Global Happiness Council
Thematic group: Vulnerable Populations
Policy Brief 1

Surviving COVID-19
The COVID-19 Pandemic has induced parallel pandemics, including one on mental health and well-being. Across regions and countries, the Pandemic has not only lagged the overall health progress but further magnified the vulnerabilities, inequities, and related mental health problems. This policy brief provides a situational analysis and outlines how the Pandemic has affected vulnerable populations’ mental health and well-being. It is imperative to understand how COVID-19 has affected the physical health, mental health, and social health of different populations. They have unique needs and challenges to devise long-term evidence-based strategies and policies to promote their mental health and well-being.

**Keywords:**
pandemic, vulnerable populations, inequity, mental health, well-being,

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**Populations, Different Vulnerabilities, and Intersectionalities**

The Pandemic has severely affected vulnerable populations (i.e., those living in conditions that create vulnerabilities). We define vulnerable populations as those people who live in vulnerable conditions and face exclusion and discrimination based on their age, gender, race, ethnicity, income level, religion, caste or creed, and migratory status, as well as incarcerated and homeless populations, and those with chronic health conditions or disability. As individuals face varied social, economic, and other challenges at personal, community, national levels, they may fall under more than one vulnerable group, making them more vulnerable than others. In the framework of intersectionality, it is critical to understand how these populations are affected by COVID-19 infections, mortality, lockdowns or other public health measures, minimized social activity, stigma, discrimination, unemployment, loss, and lack of resources, change in work-life schedule, and other changing circumstances given their social determinant of health.

**COVID-19 Pandemic and Deepening Inequalities**

"Social determinants of health" which constitutes one of the key determinants of health inequalities among different population groups, is defined as the living conditions in which people are born, grow up, live, work, and age, and these living conditions are shaped by the distribution of money, power, and resources at the global, national and local levels (Braveman & Gottlieb, 2014). In societies, health inequalities tend to increase in direct proportion to the distortion of the distribution of resources. As we see in the current Pandemic, in countries where social inequalities are high, the prevalence and effects of infection vary to a great degree among different population groups.

Disasters, whether they are natural or man-made, are almost always accompanied by mental health and well-being issues, including increases in uncertainties, posttraumatic stress disorder (PTSD), other anxiety disorders, depression, and others. COVID-19 Pandemic, as one of the most important disasters of recent human history, appears to have a substantial impact on mental health and well-being indicators. According to OECD, it has doubled the prevalence rates of mental health problems in some countries (OECD 2021; Galea, Merchant & Lurie 2020; Rajkumar 2020).
COVID-19 has increased stress, fear, and anxiety for many people (WHO 2020; Kirzinger, Kearney, Hamel, & Brodie 2020; Goularte, Serafim, Colombo, Hogg, Calderaro & Rosa 2021; Asmundson & Taylor 2020). The prevalence of depression symptoms in the U.S. increased three-folds during COVID-19 compared with before the Pandemic, severely affecting individuals with lower social and economic resources and exposing them to stressors (e.g., job loss) (Etteman, Abdalla & Cohen et al. 2020). In general, COVID-19 has disproportionately affected the lower-income households, unemployed, less securely employed, those battling financial insecurity, those dropped out of safety nets (OECD 2021; Fancourt, Steptoe & Bu 2020; NatCen Social Research 2021; McIntyre & Lee 2020; Koussoulis et al. 2020), less educated adults (Kavčič, Avsec, & Zager 2021; Liang, Ren, Cao, et al. 2020), women, young adults, people from an Asian background (Niedzwiedz, Green, Benzeval, Campbell, Craig, Demou, Leyland, Pearce, Thomson, Whitley & Katikireddi 2021; Saunders, Buckman, Fonagy & Fancourt 2021); patients with serious mental illness and chronic diseases, the at-risk immigrant and refugee populations and elderly (Druss 2020; Saunders, Buckman, Fonagy & Fancourt 2021; Karadag Caman & Karabey 2020), people currently living in rented houses (Devkota, Sijali, Bogati, Ahmad, Shakya, Adhikary 2021), outgoing and sociable people and essential workers (Saunders, Buckman, Fonagy & Fancourt 2021).

As rapid technological change, climate crisis, urbanization, and migration continues to drive the global challenge of income, health, wealth, and gender inequality (UNDESA 2020), COVID-19 has further exacerbated the existing unequal world as it has led to the fall in social connection, access to social networks, health services and physical exercise, and employment and educational engagement for young, elderly and marginalized groups (OECD 2021; Gauthier, Smith, García, García & Thomas 2021). A WHO survey in the second quarter of 2020 found that more than 60% of countries worldwide reported disruptions in mental health services, further worsening the mental health of the people (WHO 2020).

**Inequality and Its Impact on Mental Health and Well-being**

COVID-19 has caused widespread psychological distress and has added stressors like infection fears, frustration, boredom, inadequate supplies, inadequate information, financial loss, and stigma related to race, gender, sexual orientation, class, and occupation (United Nations 2020; Brooks, Webster, Smith, et al. 2020; Stangl, Earnshaw, Logie, Brakel, Simbayi, Barré & Dovidio 2019). It has stretched the mental health services that were already stretched prior to the Pandemic (OECD 2021). Economically and socially unequal countries are impacted hard as a result of this (Karadag Caman and Karabey 2020).

A disproportionately high prevalence of adverse mental and behavioral health symptoms is reported among young and elderly persons, racial and ethnic minorities, essential workers including healthcare professionals, unpaid caregivers for adults, homeless people, refugees, those without social support and with pre-existing psychiatric conditions, and those infected by COVID-19 (anxiety disorder, depressive disorder, PTSD) (Czeisler, Howard & Rajaratnam 2021; Gloster, Lamnisos, Rubenko, et al. 2020; Tsamakis, Tsipitios, Ouranidis, Mueller, Schizas, Terniotis, Nikolakakis, Tyros, Kypouropoulos, Lazaris, Spandidos, Smyrnis & Rizos 2021; Bamba, Riordan, Ford & Matthews 2020). Hence, COVID-19 Pandemic is contributing to widening mental health inequities among people who experience health, social, and/or structural vulnerabilities due to marital status, employment, occupation, income, ethnicity, sexuality, gender, pre-existing chronic conditions, and disability (Jenkins, McAuliffe,

A study estimated the pooled prevalence of depression, anxiety, insomnia, posttraumatic stress disorder (PTSD), and psychological distress related to COVID-19 among affected populations to be at 15.9, 15.2, 23.9, 21.9, and 13.2 percent respectively (Cénat, Blais-Rochette, Kokou-Kpolou, Noorishad, Mukunzi, McIntee, Dalexis, Goulet & Labelle 2021). Relatively high rates of symptoms of anxiety (6.33% to 50.9%), depression (14.6% to 48.3%), PTSD (7% to 53.8%), psychological distress (34.43% to 38%), and stress (8.1% to 81.9%) are reported in the general population during the COVID-19 Pandemic in China, Spain, Italy, Iran, the U.S., Turkey, Nepal, and Denmark. In Belgium, France, Italy, Mexico, New Zealand, the United Kingdom, and the United States, the prevalence of anxiety in early 2020 was double or more than double the level observed in previous years. In Australia, Belgium, Canada, France, the Czech Republic, Mexico, Sweden, the United Kingdom, and the United States, prevalence of depression in early 2020 was also double or more than double that observed in previous years (OECD 2021). Given the increased challenges of mental health issues, difficult employment prospects, suspending integrated mental health and employment support systems, it is vital to understand the unique needs and challenges of vulnerable populations.

Impact of the Pandemic on Mental Health and Well-being of Different Populations

Children and Youth

Children and youth worldwide faced challenges to cope emotionally with the stress, boredom, fatigue, fear, irritability, loneliness, anxiety-related with disruptions in social activities, education, daily routine and delays in academic activities, loss of interest in schoolwork, as well as loss of family members caused by the Pandemic (Loades, Chatburn, Higson-Sweeney, Reynolds, Shafran, Brigden, Linney, McManus, Borwick & Crawley 2020; Orgilés, M., Morales, Delvecchio, Mazzeschi & Espada 2020; Cao, Fang, Hou, Han, Xu, Dong, & Zheng 2020; Power, Hughes, Cotter, & Cannon 2020). Many children have been addicted to smartphones, game consoles, and the internet causing mental symptoms (Duan, Shao, Wang, Huang, Miao Yang & Zhu 2020; Yeasmin, Banik, Hossain, Hossain, Mahumud, Salma & Hossain 2020). Children from low-income families and refugee and migrant children faced a double burden. Additionally, children from racial, ethnic, sexual, and gender minority backgrounds were (Liu, Stevens, Wong, Yasui & Chen 2019) are disproportionally affected by the mental health effects of the Pandemic. U.S. young adults aged between 18-30 years reported high levels of depressive symptoms (43.3%), high anxiety scores (45.4%), and high levels of PTSD symptoms (31.8%) during the Pandemic (Liu Zang, Wong, et al. 2020). Being under a stay-at-home order, exposure to social media, and social distancing have been associated with higher levels of anxiety, financial worry, and loneliness (Tull et al. 2020; Okruszek, Aniszewska-StańczukPiejka, Wiśniewska, Żurek 2020; Gao, Zheng & Jia et al. 2020).

Elderly

Mental symptoms are prevalent among older adults in general (Reynolds, Pietrzak, & El-Gabalawy et al.; Gerst-Emerson & Jayawardhana 2015). The Pandemic has exacerbated the situation as elderly people have been screened positive for depression, anxiety symptoms, and loneliness because of factors such as social isolation, lack of environmental stimuli, lack of physical activity, financial difficulties,
barriers in accessing services, and problems in monitoring and early diagnosis of chronic health conditions during the pandemic (Kobayashi, O’Shea & Kler et al. 2021; Santini, Jose, Cornwell, et al. 2020; Tymoszuk, Perkins, Fancourt & Williamon 2020).

**Gender**

COVID-19 has widened the existing gender differences in the prevalence of anxiety and depression. Women have reported significantly higher posttraumatic stress symptoms in the domains of re-experiencing, negative alterations in cognition or mood (Liu, Zhang, Wei, Jia, Shang, Sun, Wu, Sun, Zhou, Wang & Liu 2020; Kavčič, Avsec, & Zager 2021; Liu, Zhang, Wei, et al. 2020). Depression, anxiety, and stress symptoms among females, females with no work, mothers with low income and education, those unemployed, and those who spent long hours on housework and childcare were higher in low- and middle-income countries (Khatabeh, Khasawneh, Hussein, et al. 2021; Pieh, Budimir & Probst 2020; Malkawi, Almhdawi, Jaber, et al. 2021; Xue & McMunn 2021). In the United States, the gender gap in mental health widened by 66% in the initial stages of the Pandemic between March and April 2020 (Adams-Prassl, A. et al. 2020). On the other hand, suicidal ideation has been more prevalent among males than among females (Czeisler, Lane, & Petrosky et al., 2020).

COVID-19 has disproportionately affected and increased depressive symptoms among pregnant and postpartum women, who were already vulnerable to mood and anxiety disorders (Hermann, Fitelson, & Bergink 2021; Perzow, Hennessey, Hoffman, et al. 2021). In addition, perinatal women with pre-existing mental health diagnoses have shown elevated symptoms during the Pandemic (Liu, Erdei, & Mittal 2021). COVID-19 has also disproportionately affected and further exacerbated the mental health of sexual and gender minorities due to restrictions in daily life, social isolation, closure of borders, heightened fear of virus transmission, and impacts on health and the economy (Reid 2020; COVID-19 Survivor Impact Brief: LGBTQ+ Survivors 2020; Kamal, Li, Hahm & Liu 2021; Suen, Cha, & Wong 2020; Kidd, Jackman, Barucco, Dworkin, Dolezal, Navalta, Belloir & Bockting 2021).

**Racial, ethnic, religious minorities, including indigenous people**

COVID-19 has also exacerbated the existing racial divide worldwide. African Americans, Hispanics, Asian immigrants, and other ethnic minorities have been disproportionately impacted by stigma, discrimination, socioeconomic and mental health consequences of the Pandemic (Bray, Michael Johnathan Charles, et al. 2021; Czeisler, Lane, Petrosky, et al. 2020; Qiu, Shen, Zhao, Wang., Xie & Xu 2020; Go, Mozaffarian & Roger et al. 2014; Czeisler, Howard & Rajaratnam 2021). Some ethnic minority groups are also at greater risk of comorbidities, for example, high rates of hypertension in Black populations and diabetes in South Asians, affecting mental health due to disruptions in chronic disease management and increased risk for COVID-19 (Go, Mozaffarian & Roger et al. 2014). A study showed that Bangladeshi, Indian and Pakistani individuals had experienced the highest average increase in mental distress with respect to White British men in the U.K. (Proto & Quintana-Domeque 2021).

In addition, there was a rise in COVID-19 related Anti-Chinese sentiments (Chung & Li 2020). Anti-Asian discrimination and assaults and stigma and discrimination against Chinese and other Asians have increased significantly during the COVID-19 Pandemic, causing a decrease in quality of life and increased mental health problems (Chen, Zhang & Liu 2020; Qiu, Shen, Zhao, Wang., Xie & Xu 2020; Misra, Le, Goldmann &
Yang 2020). Stigma and discrimination have also prevented Asian communities from accessing health services (Wynaden, Chapman, Orb, McGowan, Zeeman & Yeak 2005). Income and food insecurity, and unstable housing among varied racial and ethnic groups has further exacerbated mental health problems (McKnight-Eily, Okoro, Strine, Verlenden, Hollis, Njai, Mitchell, Board, Puddy & Thomas 2021).

**Persons living with a chronic disease and/or disability**

COVID-19 has wide-ranging effects on people with pre-existing physical and mental health conditions (Campion, Javed, Sartorius, et al. 2020; Druss 2020). Individuals with chronic diseases reported more mental health symptoms than the rest of the population (Ozamiz-Etxebarria, Dosil-Santamaría, Picaza-Gorrochategui & Idoigag-Mondragón 2020). Especially older age, male sex, hypertension, diabetes, obesity, cancer, and cardiovascular diseases (including coronary artery disease and heart failure) and problems in their management pose a threat to worse mental health outcomes (Shi, Qin, Shen, Cai, Liu, Yang, Gong, Liu, Liang, Zhao, Huang, Yang, & Huang, 2020; Bonow, Fonarow, O’Gara, & Yancy 2020; Grasselli, Zangrillo, Zanella, Antonelli, Cabrini, Castelli, Cereda, Coluccello, Foti, Fumagalli, Iotti, Latronico, Lorini, Merler, Natalini, Piatti, Ranieri, Scandroglio, Storti, Cecconi, COVID-19 Lombardy ICU Network 2020; Wang, Duan, Ma, Mao, Li, Wilson, Qin, Ou, Peng, Zhou, Li Liu & Chen 2020).

Worsening mental health conditions have been noted among individuals with pre-existing mental health conditions during COVID-19 (Daly & Robinson 2021; Chatterjee, Barikar & Mukherjee 2020; Gloster, Lamnisos, Lubenko, et al. 2020). Higher levels of COVID-19-related anxiety, decrease in sleep quality, and poorer reported health-related quality of life had been observed among individuals with suspected or diagnosed mental health problems (Liu, Stevens, Conrad & Hahm 2020). Mental health outcomes among those diagnosed with mental health conditions were more than six-fold for depression and four to six-fold for anxiety and PTSD (Liu, Conrad & Hahm 2020; Czeisler, Howard & Rajaratnam 2021). Disruptions in mental health services and exacerbation of existing stigma against people living with a mental disorder (Corrigan & Watson 2002) further increased mental health and well-being problems. Also, patients diagnosed with COVID-19 and quarantined persons reported a higher incidence of a neurological or psychiatric diagnosis in the following six months (Taquet, Geddes, Husain, Luciano & Harrison 2021; Wu, Jia, Shi, Niu, Yin, Xie & Wang 2021).

**Healthcare and other frontline workers**

COVID-19 has caused psychological pressure on healthcare and other frontline and essential workers like law-enforcement officers, supermarket and grocery store workers, and unpaid caregivers because of increased workload, physical exhaustion, job-related stress, inadequate personal protective equipment, fear of becoming infected, perceived stigma, and psychological impact of the isolation/quarantine, interpersonal distancing and low wages (Chen, Liang, Li, et al. 2020; Pappa, Ntella, Giannakas, Giannakoulis, Papoutsi, & Katsaounou 2020; Czeisler, Howard & Rajaratnam 2021; Czeisler, Lane, Petrosky, et al. 2020; Cabarkapa, Nadijida, Murgier & Ng 2020; Gupta & Sahoo 2020; American Psychological Association 2021; Toh, Meyer, Phillipou, Tan, Van Rheenen, Neill & Rossell 2021).
The prevalence of depression, anxiety, and insomnia among healthcare workers has been high during the COVID-19 Pandemic with greater effects noticed among female healthcare providers and nurses due to gender inequalities, the extra amount of pressure, and work at home (Pappa, Ntella, Giannakas, Giannakoulis, Papoutsi, & Katshaounou 2020; Lai, Ma, Wang, Cai, Hu, Wei, Wu, Du, Chen, Li, Tan, Kang, Yao, Huang, Wang, Wang, Liu & Hu 2020; Sahebi, Nejati-Zarnaqi, Moayedi, Yousefi Torres & Goltaleb 2021).

Refugees, asylum seekers, and migrants

During the Pandemic, refugees, asylum seekers, and other migrants faced difficulties related to socio-cultural, language, and access to information barriers, as well as the closure of borders and pre-and post-migration experiences. Migrants across the world were more vulnerable to mental health problems during the Pandemic due to the precarious working, living, economic, and health conditions they faced (Orcutt, Patel, Burns, et al. 2020). Refugees already have a higher rate of PTSD, major depressive disorder, and various forms of anxiety due to multiple experiences of trauma, effects of forced migration, unfavorable living conditions, and barriers in accessing employment opportunities, education, and services (Lamkaddem, Stronks, Devillé, Olff, Gerritsen & Essink-Bot 2014; Lebano, Hamed, Bradby H, et al. 2020; El-Khatib, Al Nsour, Khader & Abu Khudair 2020; Kazour, Zahreddine, Maragel, Almustafa, Soufia, Haddad & Richa 2017; Dalexis & Cenat 2020; UNHCR 2020).

Disruptions in public services, support by nongovernmental organizations, lack of financial aid, safe employment and housing opportunities, fear of infection, social isolation, stigma and discrimination, and accusation of contributing to the spread of the disease as well as a decrease in access to health services has further affected mental health and well-being of refugees (Júnior, de Sales, Moreira, Pinheiro, Lima, & Neto 2020; Garfin, Silver, Holman 2020; Pfefferbaum, & North 2020; Galea, Merchant & Lurie, 2020; Druss 2020; Rees & Fisher 2020; Liebkind, & Jasinskaja-Lahti 2000).

American Psychiatric Association estimated that the prevalence rates of mental health disorders for survivors of forced displacement resettled in high-income countries between 20% to 80% percent. Prevalence of up to 44% for anxiety, 44% for depression, and 36% for PTSD for refugees have been documented in another study during COVID-19 (Júnior, de Sales, Moreira, et al. 2020). A study with Syrian refugees showed higher odds of depression during the Pandemic (Sevinc, Hasbal, Sakaci, et al. 2021). Researchers have also reported increased depressive symptoms among refugees in the Nakivale settlement (Kabunga & Anyayo 2021). Another study showed that Bhutanese and Burmese refugees in the U.S. had experienced high levels of pandemic-related stress (Zhang, Gurung, Anglewicz, Baniya & Yun 2021). ILO reports indicate that low-skilled or low-income migrants, migrant, and refugee women, girls with special needs, those without family/community support, children, persons with disabilities, and stateless persons were at higher risk for mental health problems (ILO 2020).

Institutionalized persons and homeless people

Lack of social support, disruptions in regular visits, and purposeful activities increases the likelihood of severe psychological distress and adverse outcomes among people in confinement (Wildeman & Andersen 2020). COVID-19 Pandemic has resulted in restricted visitation and decrease in social contact for institutionalized persons that
are likely to negatively impact psychological well-being (Stewart, Cossar & Stoové 2020; Fouad, Barkil & Diab 2021; UNHCR 2020). The Pandemic has also put homeless people at risk (Tsai & Wilson 2020) because of their unfavorable living conditions, problems in social distancing, quarantine, and isolation, in addition to their existing physical and mental health problems and access to appropriate care (Tsai, Gelberg, & Rosenheck 2019).

**Conclusion**

The COVID-19 Pandemic has led to a serious mental health crisis worldwide. The Pandemic caused widespread disruption of preventive services for mental health and well-being of populations, in addition to disruptions in mental health care for people with existing mental disorders across countries and regions. Social determinants of mental health and well-being were also negatively affected in every corner of the world. Accumulating literature shows that mental health and well-being indicators, as well as access to mental health services, were worse for vulnerable and disadvantaged populations, including children, adolescents, women, older adults, refugees, migrants, and other minorities (WHO 2020; Moreno, Wykes & Galderisi et al. 2020). Therefore, it is imperative to understand the unique challenges faced by people living in vulnerable conditions to promote their health and well-being with targeted health care, social and economic welfare policies.
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