Vulnerable populations

# Vulnerable Populations (Mental and Psychosocial disabilities)

A large number of population with mental and psychosocial problems are facing poverty, deteriorating health conditions and are the victims of human rights abuses. Mental issues and psychosocial problems are intertwined with other areas of growth and development such as employment ratio, literacy level, urgent responses, and potential of human rights. Mental issues and psychosocial problems cannot be understood without all these parameters of progress. Each developmental actor such as government, civil society, research institutions, mutual growth agencies, and et al have to consider that disable section of the population -those with the mental and psychological issue- must be benefited from the growth-oriented strategies in society in the same way as like any other social group in society.

The latest estimates about people with mental and psychosocial disabilities suggest that around 970 million people suffer from these vulnerabilities either directly or indirectly (Ritchie & Roser, 2018). Despite enough awareness about the severity of such social problems, these problems remain unaddressed and under-reported. The meta-analysis suggests that in high-income countries the mental and psychosocial disabilities are the cause of ninety percent suicides (Ritchie & Roser, 2018). From middle to lower-income countries, the evidence suggests that this figure is lower. Based on data from many other studies, the estimates suggest that around sixty- eight percent of suicide causes in Taiwan, India, and China are mental and psychosocial disabilities.

The background cause of many mental and psychosocial disabilities is the stigma and discrimination, such a vulnerable population face from society. Taylor writes that people with such disabilities face barriers in exercising their social and political power, which also restrict their ability to participate in matters of public affairs (Taylor, 2015). It also restricts their ability to access essential health and social care. Many people from this vulnerable group experience problems in attending educational institutions and in finding opportunities for employment. These background problems affect public health badly. Some of the after-effects of these problems on public health include premature deaths, higher suicide rates, general disabilities, and depressions.

The cultural background of people with such disabilities is homogenous. There are no differentiating patterns which might affect the well- being or impact more badly on the health circumstances of this group of people (Wilson, 2019). With a little discordance in culture, race and social patterns, the basic reasons for the disabilities in the vulnerable population remains entirely alike. In some cases, the patients may find themselves in a difficult situation when the health care provider does not comprehend the spiritual, cultural or religious uniqueness. Such factors may result in psychosocial concerns. Psychologically these concerns are relevant to ethnicities, race, age, gender discrimination, and sexual discrimination. Socially they may impact on income, insurance coverage and social health care (Newman & Newman, 2017). Some analysts also argue that vulnerabilities impact adversely over the overall economy, poverty, housing and education of such people.

Since they have restricted access to income opportunities, this group of people remains economically marginalize. Loibl writes that economic betterment of such group of people is largely dependent over economic aid from governmental or non- governmental organizations (Loibl, 2018). In recent times, many non- governmental organization have been working on integrating this group of people into society by providing them with customized facilities to build their economy. Similar to the economy, these people face serious health problems. Their health vulnerabilities can be divided into three categories, which are physical, psychological and social (Stangl et al., 2019). People with physical needs consist of high- risk mothers and infants, physically disabled or chronically ill, and people with immunodeficiency syndrome like HIV et al. Psychologically, these group of people are affected with depressions, chronic mental diseases, and hyperactive disorders. Finally, in the social realm, the vulnerable population are those who live in abusive social conditions. They can be immigrants, homeless people and refugees.

The vulnerable population is also at risk of acquiring various health and chronic disorders. Since they are constrained to a specific place and they remain in a disadvantageous position compared to normal beings, therefore they are at risk of many health and natural causes. From a medical perspective, they are at a handy risk of adapting various immunodeficiency syndromes. From a natural perspective, they could certainly be the first victim of the calamity (“Vulnerable populations,” 2019). These risk factors and health concerns can be minimized, once such people are provided with extensive care and proper social care. Inside a social community, since people are dependent over the existence of other, therefore caregivers and social planners divide the prevention techniques into primary, secondary and tertiary levels (Kim et al., 2016). The primary level prevention includes preventing such population from direct threats or from illness or injury. The secondary measurement includes facilitating them in order to keep them away from harm or threat, whereas the tertiary level is about the preventive measures. These preventive measures may take the form of both disease prevention or from the material threat.

The public health nurses elaborate and specify the details of different people. They elaborate on the problems of the vulnerable section in society such as downtrodden social groups to the people who plan health-related policies. Public health nurses even help the community members to clarify their actual needs and desires about their well-being (De Chesnay & Anderson, 2019). The strengthening of the health system is undoubtedly an acknowledged priority in achieving significant health goals, for instance, goals related to the worldwide eradication of a disease. Some of the notable Health-related goals include the initiatives related to the end of tuberculosis, HIV virus, children’s’ vaccination, malaria, and others. Nevertheless, the efforts, policies, and objectives are often inappropriately expressed in policies. In this vein, the promotion of good health in underdeveloped countries around the world, it is mandatory to take a few steps (Beard & Bloom, 2015). The US Centers for Disease Control and Prevention suggests the investment on six vital attributes in the health industry which have the real capacity to transform the inadequate health systems around the world. All these measures signify that concerted goals can yield real effects in promoting good health among masses.

The Alliance to end hunger, Mission aviation fellowship and World concerns are organizations which work for the vulnerable community. These are some organization which makes sure that such population remains intact with the community. There are many additional resources which are required to facilitate a vulnerable population within a community or society.

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