

Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

Elsevier hereby grants permission to make all its COVID-19-related research that is available on the COVID-19 resource centre - including this research content - immediately available in PubMed Central and other publicly funded repositories, such as the WHO COVID database with rights for unrestricted research re-use and analyses in any form or by any means with acknowledgement of the original source. These permissions are granted for free by Elsevier for as long as the COVID-19 resource centre remains active.

Comment

Social determinants of mental health and the COVID-19 pandemic in low-income and middle-income countries

Together with non-communicable diseases, the COVID-19 pandemic has become a syndemic, especially in the most vulnerable or excluded groups.¹ Women with young children are one such group, since they are at a greater risk of meeting the criteria for a mental disorder or psychological distress. Psychological distress is highly sensitive to social inequalities and therefore cannot be entirely medicalised.²

In their cohort study in *The Lancet Global Health*, Andrés Moya and colleagues³ show the effect of the pandemic on the emotional wellbeing of a large sample of displaced caregivers from Tumaco, a small Colombian city with high rates of social inequalities. The majority of the population is Afro-Colombian, and the city was historically abandoned by the Colombian State, leaving weak infrastructure and high rates of unemployment and poverty. People internally displaced by conflict also face social stigmatisation.⁴ Moya and colleagues found substantial increases in anxiety, depression, and parenting stress after the onset of the pandemic among fragile and conflict-affected mothers with young children in Tumaco, Colombia.

The negative effect on the scores for anxiety and depression in mothers in a displacement situation shows the need to provide further relevance to social stressors as a determinant of mental health. However, it is necessary to consider that parental stress is one of the cognitive manifestations of anxiety or depression in mothers who care for one or more children. An investigation before the COVID-19 pandemic observed a statistically significant correlation between anxiety, depression, and parental stress.⁵ In addition, research on populations in vulnerable situations should evaluate beyond a list of symptoms with a measurement scale. It is necessary to bear in mind that the frequency of mental disorders is markedly reduced when symptoms are evaluated with structured clinical interviews. The clinical evaluation must fully consider social stressors to demedicalise the adversities inherent to inequity.⁶

The interpretation of the findings should consider the displacement situation and all the associated adversities or stressors. The difference in symptom quantification technique must be considered; the telephone interview might induce some bias in anxiety, depression, and parental stress scores. Likewise, being a participant in a previous programme to improve psychological wellbeing and parenting skills might induce another bias since it represents a form of social support or accompaniment during a time of crisis.⁷

Based on social stress theory, people in a socially disadvantaged situation have more stressors and an increased vulnerability to stress due to scarce psychosocial resources and risk of psychological distress or mental disorder. However, having resilience measurements for these situations would be useful. High resilience is a protective factor against new stressful situations. Resilience is enormous in populations in situations of inequity. Acute stressors, such as those associated with the COVID-19 pandemic, could affect psychological wellbeing less than chronic stressors, such as those associated with poverty, given the outstanding construction of resilience based on personal strengths, family, and community.¹²⁸

Worldwide, the effect of the pandemic on people in vulnerable situations has been largely forgotten. It is necessary to pay more attention to populations in vulnerable situations, particularly those who simultaneously face different stressors due to the high risk of psychological distress and of meeting the criteria for a mental disorder.² A situation that further increases the possibility of stigmatisation and continuing in a spiral of adversity perpetuates poverty conditions. Poverty is a vital stressor in which a substantial number of threats and unmet needs converge.¹ These groups require a broader approach to analyse variables associated with mental health and, consequently, specific approach strategies.

The COVID-19 pandemic has sharply revealed the inequalities that already exist in Latin America in terms of gender, ethnic or racial origin, socioeconomic status, internal displacement, and migratory status.⁹ Yet the situation of poverty is the most potent syndemic that undermines mental health in the short and long term. Therefore, public mental health policy must be comprehensive, intersectoral, and cross-sectoral, and consider many health-related factors beyond



Published Online June 24, 2021 https://doi.org/10.1016/ S2214-109X(21)00253-9 See **Articles** page e1068 simple individual aspects and health systems. Social and political conditions might be more relevant than individual characteristics in the traditional hegemonic vision of wellbeing or mental health.¹⁰

We declare no competing interests. AC-A received funding from Universidad del Magdalena, Santa Marta, Colombia.

Copyright @ 2021 The Author(s). Published by Elsevier Ltd. This is an Open Access article under the CC BY-NC-ND 4.0 license.

*Adalberto Campo-Arias, Claudia Teresa De Mendieta acampo@unimagdalena.edu.co

Programa de Medicina, Facultad de Ciencias de la Salud, Universidad del Magdalena, Santa Marta 470004, Colombia (AC-A); Universidad Nacional Autónoma de México, Ciudad de México, Mexico (CTDM)

- 1 Horton R. Offline: COVID-19 is not a pandemic. Lancet 2020; 396: 874.
- 2 Shim RS. Mental health inequities in the context of COVID-19. JAMA Netw Open 2020; **3:** e2020104.
- 3 Moya A, Serneels P, Desrosiers A, Reyes V, Torres MJ, Lieberman A. The COVID-19 pandemic and maternal mental health in a fragile and conflict-affected setting in Tumaco, Colombia: a cohort study. *Lancet Glob Health* 2021; published online June 24. https://doi.org/10.1016/ S2214-109X(21)00217-5.

- 4 Campo-Arias A, Herazo E. Stigma and mental health in victims of Colombia's internal armed conflict in situation of forced displacement. *Rev Colomb Psiquiatr* 2014; **43:** 212–17.
- 5 Golombok S, Zadeh S, Freeman T, Lysons J, Foley S. Single mothers by choice: parenting and child adjustment in middle childhood. *J Fam Psychol* 2021; **35**: 192–202.
- 6 Hyman DA. The medicalisation of poverty: a dose of theory. J Law Med Ethics 2018; **46**: 582–87.
- 7 Grimes DA, Schulz KF. Bias and causal associations in observational research. *Lancet* 2002; **359:** 248–52.
- 8 Akesson B, Sousa C. Parental suffering and resilience among recently displaced Syrian refugees in Lebanon. J Child Fam Stud 2020; 29: 1264–73.
- 9 Martínez-Salgado M, Ferraris S. Género y trabajo. El sostenimiento económico de los hogares en México. *Rev Latinoam Pobl* 2020; 15: 179–204.
- 10 Bernardini F, Attademo L, Rotter M, Compton MT. Social determinants of mental health as mediators and moderators of the mental health impacts of the COVID-19 pandemic. Psychiatric Serv 2021; published online Feb 17. https://doi.org/10.1176/appi.ps.202000393.