and women who have just given birth experience depression (Khalifeh et al., 2015). In Low- and Middle-Income Countries, this figure is estimated to be substantially higher. Women who have experienced intimate partner violence or sexual violence are particularly vulnerable to developing a mental health condition, with significant associations found between victimization and depression, anxiety, stress conditions including PTSD, and suicidal ideation. Women living with a severe mental disorder are much more likely to have experienced domestic and sexual violence during their life than other women (Woody et al., 2017).

Gendering the COVID-19 Pandemic

The COVID-19 pandemic has been described as a *"watershed moment in the history of humankind"* (Patel, 2022) due to the extreme strain on families and communities, loss of learning opportunities for children and young people and severe impact on the economies leading to millions of people falling below the poverty line. The pandemic also exposed the structural and social inequalities in systems across the globe and created a global crisis for mental health, leading to short as well as long-term stresses thereby impacting the mental health of millions. For women and girls, simply by virtue of their sex, the impacts of COVID-19 were exacerbated across every sphere of society, from health to the economy, security to social protection (United Nations, 2020). The UN Report on COVID-19

and girls and women (2020) termed COVID-19 as 'Shadow Pandemic' due to:

"the spike in domestic violence as girls and women are sheltering-in-place with their abusers; the loss of employment for women who hold the majority of insecure, informal and low paying jobs; the risk shouldered by the world's nurses, who are predominantly women; and the rapid increase in unpaid care work that girls and women provide already".

The COVID-19 pandemic has also deepened the 'crisis of care' (Fraser, 2016), or of social reproduction in a broader sense, which lies at the foundation of economy, society and households, enabling structures and institutions to function. Women and girls, were particularly deprived during the crisis due to unequal structures, power relations and social norms that prevent them from accessing basic services, including healthcare and education, and participating in decision-making processes that affected their lives (Dugarova, 2020). In the year 2019, globally there were 301 million people living with anxiety disorders; and 280 million with depressive disorders (including both major depressive disorder and dysthymia). In the year 2020, these numbers rose significantly as a result of the pandemic. All over the world, there was a greater increase in disorder prevalence among females than among males, because females were more likely to be affected by the social and economic consequences of the pandemic (World Mental Health Report, 2022).

Furthermore, the unpaid care work, enhanced domestic responsibilities, Work From Home, layoffs for women and violence against women and girls and other challenges have major mental health consequences for women. Trapped in an escalating cycle of tension, power and control, women have been very vulnerable to experiencing varied mental health concerns, including depression, anxiety and trauma.

Looking Ahead

There is increasing recognition throughout the world regarding integrating gender concerns within the discourse to address mental health as an integral part of improving overall health and well-being (Anand and Srivastava, 2020). Thus, the mental health concerns of all sections of society including women, men as well as persons with alternate sexualities must be considered within the context of their social position with thrust on basic human rights. Therefore, issues related to autonomy, education, safety, economic security, employment, physical health including sexual

and reproductive rights, access to health care and adequate food, water and shelter assume immense prime importance. The intersection between culture, gender and mental illness must be considered at all levels within policy, research, and ultimately, front line services (Andermann, 2010). There is also a pressing need to document the various cultural definitions of well-being and mental health recovery from a gender perspective. This enquiry must be accentuated with the legal framework that ensures the quality of care for all and include early identification, access to effective treatment as well as prevention. Implications of ensuring this fundamental human right also means that specific needs of individuals must get assessed and met at multifarious levels including individual, familial and societal levels. This implies the need to identify and recognize specific needs of varied population groups namely, women, men, children, disabled, religious and ethnic minority groups, lesbian, gay, bigender and transsexuals and all others are who are at higher risk and have the vulnerability of acquiring mental disorders (Bhugra et al, 2015, p. 119). A proportionately targeted approach to both treatment and prevention levels is needed while planning and budgeting for the overall planning for health care.

Comprehensive gender-sensitive mental health care requires the planning, delivery, monitoring and quality improvement initiatives of mental health care to be informed by a knowledge and understanding of gender differences across all sexes and their inter-relationship with respect to childhood and adult life experiences (e.g. violence and abuse); day-to-day social, cultural, and family realities; expression and experience of mental ill health and treatment needs and responses. The persistent violations of human rights that continue to affect persons with mental disabilities will only be reduced through assiduous attempts to identify and deal with multiple violations at all levels (Anand, 2022; Gable, 2009).

Conclusion

It is affirmed that there can be no health or sustainable development without mental health. Mental health is indeed a lot more than the mere absence of illness and is an intrinsic part of our individual and collective health and well-being. Mental health conditions contribute to poor health outcomes, premature deaths, human rights violations, and global and national economic loss. Therefore, there is an urgent need to bring the ‘normalcy’ in the conversations around mental health, work towards the preventive as well as promotive levels, empower the individuals and communities to attain the highest standard of health with a focus on the

gender perspective (WHO, 2019). The efforts will entail focusing across the life-course, leaving no-one behind with special emphasis on the inclusion of diverse population groups, including women, men, girls, boys and persons with alternate sexualities, differently abled and those under difficult circumstances. There is a strong need to reshape the physical, social and economic characteristics of environments – at homes, schools, workplaces and the wider community – to better protect mental health and prevent mental health conditions. These environments need to give everyone an equal opportunity to thrive and reach the highest attainable level of mental health and well-being. *Everyone has a right to mental health. Everyone deserves the chance to thrive* (WHO, 2022).❐

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