

Nature World View

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A diagnosis is rarely a solution to problems caused by poverty and inequality warns Rochelle Burgess

Early in the outbreak, I was surprised and relieved that mental health was getting due attention. The [WHO released guidelines for how to protect your mental health](#) in March. The UK government responded with rapid public health guidelines and by beefing up online supports. In April, the Lancet called for multidisciplinary research to develop mental health responses during the pandemic.

But when I look closer, I'm struck with a familiar disappointment. Once again, recommendations forget half the equation: our need to address the social and economic routes to poor mental health. A woman who has lost her job and cannot feed her family will find no relief from a meditation app. Advice like 'stay off social media' will do little to ease the anxiety of a young black man in constant fear of being kicked out of shops by security guards for wearing a face covering, or abused or even killed by law enforcement who have been given new powers to police social behaviour.

Engaging with such systemic vulnerabilities are part of an active research field of community psychology. Findings from this field are routinely sidelined by those crafting mental health plans, which still focus mainly on the individual.

For more than a decade, I have researched community mental health care systems in South Africa, Colombia and the UK. One challenge that unites them, is the gap between what poor and marginalized groups identify as the cause of their mental health challenges, and the ability for services to hear and respond to that. For a huge number of people, the world was already a hard and unfair place before this year's catastrophe. Pre-COVID, [globally 768 million lived in extreme poverty](#), 1 in 3 women experienced violence at the hands of a partner, and over 70 million had been forcibly displaced from their homes. Nearly 1 billion lived in slums, with unreliable access to running water. Millions, most often people of colour, had precarious jobs. All over the world, billions lack access to the basic necessities that make mental health, possible – all the more so now.

Depression was already a leading cause of disability globally and has been strongly associated with poverty in low and middle income countries. [These are the very places that are predicted to be worst hit by COVID](#). Established research tells us what we can expect. [Dohrenwend's work predicts](#) that the financial stress, increased exposure to violence and food insecurity linked to poverty, combined with reduced access to [social safety nets](#), all raise the likelihood of people developing mental health problems (*social causation*). And those with pre-existing mental health conditions are more at risk of *social drift* — where depression increases a person's exposure to economic shocks and spurs their fall into poverty. [Empirical work from South Africa](#) suggests that for those already poor, this phenomenon is much worse – they become locked into cycles of poor mental health and poverty.

This is what keeps me up at night, and has received little attention.

I know what the critics will say: that politics and economics are beyond the remit of a psychiatrist or that a focus here will medicalize normal reactions to social adversity. But I say both these positions forget the person at the heart of all these trade-offs. The body is not isolated from the social worlds it lives in. If psychology and psychiatry want to be truly patient centered, we need to develop treatment platforms that treat minds *and* the worlds where they live.

Does a telephone counselling service connect people to food banks or to charities that provide emergency shelter if they fear domestic violence? It should. Are mental health campaigns arguing for better social protections so the unemployed don't fear death from starvation during lockdown? They should. Want to ensure this at scale? Support calls for debt relief in low and middle income countries so they can afford to shift money to places that need it. Such approaches will prevent some of the most vulnerable from becoming mentally ill in areas that lack the capacity to deal with yet another onslaught.

Human connection is important. But without food, shelter and safety, there can be little hope for sustaining mental health during this crisis. Heartland Alliance International's Kovler Centre's child trauma programme gets this; when switching their mental health service online in response to COVID, they also prioritized responding to financial, food and educational needs of families they serve.

The political economy of mental health has always mattered, so let's stop pretending that providing an anxiety management app is enough to stem the coming tide of despair.

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