



Impact of Socioeconomic Status on Depression Prevalence

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Abstract

The interplay between socioeconomic status and mental health has been a focal point of research, particularly in understanding the prevalence of depression. This review article explores the complex relationship between socioeconomic status and depression, encompassing various dimensions such as income, education, occupation, job status, and other health issues. The influence of these factors varies depending on your age, financial strain, and access to mental health services. Several studies from diverse geographic regions and demographic profiles have demonstrated the influence of lower socioeconomic standing on depression rates. By encouraging the education of individuals, it is possible to increase awareness of depression and its management at early stages to avoid complications. This review article examines the bidirectional nature of this relationship and also sheds light on the crucial need for specific interventions and policies to mitigate the negative influence of socioeconomic disparities on mental health and improve overall societal well-being.

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1. Introduction

Depression is marked as one of the largest contributors to disabilities around the world. Depression has been among the many mental health problems that have affected the global population at large. The COVID-19 pandemic period has also shown a rise in the prevalence of depression. The increasing incidences of depression in different layers of the population is alarming. Although being responsible for disabilities, and a reason for increased suicidal deaths, depression remains an ignored element when it comes to taking preventive measures, identifying the condition, and treating it ^[1,2].

According to a report published in 2021 by the World Health Organization (WHO), millions of people suffer from depression globally and it is a major reason for disabilities ^[1]. Depression is seen in varied strata of society and is evident in children, adolescents, youths, and older adults ^[3]. People suffering from certain comorbidities such as inflammatory diseases, and pregnant women show a higher prevalence of depression ^[4]. Depression, itself may result in life-threatening conditions such as diabetes and cardiovascular problems and deeply impacts the overall quality of life. It has been proven previously that depression is strongly associated with diabetes complications ^[5]. Depression has been comorbid with heart diseases and conditions. In people with heart disease, the prevalence of depression is as high as 15-30% ^[6].

Which risk factors favor the prevalence of depression in individuals has been a subject of research and study. Out of several risk factors, it is noted that human health and individual behavior have a close nexus with socioeconomic status ^[7]. Researchers have been studying and trying to establish a relationship between the socioeconomic status of individuals and depression. According to a study carried out in certain European countries, New Zealand, and the U.S. a trend of increased odds of depression in low-income groups of people was observed, while some countries showed an association between high-income groups and depression. The results in some studies have shown to contradict each other and may also depend on certain confounding variables and coexisting conditions ^[8]. Hence as such, even socioeconomic status has several dimensions that may cause depression.

Considering the varied dimensions of socioeconomic factors impacting depression prevalence these factors need detailed study and consideration to build strategies to manage it. The review encompasses, the general prevalence of depression throughout the world as published by certain researchers, the varied dimensions of socioeconomic factors that are typically considered in studies pertaining to mental disorders, especially depression, and a discussion of different studies that depict the impact of these factors on the prevalence of depression.

2. Global prevalence of depression

According to the reports by the WHO, more than 300 million people are suffering from depression, and between the years 2005 to 2018 there has been a significant rise in the number. Social stigma of the condition and lack of support prevents many people from seeking medical assistance to deal with depression. It is observed that even in high-income countries around 50% of people do not get the needed support and treatment for depression. The condition is often accompanied by other symptoms such as loss of energy and enthusiasm, and changes in appetite resulting in either excessive weight gain or weight loss. A person in depression continuously thinks that he/she has no value or is a burden to others and also feels excessive or inappropriate guilt about things, and eventually gathers suicidal thoughts. Thousands of people lose their lives by suicide only due to depressive thoughts. Refer to the figure 1 for various symptoms of depression.

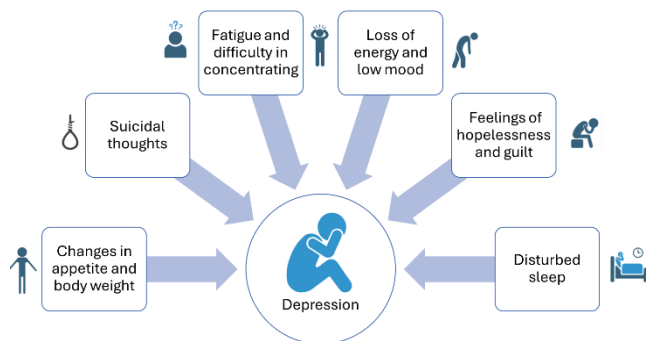


Fig 1: Various symptoms of depression.

Moreover, depression is also linked with abuse of substances and increased risk of heart disease and diabetes. Researchers have found a strong link between depression and non-communicable diseases. As depression can happen to almost anybody, it is necessary to take action and make support available to the remotest area [9].

Several external and genetic factors show their association with depression, while socioeconomic status is an important risk factor that encompasses an array of different dimensions that are likely to impact the spread of depression cases and mental health in general. Furthermore, researchers around the world have been studying the impact of different socioeconomic attributes on the prevalence of depression in varied groups of people such as older adults, adolescents, children, and certain other layers of the population such as pregnant women. For this, it is necessary to understand what exactly does socioeconomic status of an individual mean and which factors are considered by researchers to study their impact on the prevalence of depression [3, 10, 12].

3. The different dimensions of socioeconomic status

Socioeconomic status reflects those attributes that affect the quality of life and has been considered by psychologists as a strong predictor of psychological disorders. It can be categorized as objective and subjective. Objective socioeconomic status can be defined as the social and economic position of an individual concerning his/her working status (whether a person is employed, unemployed, or not in the workforce (like students or retirees), household wealth (the money, property, and other valuable assets), and poverty status (whether a person or household is living below the poverty line, which is an income level set by the government). Whereas, subjective socioeconomic status is described as a person's perception of his/her social and economic position as compared with others [13]. Refer to the figure 2.



Fig 2: Schematic representation of various parameters that contribute to the socioeconomic status of an individual.

According to one study, socioeconomic status involves several dimensions, such as household income, employment status, work situation, education status, social support system, and workplace pressure.¹² Studies have also emphasized certain childhood problems such as early life adverse events in childhood and their association with depression in the adult life of those children [14]. In a research study carried out on older adults the researchers tried to establish an association between socioeconomic status and the prevalence of depression in older adults and also studied the mediating effects of a healthy lifestyle that included regular exercise, daily diet regimen, frequency of exercise and marital status in addition to age and gender on this association.³ The economic status of parents may affect their children's life in general. An interesting study by some researchers in Sweden has tried to establish a connection between parents' economic status and obesity in children that eventually has an impact on depression [15]. The social causation theory says that the condition of poverty causes mental health disorders through financial stress, decreased social capital, increased exposure to poor living conditions, and unhealthy behaviors [16]. With so many aspects of socioeconomic status impacting the prevalence of

depression, it is interesting to study the actual impact of socioeconomic status on the prevalence of depression as depicted by several researchers. The studies done by researchers to establish the association between socioeconomic status and depression are discussed in the sections below.

4. Links between socioeconomic factors to depression among the elderly people

Late-life depression or geriatric depression is a big issue faced in many parts of the world. According to a current meta-analysis, 3.29% of older adults in Western countries have a depressive disorder and 19.47% of adults have significant depressive symptoms. Due to the higher expectancy of life, depression in older adults is a matter of concern and needs to be studied^[17]. Older adults are likely to suffer from depression due to several social factors and economic problems that may significantly impact their health and accessibility to treatment. A study carried out on 8526 older adults in the Shanxi Province in China, aimed to explore how lifestyle changes can mediate the relationship between socioeconomic factors and depression. The purpose was to make a prevention strategy by promoting healthy lifestyle changes to alleviate depression in older adults. The study included three indicators of the economic status of participants viz. how much schooling the elderly person had completed, how much money they received each month, and what was their job before they stopped working (retirement). The monthly income was further divided into different levels, while the education status was categorized as primary, secondary, and higher based on a questionnaire that the participants filled out. The study indicated that depression was prevalent in 62.1% of participants and varied on the subjective scale as mild, moderate, and severe. The results of this study showed that the older adults who had low education, no monthly income, and were unemployed had higher depression scores. The study also showed that older people without any monthly income had a 2.069 times higher risk of depression than those with a monthly income of over 3000 yuan while those with higher education had a lower risk of depression. Thus lower socioeconomic status in older adults was linked with a higher risk of depression^[3].

The likelihood of longevity in the current times has enhanced the chances of living longer life which in turn has also broadened the chances of widowhood in older adults. This becomes an important determinant in the prevalence of depression in older adults as some may be widowed and staying alone and the loss of a partner may put them at a higher risk of depression and deteriorating health. A study carried out on older adults belonging to Indian origin and residing in India who were widowed stayed alone and had less access to socioeconomic resources were more vulnerable to poor mental health outcomes and suffered from depression. The results of this study are in agreement with some other studies which depicted the prevalence of depression was most likely to be 15-30% in the first year of widowhood. However, there are variations in the results seen in older adults suffering from depression after the bereavement of the spouse as in certain cases, the widowed individual may get more time for self-care and development after losing the spouse. Hence although difficult to generalize, this study revealed that older adults who were widowed and stayed alone were more likely to have depression than those who stayed in co-living although being widowed^[18]. Hence it can be concluded that

living arrangement and marital status are impactable attributes in the prevalence of depression in older adults. Another study suggested that the prevalence and prognosis of depression are worse in single people than in married people^[19].

It is also important to note that marital status is also an important dimension of the socioeconomic status of younger individuals and may have a profound impact on the prevalence of depression. A study that included 9780 individuals who were aged 45 years or older studied the association of marital status with the prevalence of depressive symptoms. The study also investigated the mediating effects of sleep time and pain and life-satisfying mediators in this association to ease depressive symptoms. The findings of the study stated that divorced, separated, widowed, and never-married individuals were at a high risk of getting depression^[20].

An interesting study was carried out to explore the interdependence of socioeconomic status, marital satisfaction, and depression in Chinese couples. The study suggested that the socioeconomic status of the husband had a negative impact on the depression of the wife; similarly, the socioeconomic status of the wife negatively impacted the degree of depression in the husband^[21].

From the studies discussed here, it is understood that several coexisting factors that accompany old age, such as widowhood, place of living, staying alone or co-living, and the marital status of older adults are strong socioeconomic determinants that impact the prevalence of depression in this category of the population.

5. Impact of income, and employment status on the prevalence of depression

Mental health and wealth often go together and put the financial situation of an individual at the top position of economic factors that impact the prevalence of depression. A systematic review that considered eleven studies that related the family income or individual income to the prevalence of depression, found that seven studies showed a statistically significant association between low income and high chances of depression prevalence. This association has been reported in countries belonging to low-income as well as high-income groups and at different age groups of people such as younger adults, middle-aged adults, and older adults. Although the relationship holds true for all income groups, it was found to be more pronounced in the low-income groups^[22].

While discussing the impact of income, it is necessary to consider a broader aspect of wealth because several assets that contribute to the wealth of individuals or define their economic status may also affect the prevalence of depression. A study related to this considered randomized clinical trials that tried to associate savings and house ownership as two attributes of income and how they are related to depression in individuals. The study revealed that people who stayed in rented houses and had lesser savings were more likely to develop symptoms of depression than those who had higher savings and stayed in their own houses although all of them belonged to the low-income group in the U.S^[23].

Furthermore, it is interesting to note that in the low-income group, gender may play an important role as per the findings in published data. Depression was prevalent in men belonging to the low poverty-to-income ratio group in a study in the U.S., while the same study stated that women were more likely to have depression than men in the said

population under study [24].

Unemployment typically has a negative impact on the mental health of individuals and the effect is not confined only to the duration of unemployment but is visible for a long period. A review that studied this relationship in detail, suggests that there is a strong association between unemployment and depression. The findings from various studies that were reviewed suggest that unemployment leads to a higher prevalence of depressive symptoms [25]. Similar results were obtained from a study carried out in Germany where 4842 participants aged 18 to 65 years were divided into three groups: being employed, being unemployed receiving entitlement-based benefits, and being unemployed receiving means-tested benefits (benefits received depending on personal income). The study found that people without jobs who receive financial help based on their income are more likely to suffer from depression. Therefore they need personalized attention in the health care and social security system. Unlike some other studies, this study showed no difference between the depression prevalence among unemployed men and women [26].

About the employment status, several studies were carried out on COVID due to changes in the employment status of many people during the pandemic times. A study carried out in South Africa suggested that people who lost their jobs during the pandemic had impaired mental health and suffered from depression symptoms [27].

Low-income status when co-occurs with other sociopsychological factors such as insecurity and attachment or socio-ecological risky environment may also put youth at a higher risk of depression [28]. Most studies considered here point out that low income and unemployment status puts individuals at a higher risk of depression.

6. Socioeconomic factors and their impact on depression prevalence in children and adolescents

Globally around 34% of adolescents aged between 10-19 years are likely to have depression [29]. A study was conducted on school-going children that covered more than 6900 adolescents aged 13-18 years. The researchers tried to find the correlation between several aspects of socioeconomic status on mental health conditions such as anxiety, depression, and so on. Girls with low socioeconomic status showed a higher risk of depression than boys. Socioeconomic factors such as lower maternal education, and occupation prestige of mothers put the adolescents at a greater risk of mental problems [30].

Socioeconomic status in general has a negative connection with depression in adolescents according to many studies. Economic stress at home, violence in the neighborhood community, and chaos at home are some dimensions of socioeconomic factors that impact the depression prevalence in adolescents. Adolescents growing up in a negative socioeconomic environment showed poor results in academics and psychosocial behavior. Their ability to cope with stressful situations was less due to poor socioeconomic status [31].

Social networks, family's economic condition, and other ecological factors shape childhood development. Socioeconomic status and place of residence in addition to age and gender affect how children develop post-traumatic disorders which are characterized by anxiety and depression. A study carried out in a war-affected zone clearly showed that children and adolescents developed depression and other

post-trauma disorders due to the violent events occurring nearby. Unemployed fathers' children were more likely to develop depression in such areas. When males and females were compared, no significant difference in prevalence was noticed. Interestingly, adolescents in the war-affected area were at greater risk of developing depression than small children and this may be contributed to the emotional changes that occur during adolescence [32].

Children are indirectly affected by several factors surrounding them, the economic status of their parents, maternal education, neighborhood violence, low income and economic stress at home and most importantly the war-like situations surrounding their residence have a strong impact on the prevalence of depression in children.

7. Impact of socioeconomic factors on the incidences of depression in pregnant women

Perinatal depression is quite common in women and is influenced by several socioeconomic factors. In an Indian setting, pregnant mothers and their relatives were subjected to structured interviews. Surprisingly, 93% of respondents were unaware of perinatal depression in Women. Low-income families were included in the study and the need to educate pregnant women and relatives regarding this association of low-income pregnant ladies being at risk of depression was highlighted [33].

Post-partum depression is also a global problem that affects mothers, newborns, and families as well. In a systematic review of 15 studies carried out in post-partum women, it was found that among other factors low economic status put women at a higher risk of post-partum depression [34].

Pregnant women may suffer from depression at different phases during and after pregnancy. Data collected from 11 healthcare centers was collected to establish a connection between antenatal and postnatal depression in women and socioeconomic status. A fivefold reduction in depression was seen in women with high socioeconomic status. Providing economic support to pregnant women may reduce the prevalence of depression [35].

Thus, a low economic status can impact depression in pregnant women at different phases.

8. Conclusion

To summarize the studies considered in this review, it can be concluded that socioeconomic status of individuals has a considerable impact on the prevalence of depression. While socioeconomic status itself is multidimensional, it affects mental health to different degrees in different individuals. Often, there are several concurrently acting determinants that play a role in putting an individual at a higher risk of getting depression. This review was restricted to the studies that investigated the impact of income, employment, old age, children and adolescents, and pregnant women. Although generalizing the impact would not be fair to individual studies, it can be said that the low socioeconomic status of individuals impacts the depression prevalence in a way of puts them at higher risk of developing depression. It is necessary to consider various concurrent factors that affect the socioeconomic status of an individual while studying its impact on the prevalence of depression. Low-income families, separated individuals, loneliness, unemployment, and childhood trauma place individuals at higher risk of depression prevalence. Adolescents being at a vulnerable stage of life are highly affected by the condition easily. At the

same time, the loss of jobs and income during the pandemic has changed the landscape considerably in the past few years. Surprisingly, in some low-income countries, people were unaware that depression may affect pregnant women. The impact of socioeconomic status on depression is multifaceted and complex. There is a need to emphasize building strategies such as counseling, a healthy lifestyle, and promoting co-living can help individuals fight against depression and reduce the impact of socioeconomic status on depression prevalence. To tackle the problem of depression, we need to look at the big picture, including people's financial situations, social surroundings, other health concerns, and overall living conditions. Thereafter, by means creating specific programs to address the depression conditions, healthcare policies for affordable and accessible treatment, and emotional support systems to help reduce the impact of several challenges on mental health. By understanding how these factors are connected, we can better address the main causes of depression and work towards a fairer and healthier society.

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