






## Mental Health, the COVID-19 Pandemic and Social Inequalities: an Integrative Review

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**Abstract:** The Covid-19 pandemic has had a significant impact on mental health conditions for different social groups, as it has contributed to worsening health inequalities. The aim of this work was to identify what has been researched nationally and internationally about the effects of the COVID-19 pandemic on mental health, considering the contexts of social inequalities experienced by different subjects and social groups. This paper is a literature review based on searches for articles indexed in the Virtual Health Library (VHL) between 2020 and 2022. The Boolean operator “and” was associated with the descriptors social inequality, mental health and Covid-19. Twenty-five articles from different countries were analyzed. The results reveal different conceptions and approaches used to classify expressions of mental health among different subjects and social groups, and the markers of gender and race linked to worse mental health conditions. Based on the experience of the pandemic, we consider the need to broaden our conceptions of mental health, as well as sociocultural differences, and factors such as food insecurity, poverty, gender and racial inequalities as essential in the production of mental health care practices.

**Keywords:** mental health, covid-19, social inequalities

## Saúde Mental, Pandemia da Covid-19 e Desigualdades Sociais: uma Revisão Integrativa

**Resumo:** A pandemia da Covid-19 impactou as condições de saúde mental de diferentes grupos sociais e agravou o quadro de desigualdades em saúde. O objetivo deste trabalho foi identificar o que tem sido pesquisado nacional e internacionalmente sobre os efeitos da pandemia da Covid-19 na saúde mental de diferentes sujeitos e grupos sociais considerando os contextos de desigualdades. O presente trabalho é uma revisão de literatura realizada a partir de buscas por artigos indexados na Biblioteca Virtual de Saúde (BVS), entre os anos de 2020 e 2022. O operador booleano “and” foi associado aos descritores desigualdade social, saúde mental e Covid-19. Foram analisados 25 artigos de diferentes países. Os resultados demonstram diferentes concepções e métodos utilizados para classificar as expressões de saúde mental entre os diferentes sujeitos e grupos sociais, e os marcadores de gênero e raça atrelados a piores condições de saúde mental. A

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partir da experiência da pandemia da Covid-19, considera-se a necessidade de ampliar nossas concepções sobre saúde mental, bem como as diferenças socioculturais, e fatores como a insegurança alimentar, a pobreza, e as iniquidades de gênero e raça como essenciais na produção de práticas de cuidado em saúde mental.

**Palavras-chave:** saúde mental, covid-19, desigualdades sociais

## Introduction

On March 11, 2020, the World Health Organization (WHO) officially declared the beginning of the COVID-19 pandemic worldwide due to the high level of contamination by the new coronavirus disease (SARS-CoV-2). Since then, we have experienced one of the greatest health and socioeconomic crises of the last two centuries, with an increase in poverty and a deepening of social inequalities. In Brazil, the updated numbers account for more than 700,000 deaths, while globally, this number surpasses 7 million deaths (WHO, 2023).

In general, the disease initially affected urban centers integrated into international circuits and the middle and upper classes of the population. It then spread forcefully to territories considered peripheral, impacting more severely individuals and social groups entrenched in a reality of poverty and historical social, ethnic-racial, and gender inequalities (Buss & Fonseca, 2020). In this sense, despite its novelty, the first pandemic of the 21st century has highlighted structural problems in society.

This is why Horton (2020) and Bispo Junior and Santos (2021) shared the perspective that we are, in truth, experiencing not only a pandemic but also a syndemic, considering that it is necessary to analyze the virus's behavior in relation to the numerous conditions that shape social life and are directly intertwined with the unequal distribution of adverse effects arising from COVID-19. Based on this view, we understand that actions and decisions in the face of a health emergency should not be solely centered on the virus in question, as we must consider everything from its interaction with humans to the concrete and symbolic resources that need to be employed (Segata, 2020).

In this scenario of uncertainties and limited access to resources for addressing the current health crisis, we have been confronted with a concern related to the psychological suffering of the population that gained prominence during the COVID-19 pandemic, culminating in significant challenges for providing mental health care actions and policies. Feelings such as fear, distress, and sleep-related issues, as well as conditions such as anxiety, depression, and posttraumatic stress disorder, have been widely documented (Organização Pan-Americana de Saúde [OPAS], 2022). Furthermore, unemployment, food insecurity, and violence have also contributed to the creation of a psychosocial framework of suffering that has characterized the subjective experience during the COVID-19 pandemic.

In this sense, considering the COVID-19 pandemic as an expression of social processes and relationships inserted in a concrete reality and crossed by differences in power and differentiated access to economic and social resources, we must also think about the expressions of psychosocial suffering experienced by subjects and social groups inserted in contexts marked by poverty, vulnerabilities and accentuated uncertainties. Based on the above, the aim of this literature review has been to identify what has been researched nationally and internationally about the effects of the COVID-19 pandemic on mental health, considering the contexts of social inequalities experienced by different subjects and social groups.

## Methodology

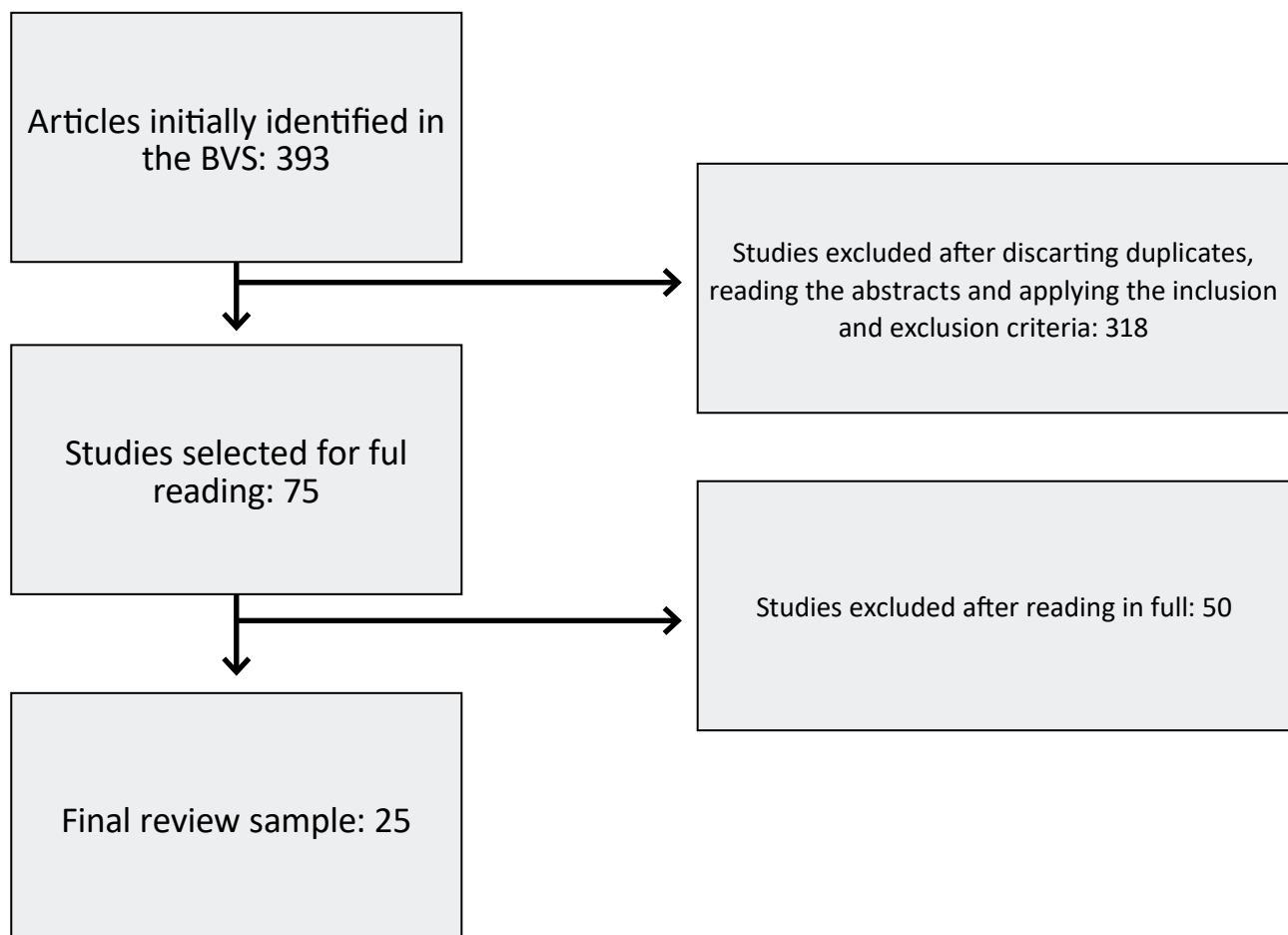
The first stage of this study<sup>1</sup> involved searching for articles indexed in the Virtual Health Library (BVS). The Boolean operator “and” was used to associate the following descriptors: social inequality, mental health, and COVID-19, which were also utilized in Portuguese (*desigualdades sociais, saúde mental e COVID-19*). A time frame from 2020 to 2022 was established to encompass only articles published during the pandemic period. The combination of descriptors yielded a total of 393 papers, and this number was reduced to 389 after excluding duplicated articles.

Next, the titles, abstracts, and keywords of all the located articles were read, and those that met the following criteria were included: (a) scientific articles published in English, Portuguese, or Spanish; (b) empirical articles with objectives aimed at identifying, understanding, exploring, and/or delving into the effects caused by the COVID-19 pandemic on the mental health of groups in contexts of social inequality; and (c) works published between 2020 and 2022. Publications with the following characteristics were excluded: (a) full text unavailable; (b) theoretical works, theses, dissertations, books, or literature reviews; (c) research in which participants were health care professionals or managers; and (d) research focusing on vulnerabilities associated with a specific health condition or chronic disease or that focused on so-called high-risk groups.

After reviewing the abstracts and applying the inclusion and exclusion criteria, 75 articles remained for full-text reading. At this stage, it was identified that many of the studies did not discuss the relationship between mental health and social vulnerability and only mentioned it very superficially. Some theoretical articles were also excluded, which led to the selection of 25 articles, that comprised the final sample of this review. These articles were organized into a spreadsheet containing the article title, author(s), country, publication journal, abstract, objective, methodology used, and findings. Figure 1 provides a synthesis of some of these data regarding the bibliographic sample. Through a descriptive and qualitative analysis of the studies, thematic categories were defined and will be presented subsequently, in line with the review's objective.

**Figure 1**

*Flowchart of the article selection process.*



## Results and Discussion

### Bibliometric Results

Information regarding the year of publication is as follows: 10 articles were published in 2020; 12 articles were published in 2021; and 4 articles were published in 2022. Considering the region/country of the studies, most of the articles came from Asia (10 articles), especially India (03) and China (02), and the countries that make up the so-called Middle East: Qatar (01), Israel (01), Jordan (01), Palestine (1), Lebanon (01). The region with the second-largest presence was North America (6 studies); most of them came from the USA (05), and one publication came from Canada (01). This was followed by Europe (05 articles), with research from the following countries: Germany (01), Spain (01), France (01), Italy (01) and Norway (01). Last was South America (01), with one study having been carried out in Brazil. Three studies came from regions that do not fit into the above mentioned categories: Turkey (02) and the Middle East and North Africa region (01).

Regarding the methodology used, there was a predominance of quantitative studies (23). Only two articles relied on qualitative methodology, one of which used semistructured interviews (Huq et al., 2021) and the other of which (Souza et al., 2020) conducted action-participant research with an online intervention. With regard to the data collection strategy, of the 25 studies identified, 17 were carried out online, 15 of which used questionnaires; one qualitative study, conducted a Virtual Culture Circle (Souza et al., 2020). Two studies applied in-person questionnaires (Beutel et al., 2021; Reagu et al., 2021), and one applied questionnaires both online and in person (Refaeli & Krumer-Nevo, 2022). Finally, one study was conducted by telephone (Huq et al., 2021), and five studies obtained data from other databases, such as national databases or health, education and similar systems (Le & Nguyen, 2021; Lee & Singh, 2021; Moulin et al., 2022; Myhr et al., 2021; Nie et al., 2021; Tham et al., 2021).

Most of the studies targeted adults. The study by Caroppo et al. (2020) investigated a wide age range, including participants from 11 years old to over 70 years old. Only three of the studies targeted children (Moulin et al., 2022) and adolescents (Folch et al., 2022; Myhr et al., 2021). In addition, there was a predominance of studies that evaluated depressive and/or anxious symptoms, with 60% of the research focusing on the pairs “anxiety”/“depression” or “depressive symptoms/anxious symptoms”, denoting a traditional, psychopathological approach to mental health. These studies predominantly used internationally validated scales, especially the Patient Health Questionnaire for Anxiety and Depression (PHQ-4) and the Generalized Anxiety Disorder-7 (GAD-7). Scales and questionnaires specific to the COVID-19 pandemic were also used, such as the COVID Worry Scale (Bajaj et al., 2020; Ghandour et al., 2020) and the Fear of COVID Scale (Salameh et al., 2020). Caroppo et al. (2020) applied a questionnaire about the feelings experienced when quarantine was announced and three months after it began.

### Figure 2

*Bibliometric results.*

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TITLE	YEAR	JOURNAL	COUNTRY	METHODOLOGY	PARTICIPANTS/N	MENTAL HEALTH ASSESSMENT
Levels and predictors of anxiety, depression and health anxiety during COVID-19 pandemic in Turkish society: The importance of gender	2020	International Journal of Social Psychiatry	Turkey	Quantitative. Online questionnaire.	Individuals aged above 18 living in various provinces of Turkey/ N=343	HADS

**Figure 2**

*Bibliometric results.*

*continua*

TITLE	YEAR	JOURNAL	COUNTRY	METHODOLOGY	PARTICIPANTS/N	MENTAL HEALTH ASSESSMENT
Dynamics of psychological responses to COVID-19 in India: A longitudinal study	2020	PlosOne	India	Quantitative Online survey. Follow up (2 months)	Indian adults	GAD-7; PHQ-4; Single Likert item about stress.
Facing new fears during the COVID-19 pandemic: The State of America's mental health	2020	Journal of Anxiety Disorders	USA	Quantitative. Online survey.	National sample(ages 18 and over)/N=10.368	CES-D Scale. GAD-7
Psychological health, sleep quality, and coping styles to stress facing the COVID-19 in Wuhan, China	2020	Translational Psychiatry	China	Quantitative. Cross-sectional study using an online survey.	Residents of Wuhan (aged 18 years and older)/N=1242	GAD-7; PHQ-9; Athens Insomnia Scale; Coping Style Scale.
The impact of the COVID-19 pandemic on mental health: early quarantine-related anxiety and its correlates among Jordanians	2020	Eastern Mediterranean Health Journal	Jordan	Quantitative. Cross-sectional study using an online survey.	Adults (aged 18 years and older)/N=5274	BAI
Unequal effects of the national lockdown on mental and social health in Italy	2020	Annali dell'Istituto Superiore di Sanità	Italy	Quantitative. Online survey.	Adolescents and adults(10 years to over 70 years)/N=3562	Questions on feeling about the lockdown.
Worry and insomnia as risk factors for depression during initial stages of COVID-19 pandemic in India	2020	PlosOne	India	Quantitative Online survey.	Indian residents (aged 19 years or older)/ N=408	COVID-19 Worry Questionnaire; Sleep Health Questionnaire; Insomnia Severity Index; Epworth Sleepiness Scale; Mood and Feelings Questionnaire.
Double Burden of COVID-19 Pandemic and Military Occupation: Mental Health Among a Palestinian University Community in the West Bank	2020	Annals of Global Health	Palestine	Cross-sectional exploratory study using an online survey.	University community (17 to 70 years)/ N=1851	Distress and Insecurity scales; Covid Worry Scale.
Mental Health Outcomes of the COVID-19 Pandemic and a Collapsing Economy: Perspectives from a Developing Country	2020	Psychiatry Research	Lebanon	Quantitative Online survey.	Lebanese adults aged over 18/ N=502	Fear of Covid Scale; BDS-22; LAS-10; IDFFW
Pandemia e imigração: famílias haitianas no enfrentamento da COVID-19 no Brasil	2020	Escola Anna Nery	Brazil	Qualitative. Action-participant.	Haitian immigrants/N= 10 families	Not applicable

**Figure 2**

*Bibliometric results.*

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TITLE	YEAR	JOURNAL	COUNTRY	METHODOLOGY	PARTICIPANTS/N	MENTAL HEALTH ASSESSMENT
Predictors of depression, anxiety and stress among remote workers during the COVID-19 pandemic	2021	Work	Turkey	Quantitative. Online survey.	Remote workers(24-60 years)/N=459	Depression-AnxietyScale
Mental health and loneliness in the German general population during the COVID-19 pandemic compared to a representative prepandemic assessment	2021	Scientific Reports	Germany	Quantitative. Face to face survey.	General population/ N= 2.503	PHQ-4; Loneliness by a validated item.
Monthly trends in self-reported health status and depression by race/ethnicity and socioeconomic status during the COVID-19 Pandemic, United States, April 2020 – May 2021	2021	Annals of Epidemiology	USA	Quantitative. Data base (Household Pulse Survey)	Adults aged 18 and older (18-75+)/N = 1.144.405	Question from HPS: Over the last 7 days, how often have you been bothered by feeling down, depressed, or hopeless? (not at all, several days, more than half the days, or nearly every day)
Common Mental Disorders and Economic Uncertainty: Evidence from the COVID-19 Pandemic in the U.S.	2021	PLOS ONE	USA	Quantitative. Probability-based panel survey (COVID Impact Survey)	Nationally representative sample of U.S. adults aged 18 and older	Psychological Distress Scale
Impact of COVID-19 Pandemic on the Mental Health of Students From 2 Semi-Rural High Schools in Georgia	2021	Journal of School Health	USA	Cross-sectional online survey.	Students in grades 9-12 attending high school in a semirural area/N= 3946	9 stress and mental health-related questions
Psychological impact of the COVID-19 pandemic within institutional quarantine and isolation centers and its sociodemographic correlates in Qatar: A cross-sectional study	2021	BMJ Open	Qatar	Cross-sectional study. Face to face survey	Individuals in institutional quarantine and isolation (18-94 years)/ N=748	PHQ-ADS; PHQ-9; GAD-7;
The psychological burden of the COVID-19 pandemic severity	2021	Economics and Human Biology	USA	Quantitative. Data base (Household Pulse Survey)	General population (data from HPS).	Psychological Distress, indicated by daily anxiety, daily worry, daily displeasure or daily depression.
The burden of loneliness: Implications of the social determinants of health during COVID-19	2021	Psychiatry Research	Canada	Quantitative. Online survey.	Individuals able to consent and able to read and understand English (18-65+)/(N=661)	PHQ-9; GAD-7; The 8-item UCLA Loneliness Scale

**Figure 2**

*Bibliometric results.*

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TITLE	YEAR	JOURNAL	COUNTRY	METHODOLOGY	PARTICIPANTS/N	MENTAL HEALTH ASSESSMENT
Intersectional tension: A qualitative study of the effects of the COVID-19 response on survivors of violence against women in urban India	2021	BMJ Open	India	Qualitative. Semistructured interview by telephone and framework analysis	Femalesurvivors of domestic violence in Mumbai(under 20 to 65+)/N=586	Not applicable
Impact of COVID-19 on mental health and quality of life: Is there any effect? A cross-sectional study of the MENA region	2021	PlosOne	MENA (Middle East and North Africa)	Cross-sectional, web-based survey.	General population (adults aging 18 years and older)/N=6142	IES-R; 6 modified and validated questions: 3 about feelings and 3 about stress; Mental health-related lifestyle changes.
Impact of COVID-19 Pandemic Lockdown on Mental Well-Being of Norwegian Adolescents During the First Wave— Socioeconomic Position and Gender Differences	2021	Frontiers in Public Health	Norway	Quantitative. Data base (Ungdata) and online survey.	Lower secondary school students(13-16 years)/N =2443	Hopkins Symptom Checklist; Cantril’s Ladder; Specific questions about life quality from Norwegian’s Directorate of Health report.
Income-related health inequality among Chinese adults during the COVID-19 pandemic: evidence based on an online survey	2021	International Journal for Equity in Health	China	Quantitative. Data base (2020 China COVID-19 Survey, an anonymous cross-sectional survey)	National sample of adults aged 18 years and over/N= 8488	PCL-C
Mental Well-Being during the COVID-19 Confinement among Adolescents in Catalonia: The Role of Demographic and Other COVID-Related Variables	2022	Children	Spain	Cross-sectional study. Data Base (DESKcohort).	Students(14-18 years)/ N=303	Warwick– Edinburgh Mental Wellbeing Scale
Longitudinal impact of psychosocial status on children’s mental health in the context of COVID-19 pandemic restrictions	2022	European Child & Adolescent Psychiatry	France	Quantitative. Longitudinal data base (ELFE Program) and online survey.	Children(8-9 years)/N = 4575	Strengths and Difficulties Questionnaire (SDQ)
Mental distress during the coronavirus pandemic in Israel: Who are the most vulnerable?	2022	International Journal of Environmental Research and Public Health	Israel	Quantitative Online and face to face survey.	Adults (20 to 68 years)/N=273	CES-D Questionnaire

From reading the articles, two categories of analysis emerged that allowed us to identify the relationships observed between social inequalities and the effects of the COVID-19 pandemic on the population’s mental health. These categories are as follows: a) mental health in times of pandemic: what are we talking about? and b) the unequal distribution of suffering: gender, race and COVID-19.

## **Mental Health in Times of Pandemic: What Are We Talking About?**

Regarding the definitions found for mental health, it should be noted that in most of the studies, there were no definitions found regarding the concept of mental health. What was observed was the automatization/naturalization of the psychopathological approach, especially anxiety and depression, as synonymous with mental health. Şentürk et al. (2021), for example, assessed the presence of predictors of anxiety, depression and stress among remote workers during the pandemic. The authors clarified that stress, anxiety and depression were used to measure mental health. Stress was defined in the aforementioned research as a feeling of physical or emotional tension, which can be caused by any event or thought that triggers worry, anger or nervousness. Depression was defined as a mood disorder involving low mood and loss of interest. Anxiety, on the other hand, was defined as a reaction to stress and involves feelings of worry, nervousness, irritability or restlessness. Similarly, Nie et al. (2021) reported that mental health was measured based on responses to a posttraumatic stress disorder assessment scale.

Refaeli and Krumer-Nevo (2022) investigated the presence of mental distress among the Israeli adult population, defined by the authors as “a set of mental health problems and mental health disorders that do not fit the standard diagnostic criteria and are characterized by symptoms such as sleep problems, irritability, difficulty concentrating, etc.” (Refaeli & Krumer-Nevo, 2022, p. 2). Myhr et al. (2021) investigated the mental well-being of students in Norway, defining mental well-being as life satisfaction, quality of life, depressive symptoms and loneliness. Le and Nguyen (2021) used the concept of psychological distress to investigate the psychological well-being of Americans, which referred to the daily presence of at least one of the following symptoms: anxiety, worry, displeasure or depression. The authors argued that “this measure [psychological distress] more accurately reflects the psychological consequences, because individuals do not need to experience all four symptoms to be

considered psychologically affected” (Le & Nguyen, 2021, p. 2).

Some studies took a broader approach to mental health, involving diverse feelings and experiences outside of psychopathological patterns, as well as the subjects’ community relationships and perspectives on the future. Ghandour et al. (2020) examined the concept of distress, which was defined as emotional suffering, frustration, anxiety, sadness, anger, incapacity and related feelings. Insecurity, in turn, was defined as including psychological and social components, with a focus on the sense of home, attachment to the community and a positive and hopeful sense of the future. Experiences of suffering that negatively affect mental health and psychological well-being throughout life, such as humiliation, deprivation, and war trauma, among others, were thought of as “invisible wounds inside” (Ghandour et al., 2020, p. 2) that can lead to illness. A less rigid and no pathologizing approach to mental health was also observed. The authors’ assessment involved feelings such as anger, frustration, sadness, suffering, humiliation, and insecurity, among others. Finally, it should be noted that the authors defined health and illness as a “continuum between health and illness, as opposed to the dichotomy between healthy and sick that pathologizes people facing political conflicts” (Ghandour et al., 2020, p. 2).

Caroppo et al. (2020) addressed various feelings, such as melancholy, confusion, boredom and nostalgia, as well as fear and anxiety. Al Dhaheri et al. (2021), based on the experience of the region studied with MERS-CoV, sought to assess the effect of the pandemic on the mental health of the population of the MENA region by asking whether people felt horrified, apprehensive or helpless. The qualitative research pointed to unique experiences, which do not fit into the notion of a symptom and which, as a result of the approach used, do not fit into the standardized experiences assessed by scales. Souza et al. (2020), in a survey of Haitian immigrants in Brazil, identified fear, isolation, loneliness, lack of friendships, discouragement and concerns about work and family subsistence in Brazil and Haiti, uncertainty about the future, risk of contamination and dying in Brazil. Another qualitative study by Huq



et al. (2021) emphasized the experience of Indian women with a history of family violence during the pandemic. The participants reported increased stress, overload and worries about finances, food and children.

Other experiences related to mental health were also discussed/evaluated, such as loneliness (Beutel et al., 2021; McQuaid et al., 2021; Myhr et al., 2021; Souza et al., 2020), stress (Gopal et al., 2020; Gazmararian et al., 2021; Ghandour et al., 2020; Huq et al., 2021; Salameh et al., 2020; Şentürk et al., 2021), mental well-being (Folch et al., 2022; Myhr et al., 2021), quality of life (Myhr et al., 2021), insomnia/sleep disorders (Bajaj et al., 2020; Fu et al., 2020), fear, worry, horror, apprehension, concerns, isolation, perceived threat, and dissatisfaction (Fitzpatrick et al., 2020; Souza et al., 2020; Le & Nguyen, 2021; Caroppo et al., 2020).

Therefore, most of the studies took a traditional approach to mental health and relied on a psychopathological perspective to address it. Despite this tendency, some studies addressed a greater diversity of feelings/emotions, did not rely on the notion of symptom/disorder and rejected perspectives based on a pathologizing psychological grammar (Al Dhaheri et al., 2021; Caroppo et al., 2020; Ghandour et al., 2020; Souza et al., 2020). Despite the prevalence of a traditional approach to mental health research, the studies were able to identify that economic status, gender, racial and territorial inequalities, among many other variables, have had a negative impact on mental health during the pandemic.

Some of the articles exemplified the consequences of a psychopathological approach by emphasizing the importance of psychiatric planning and psychological support that prioritizes vulnerable groups (Özdin & Özdin, 2020), of screening for mental health problems among subgroups exposed to various risk factors, such as economic insecurity (Salameh et al., 2020) and of even implementing preventive actions, such as interventions in cognitive behavioral therapy and mindfulness. There was even a recommendation that people “should find appropriate ways to exercise to improve their sleep quality and reactions to stress from the epidemic”

(Fu et al., 2020, p. 8). The strategy suggested in these cases is that of an individualistic and psychiatrizing nature, although these same studies explained the role of inequalities in the worst mental health conditions found.

In contrast to this perspective, other research suggested the need for broad strategies, such as financial assistance measures (Moulin et al., 2022), actions to reduce poverty, reduce food insecurity and expand access to the health system (Nie et al., 2021), social and health policies, the prioritization of the most vulnerable groups (Myhr et al., 2021), moral and financial support for low-income families and those who have lost their jobs, and, finally, the regulation of working hours (Al Dhaheri et al., 2021).

The most vulnerable groups, whether due to living in war zones, socioeconomic uncertainty, experience of domestic violence or immigrant status, were found to have the worst mental health. As discussed below, the examined studies found that women (adults, young people or adolescents), ethnic minority populations (such as blacks, Hispanics and immigrants) and those from disadvantaged economic classes have worse mental health. This corroborates the argument that we are experiencing a global syndemic, the effects of which have been differentiated in interaction with the inequalities experienced by the most vulnerable groups and in interaction with the political agendas of each government.

### **The Unequal Distribution of Suffering: Gender, Race and COVID-19**

The aim of this category was to highlight the intertwining of gender, ethnic-racial and income inequalities and their relationship with mental health in the articles analyzed. The latter was mentioned in most of the studies, whether they looked at the mental health of women, young people, adolescents, children, immigrants or adults and whether the study took place in America, Europe, Africa or Asia. Among the articles analyzed, those that addressed the relationship between mental health and this marker indicated that the impacts on mental health were greater for groups in lower socioeconomic positions

(Al Dhaheri et al. 2021; Bajaj et al., 2020; Beutel et al., 2021; Caroppo et al., 2020; Folch et al., 2022; Huq et al., 2021; Lee & Singh, 2021; Massad, et al., 2020; McQuaid et al., 2021; Moulin et al., 2022; Myhr et al., 2021; Nie et al., 2021; Özdin & Özdin, 2020; Reagu, et al., 2021; Refaeli & Krumer-Nevo, 2022; Salameh et al., 2020; Şentürk et al., 2021; Souza et al., 2020; Tham et al., 2021).

In addition to this aspect, gender inequalities appear to be an important element, as they were pointed out by a significant number of articles as one of the main factors in health inequalities; 20 studies stated that women, when compared to men, have suffered a greater impact on mental health during the pandemic, as specified in the examples below.

As described in the previous category, mental health was approached from different perspectives, which means that different terms were used to express the data in question. Women not only constituted the most psychologically affected group (1) but also showed higher rates of stress (Al Dhaheri et al., 2021; Gopal et al., 2020; Huq et al., 2021; Massad et al., 2020; Salameh et al., 2020), anxiety (Beutel et al., 2021; Caroppo et al., 2020; Fu et al., 2020; Gazmamarian et al., 2021; Gopal et al., 2020; Huq et al., 2021; McQuaid et al., 2021; Salameh et al., 2020; Şentürk et al., 2021) and depressive symptoms/depression (Gazmamarian et al., 2021; McQuaid et al., 2021; Şentürk et al., 2021). Adolescent girls showed worse mental health outcomes (Folch et al., 2022). Women showed greater mental distress (Refaeli & Krumer-Nevo, 2022); women were disproportionately affected with greater mental distress (Tham et al., 2021); women were significantly more likely to report distress and insecurity (Ghandour et al., 2020), melancholy, confusion and nostalgia (Caroppo et al., 2020); women had higher levels of worry, fear (Caroppo et al., 2020; Fitzpatrick et al., 2020) and loneliness (McQuaid et al., 2021); and women higher levels of sleep disorders/insomnia (Fu et al., 2020; Bajaj et al., 2020).

The studies that briefly addressed the reasons that led women to suffer a greater impact on their mental health associated these results with the work overload/domestic responsibility experienced by women (Gopal et al., 2020; Huq et al., 2021; Şentürk et al., 2021); situations of domestic violence (Gopal et al.,

2020; Huq et al., 2021; Massad et al., 2020); financial insecurity/concern (Al Dhaheri et al., 2021; Huq et al., 2021; Şentürk et al., 2021; Tham et al., 2021); and food insecurity (Huq et al., 2021); and unemployment/work-related concern (Al Dhaheri et al., 2021; Beutel et al., 2021; Refaeli & Krumer-Nevo, 2022).

A study carried out in Turkey reported that the gender inequalities found in health experiences were due to the time spent on household chores and childcare. Curiously, the authors stated that “contrary to expectations, surprisingly” women’s workload has increased compared to men’s. They also stated that women are more responsive to domestic demands and that their tasks are more often interrupted by children or carried out in their presence (Şentürk, et al., 2021).

Contrary to the authors’ expectations, and in line with their own findings, a series of reports pointed to the greater vulnerability of and burdens placed on women; in an early report released by Oxford Committee for Famine Relief (Comitê de Oxford para o Alívio da Fome [Oxfam], 2020), women, especially black and Latino women, were already identified as one of the main groups affected by the pandemic and therefore more vulnerable. Additionally, in a report produced by the UN, the data show that women are those most affected by unpaid domestic work, especially in times of crisis, such as the pandemic (Organização das Nações Unidas [ONU], 2020). In a report presented by the Pan American Health Organization (PAHO, 2021), “Gender and Health Analysis: COVID-19 in the Americas”, the data reveal that the COVID-19 pandemic has had a disproportionate impact on women in the Americas, threatening their development and well-being and contributing to increasing gender inequality in health.

In a study conducted in India, the results showed that women had significantly more domestic responsibilities during lockdown periods, mainly due to “the skewed gender division of domestic labor in India” (Gopal et al., 2020, p. 9). According to the authors, the increased level of responsibilities, combined with a lack of time for themselves, could increase women’s levels of stress, anxiety and depression. The same study pointed to the high prevalence rate of domestic violence experienced

by women in India, which were intensified in the pandemic, thereby reflecting India's patriarchal social organization (Gopal et al., 2020).

We found a cross-cultural character in the expressions of gender inequalities in health, marked by the social role assigned to women in the sexual division of labor. Although articles from different countries were analyzed, implying different contexts and realities, patriarchy as a system that orders a certain social logic was found to operate in different realities, producing similar expressions regarding women's mental health. Imbued in this logic, explanations such as that women "tend to believe that they have no control over their worries and are therefore prone to worry about their worries, resulting in a vicious cycle of anxiety" (Massad et al., 2020) appear as justifications for the high levels of stress experienced by women during the pandemic.

In this research, which was conducted in Jordan, the results showed an increase in domestic violence along with other forms of violence against women; this is in line with data from the United Nations Population Fund (UNPF), which, according to the study's authors, indicate that 69% of Jordanian women have been victims of some form of domestic gender-based violence during the COVID-19 pandemic. In addition, the authors stated that those who had a low income and lived with a large number of people at home experienced higher levels of anxiety during the pandemic (Massad et al., 2020).

In addition to gender and income inequalities, the analysis of the articles also highlights health inequalities produced by ethnic and racial inequalities, which were explored or at least mentioned in five studies (Le & Nguyen, 2021; Lee & Singh, 2021; McQuaid et al., 2021; Reagu et al., 2021; Souza et al., 2020). In this context, the experiences of immigrant workers during the pandemic deserve to be highlighted, as it can be seen that health inequalities were strongly linked to the social vulnerabilities to which they are subjected, especially unemployment/poor working conditions and housing conditions (Reagu et al., 2021; Souza et al., 2020). Both studies carried out with immigrant workers, one of which was conducted in Qatar and the other of which was conducted in Brazil, showed

the "weight" of social isolation expressed in the high rates of depression and anxiety seen during the pandemic, as well as fear and worries related to work, their own livelihoods and the livelihoods of family members in their homelands.

The study carried out by Reagu et al. (2021) in Qatar highlighted not only the particularities of the country, whose majority foreign population (88%) makes it unique, but also the fact that loneliness and social isolation were two of the main factors impacting mental health during the pandemic. The authors also pointed out that the group investigated had free access to health care provided by the state, which contributed to isolation being the main source of their suffering.

While Le and Nguyen (2021) pointed out the lack of statistical evidence on the impact of the pandemic on the mental health of Hispanic and black individuals in the USA, Lee and Singh (2021) highlighted the association between low educational and income levels and worse mental health conditions for both groups, expressed mainly in higher rates of depression. Additionally, the results of research carried out in Canada indicated that the negative impacts of the pandemic on mental health and well-being have disproportionately affected precarious groups, such as ethnic minorities and low-income individuals (McQuaid et al., 2021). Similarly, in a study conducted in Catalonia, the results showed that adolescents from ethnic minorities had greater concerns about the pandemic (Folch et al., 2022). Finally, in a study carried out in Norway, the findings indicated increased rates of psychological distress among less-privileged socioeconomic groups (Myhr et al., 2021).

## **Final Thoughts**

The results found in this review allowed us to identify the conceptions and approaches to mental health that have been used in national and international research during the COVID-19 pandemic, considering the contexts of social inequalities experienced by different social and population groups. Although no definitions of the concept of mental health were found in the

analyzed articles, there was a predominance of the association of mental health with anxiety and depression, demonstrating a certain naturalization and automatization of the psychopathological approach to psychological suffering.

Despite the adoption of hegemonically biomedical paradigms that reinforce a symptomatological psychiatric grammar, it was possible to see that economic insecurity, lack of work, poverty, and gender and racial inequalities are very important for analyzing mental health conditions, especially in times of crisis. In this sense, the findings seem to reinforce the interaction that has occurred between the biological (virus), the psychosocial and the political in regard to the production of various forms of suffering and illness during the COVID-19 pandemic. These results could contribute to the need to build mental health care policies that are linked to social, political and community life. Finally, future research using more comprehensive readings on mental health and based on dialogic and participatory methodologies could foster new reflections and possible contributions to the field.

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