Abou Bakar Idrees Awan*

Institute of Mental and Bahavioral Sciences, Rawalpindi, Punjab, Pakistan

The present study was carried out to explore 19 19 N mated .2adolesc 1 sesentfst abubakrid8isl@ve.combas S sts

2014-2015) in two groups one from high socio economic status districts (n=80) and another from lower socio economic status (n=80). The Anxiety and Depression Questionnaire was used for data collection. The fndings of the study indicated signifcant differences of two samples and it was also found there was more anxiety and depression in poor mental condition in the areas of low income, poor standards of life.

KEYWORDS: *individually and collectively. Poor mental health (Tribe, R2002;*

Lopez Mathers, Eti, Jmison, & Murray, 2006; W2001 Wkenson, KHKeman ,196) experienced by individuals is a signifcant cause of wider social and health problems, including low levels of education achievement and work productivity, poor community cohesion, high levels of physical ill health, premature mortality, violence, and relationship breakdown. **Anxiety** is emotions characterized by feelings of tension, worried thoughts and physical changes like sweating, trembling, dizziness or a rapid heartbeat resulting in worries, disturbed sleep, and have effects on appetite and ability to concentrate (Asad, N et. al,). Depression is a common mental disorder that is characterized by loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration, insomnia or hypersomnia, and occasionally suicidal thoughts. (Hussain et al, 2007; Patel & Kleinman, 2003; Patel, Araya, de Lima, Ludermir, & Todd, 1999) These problems can become chronic or recurrent and lead to substantial impairment in an individual's ability to take care of their everyday responsibilities. Major causes of depression that may include psychosocial stress, poor life style, socio-economic status experience of a traumatic event .

The main objective of the study was to explore effects of poor socio economic status on mental health which is the key factor for the development of any country by measuring the two variables depression and anxiety.

Convenient sampling method was used to collect the information district wise detail is as under on the basis of Pakistan Social and Living Standards Measurement Survey, 2014-2015 as shown in Table 1.

Beck Anxiety Inventory scale, a self-report measure of anxiety (Beck, Epstein, Brown, & Steer, 1988) was used. It consists of 21 items with response category based on three-point likert scale ranging from 0=not at all, 1=mildly but it didn't bother me much, 2=moderately it was not pleasant at times, 3=severely it bothered me a lot. Beck's Depression Inventory, a self-report measure of depression (Beck, Epstein, Brown, & Steer, 1988). It consists of 21 items and items were scored with three point likert scale ranging from, 0=normal 1=mild mood disturbance, 2=moderate depression, 3=severe depression and a Demographic sheet, Demographic sheet was used for recording basic information the people like name, age, gender, education.

*Correspondence regarding this article should be directed to: abubakridris@live.com

For the present study participants were approached on the basis of convenience by visiting their areas, after giving brief information regarding research the participants who agreed to participate in the study were given verbal instructions about how to fll questionnaires (Hudson, C.G 2005). They were requested to give true and honest response about each statement at there is no right or wrong response. They were assured that their information will kept confdential and will not be shared with anyone except for the research purpose. After getting the questionnaires back, they were thanked for their participation.

Data was analyzed through SPSS (version 20) version; t-test was applied to in order to fnd-out the interaction between two groups. Correlation effcient was calculated to explore the relationship among the variables of the present study as shown in Table 2.

Poverty is one of the most signifcant social (Gadit, A.A.M, 2007) determinants of health and mental health, intersecting with all other determinants, including education, local social and community conditions, race/ethnicity, gender, immigration status, health and access to health care, neighborhood factors, and the built environment (e.g, homes, buildings, streets, parks infrastructure). The mental health effects of poverty are wide ranging and reach across the lifespan (Goldberg & Morrison 1963). Individuals who experience poverty, particularly early in life or for an extended period, are at risk of a host of adverse health and developmental outcomes through their life (Lovibond SH et al., 1995). Poverty in childhood is associated with lower school achievement; worse cognitive, behavioral, and attention-related outcomes; higher rates of delinquency, depressive and anxiety disorders; and higher rates of almost every psychiatric disorder in adulthood. Poverty in adulthood is linked to depressive disorders, anxiety disorders, psychological distress, and suicide. Poverty affects mental health through an array of social and biological mechanisms acting at multiple levels, including individuals, families, local communities,

and nations. These fndings are in line with the previous studiess (Patel, Araya, de Lima, Ludermir, & Todd, 1999; Farooq,et al.2011; Gilani et.al.2005; Araya, Lewis, Rojas, & Fritsch, 2003; Patel & Kleinman, 2003 & Wilkinson, R.G. 1997) suggest that there are signifcant difference in prevailing anxiety and depression between the people of high and low Socioeconomic Districts.

Strategies, policies, and programmes at global and regional levels for increasing socio economic status as well as mental health services should be integrated systematically at grass root level. Mental health issues should be mainstreamed into education, students with mental and psychosocial disabilities should be supported. Mental health professionals should be prepared to challenge the global poverty, its relation to political and economic developments, and its consequences for common mental disorders.

All the indicators of socioeconomic status like, Gender education, job, living standards etc. may be taken in to be consideration for future research along with the concept of deprivation.

Asad, N., Karmaliani, R., Sullaiman, N., Bann, C.M., McClure, E.M., Pasha, O., et al. (2010). Prevalence of suicidal thoughts and attempts among pregnant Pakistani women. Acta Obstet Gynecol Scand, 89(12): 1545-1551.

American Psychiatric Association. (1987). Diagnostic and Statistical Manual of Mental Disorders (3rd edn, revised) (DSM III–R).Washington DC: APA.

American Psychiatric Association. (1994). Diagnostic and Statistical Manual of Mental Disorders (4th edn) (DSM–IV). Washington, DC: APA.

Deanna,W., & Linda, R. (1999). Defning and measuring poverty: Implications for the health of Canadians. Health Promot Int, 14: 355-364.

Duncan, G.J. & Brooks-Gunn, J. (eds). (1997). Consequences of Growing Up Poor. New York: Russell Sage.

Dyrbye, L.N., Thomas, M.R., & Shanafelt, T.D. (2006). Systematic review of depression, anxiety, and other indicators of psychological distress among U.S. and Canadian medical students. Acad Med, 81(4): 354-373.

Eisemann, M. (1986). Social class and social mobility in depressed patients. Acta Psychiatrica Scandinavica, 73: 399-402.

Farooq, S., Nazar, Z., Irfan, M., Akhter, J., Gul, E., Irfan, U., et al. (2011). Schizophrenia medication adherence in a resource-poor