



# DEPRESSION, ANXIETY AND SUICIDAL IDEATION AMONG STUDENTS FROM TWO DIFFERENT ECONOMIC STATUSES

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**Abstract:** The objective was to compare and study the difference in depression, anxiety and suicidal ideation between students belonging to two different economic statuses of lower socio- economic status and higher socio- economic status. The study was conducted on post graduate students aged between 21-23 years pursuing post-graduation course. A between group design with purposive sampling was considered for the study. Kuppuswamy Socio- Economic Scale was used to identify adolescence belonging to lower socio- economic status and higher socio- economic status. Thirty students each belonging to lower socio- economic status and higher socio- economic status were administered depression scale, anxiety scale and suicidal ideation scale. The responses were scored and results analyzed by computing Mean, Standard Deviation and 't' test to study the difference in depression, anxiety and suicidal ideation between students of lower socio- economic status and higher socio- economic status. The results indicated that there was a significant difference depression, anxiety and suicidal ideation between Lower Socio Economic Status and High Socio Economic Status.

**Key words:** Depression, Anxiety, students, Lower Socio Economic Status and High Socio Economic Status.

## **I. Introduction:**

Mental health, health status and socioeconomic status are important determinants of an individual's wellbeing. There are thought to be important interactions between these dimensions of wellbeing, with causal links running in both directions. Poor health and poor mental health can reduce earnings ability, through their effects on education and employment, and poverty can lead to lower educational attainment and poorer physical health (Ardington, Case, 2010).

Mental or psychological well-being is part of an individual's capacity to lead a fulfilling life. That includes the ability to study, work or pursue leisure interests, and to make day-to-day personal or household decisions about educational, employment, housing or other choices WHO (2012). Disturbances to an individual's mental well-being compromise these capacities, sometimes in a fundamental and enduring manner (WHO, 2005).

Economics is concerned with the use and distribution of resources among the individuals making up a society, and how different ways of allocating resources impacts on their wellbeing (Cingano, 2014). A common misconception is that economics is just about saving money. In fact, economics is about the optimal allocation of available or potentially available resources. The field of economics is relevant to the health sector because resources available to meet all possible health needs or demands are finite (whether a country is economically rich or poor). In all societies, choices have to be made regarding how best to allocate limited resources (WHO, 2006).

In this background an attempt has been made to study the depression, anxiety and suicidal ideation between students belonging to two different economic statuses of lower socio- economic status and higher socio-economic status and understand if economic condition can have impact on these aspects.

Depression is defined as more than just sadness. People with depression may experience a lack of interest and pleasure in daily activities, significant weight loss or gain, insomnia or excessive sleeping, lack of energy, inability to concentrate, feelings of worthlessness or excessive guilt and recurrent thoughts of death or suicide (American Psychological Association, 2019).

Anxiety can be defined as an emotion characterized by feelings of tension, worried thoughts and physical changes like increased blood pressure. People with anxiety disorders usually have recurring intrusive thoughts or concerns. They may avoid certain situations out of worry. They may also have physical symptoms such as sweating, trembling, dizziness or a rapid heartbeat (American Psychological Association, 2019).

Suicide is among the most prominent problems in health care. It could be impacted by various factors such as social, economic, individual and so on. Researchers show that socio-economic factors and suicide and stress has significantly related (Elliott, 2016). The people in low social class may more engage with social problems than higher social class. They may confront to problems such as crime, violence, unemployment, financial hardship, population density, disorder personality, etc. (Buglass, 1976). However, these difficulties could be resulted from relationship of inequality socio-economic and mental or physical health.

Research interest in the economics of health care has grown steadily, worldwide, over the last quarter century (World social report, 2020). Both the amount of information available and the sophistication of methodological approaches have been greatly advanced. The current economic crisis is probably increasing the social exclusion of vulnerable groups which includes young people, and lower socio economic status group. Economic pressure, through its influence on recessions will significantly affect the mental health outcomes of youngsters WHO (2007). The consequences will be negative on health and well-being, specifically incidence of depression and anxiety and the impact are lifelong on the adolescents (Kessler, Angermeyer and Anthony, 2007)

Socioeconomic status is commonly conceptualized as the social standing or class of an individual or group. It is often measured as a combination of education, income and occupation (Snyder, Dillow, and Hoffman-National Center for Educational Statistics, 2008). Examinations of socioeconomic status often reveal inequities in access to resources, plus issues related to privilege, power and control. Socio Economic Status is a frequently used identifier and focus of study in psychological research (Matthews and Gallo, 2011). Health economics reflects a universal desire to obtain maximum value for money by ensuring not just the clinical effectiveness, but also the cost-effectiveness of healthcare provision.

## II. Methodology:

The aim of the present study was study the differences in depression, anxiety and suicidal ideation between students belonging to two different economic statuses of lower socio- economic status and higher socio-economic status and to check if socio economic status is a risk indicator in hampering the health economy. It was hypothesised that there will be a significant difference in depression, anxiety and suicidal ideation between students belonging to lower socio economic status and higher socio economic status. A between group exploratory research design was opted for the study. The sample consisted of post graduate students aged between 21-23 years pursuing their post-graduation course. Purposive sampling was opted for the study. Students undergoing counselling or psychotherapy were excluded from this study. Students were screened on using the Kuppaswamy socio economic status scale (1981). Students belonging to lower and higher economic status as identified on Kuppaswamy socio economic status scale were administered Beck Depression Inventory (BDI) (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961, 1988), Beck Anxiety Inventory (BAI) (Beck, Epstein, Brown, Steer, 1988) and Suicidal Ideations Questionnaire (Beck and Maria Kovacs, 1979). The assessment tool was scored and results analysed using appropriate statistical measures.

## III. Tools:

### 3.1. Kuppaswamy's Socio-Economic Status Scale Revised (updated version of Kuppaswamy, 1981):

The Kuppaswamy scale proposed in 1976, measures the Socio economic status of an individual based on three variables namely, education and occupation of the head of the household and income of the family of the

three variables. Of the three variables, education and occupation of the head of the household do not change frequently with time. The scale consists of 21 Items which could be self-administered. The reliability of the scale on test-retest method was 0.93. The content validity was tested of proposed socio economic status scale by opinion of subject experts (Kusum Lata Gaur, 2013). In the present study kuppuswamy scale was used to identify the students belonging to higher socio economic status and lower socio economic status.

### 3.2. The Beck Depression Inventory (Beck, Ward, Mendelson, Mock, & Erbaugh, 1961, 1988):

It is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression (Beck, et al., 1961). The BDI has been developed in different forms, including several computerized forms, a card form (May, Urquhart, Tarran, 1969, cited in Groth-Marnat, 1990), the 13-item short form and the more recent BDI-11 by Beck, Steer & Garbin, 1988. The BDI takes approximately 10 minutes to complete, although clients require a fifth – sixth grade reading level to adequately understand the questions (Groth-Marnat, 1990). Internal consistency for the BDI ranges from .73 to .92 with a mean of .86. (Beck, Steer, & Garbin, 1988). Similar reliabilities have been found for the 13-item short form (Groth-Marnat, 1990). The BDI demonstrates high internal consistency, with alpha coefficients of .86 and .81 for psychiatric and non-psychiatric populations respectively (Beck et al., 1988).

### 3.3. Beck Anxiety Inventory (BAI) (Beck, Epstein, Brown, Steer, 1988):

This scale is a self-report measure of anxiety which consists of 21 items. Internal consistency for the BAI = (Cronbach's  $\alpha=0.92$ ). Test-retest reliability (1 week) for the BAI = 0.75 (Beck, Epstein, Brown, & Steer, 1988). The BAI was moderately correlated with the revised Hamilton Anxiety Rating Scale (0.51), and mildly correlated with the Hamilton Depression Rating Scale (0.25) (Beck et al., 1988).

### 3.4. Suicidal Ideations Questionnaire (Beck and Maria Kovacs, 1979):

Aron T Beck and Maria Kovacs in 1979 which is a 19-item clinical research instrument designed to quantify and assess suicidal intention. The scale was found to have high internal consistency and moderately high correlations with clinical ratings of suicidal risk and self-administered measures of self-harm.

## IV. Procedure:

Male and female-higher socio- economic and lower socio- economic status students aged between 21-23 years pursuing their post-graduation degree course were administered the Beck Depression Inventory (BDI) Beck Anxiety Inventory (BAI) and Suicidal Ideations Questionnaire. The assessment tool was scored and results analysed. Statistical analysis was done by using 't' test to understand the difference in depression anxiety and Suicidal Ideation between students belonging to lower socio economic status and higher socio economic status.

## V. Analysis of results:

The responses were scored appropriately. The results were analyzed by computing Mean, standard deviation and t test. 't' test was used to study the difference in mean scores of depression, anxiety and Suicidal Ideations.

## VI. Results:

Table 1 shows that total of 30 students from higher socio economic status and 30 students from lower socio economic status were considered for the study. 30 students each were considered from post-graduate degree course for higher socio economic status and lower socio economic status after administering Kuppuswamy's Socio-Economic Status Scale. Male students formed 50 per cent of the sample, whereas females formed 50 per cent of sample.

**Table 1: Showing the sample characteristics:**

Status	Lower socio economic		Higher socio economic	
Gender	Male	Female	Male	Female
Number	15	15	15	15
Total	30		30	
Age	21-23 Years			
Education	Post-graduation degree course			



**Table 2: The mean scores, SD and 't' values on the depression and anxiety and suicidal ideation for students belonging to lower and higher socio economics status:**

Areas	LSES		HSES		t ratio
	Mean	SD	Mean	SD	
<b>Depression</b>	26.23	7.7	19.03	4.5	3.36**
<b>Anxiety</b>	23.4	5.4	19.03	4.5	4.39**
<b>Suicidal ideation</b>	8.56	2.0	13.60	2.9	7.69**
** Significant at 0.01 level					

As shown on table 2 the adolescents belonging to lower socio economic status have an average of 26.23, 23.40 and 8.56 on depression, anxiety and suicidal ideation respectively. And adolescents belonging to higher socio economic status have an average of 19.03, 19.03 and 13.60 on depression, anxiety and suicidal ideation respectively. The 't' values as shown on table 2 indicate that there is a significant difference in depression, anxiety and suicidal ideation between adolescents belonging to lower socio economic status and higher socio economic status. Students belonging to lower socio economic status have significantly more depression and anxiety than students belonging to higher socio economic status. The t values on suicidal ideation indicate that the higher socio economic status group has significantly more level of suicidal ideation when compared to lower socio economic status group.

## VII. Discussion:

The study indicates that higher socio economic status group is at risk for experiencing more suicidal ideation and the reasons for the same have to be researched upon. May be belong to a status itself pose high expectations on the individuals which a person may not be able to achieve and hence also have high suicidal ideation. Overall though the reasons have to be worked on the present study do indicate that the higher socio economic status group is at risk for both increased stress levels and prone to more suicidal ideations.

Not many studies were available with specific reference to the particular assessment tool of Depression and anxiety scale used in the present study and the sample of adolescents belonging to lower socio economic status and higher socio economic status.

Some studies related to economic status have found higher socio-economic status to be associated with better health/well-being among adolescents (Marmot, 2005). Studies show that family socioeconomic status is strongly linked with several dimensions of mental health and differences across a wide range of demographic groups, varying by age, gender and different socio economic status measures (Conger, Conger and Martin, 2010).

## VIII. Conclusions:

In the present study adolescents belonging to lower socio economic status had significantly more depression and anxiety when compared to adolescents belonging to higher socio economic status.

The results indicated that the higher socio economic status group has significantly more level of and suicidal ideation when compared to lower socio economic status group. The result of the study is contradicting many studies which find lower socio economic status group being more vulnerable to many psychological issues including the level of stress. To analysis the reasons for the same more research work needs to be done in this area.

## IX. Implications:

The excessive growth of the Economy has had a huge influence on human behaviour, both positive and negative. Higher rates of depressed mood and anxiety among lower socio-economic status youth may impact emotional development and limit future educational and occupational achievement. The lower the socio economic positions of a population or community, the more common could be unhealthy behaviors, and hence initiatives have to be taken to intervene and promote positive health and in later stages use preventive

approaches as to the economic loss to the human capital could be reduced. Mental disorders remain in the shadows in many parts of world, according to Jim Yong Kim, president of the World Bank Group. "This is not just a public health issue -- it's a development issue. We need to act now because the lost productivity is something the global economy simply cannot afford," he said in a statement.

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