The psychological toll of slum living—an assessment of mental health, disability, and slum-related adversities in Mumbai, India

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Abstract

Background **Few studies have examined mental health in developing country slums. We ascertain the prevalence of common mental disorders in adults and identify slum-related stressors associated with risk of common mental disorders in a slum of 14 000 people in Mumbai, India.**

Methods **Participants were selected with random sampling. We completed 521 interviews during February, 2012; the non-response rate was 9%. We administered the General Health Questionnaire-12 (GHQ) to screen for common mental disorders, the WHO Disability Assesment Schedule 2.0 to screen for disability, and a slum stressor questionnaire. Logistic regression was used to identify predictors of having a common mental disorder. Linear regression was used to assess the contribution of GHQ score and physical impairments to disability (ie, WHO Disability Assesment Schedule 2.0).**

Findings **121 (23%) of 521 individuals had a GHQ score of 5 or more (ie, high risk of common mental disorder). Factors associated with a GHQ score of 5 or more in the multivariate logistic regression model (R2=0·32, n=502) include age older than 45 years, having a loan, food insecurity, sleeping sitting up or outside because of overcrowding, being affected by rats, and paying a high price for water. 5–9 years of education and an income greater than 3000 rupees per month are protective against common mental disorders. In linear regression analyses, 22% of variation in the WHO Disability Assesment Schedule score is explained by GHQ score; only 19% is explained by physical impairments.**

Interpretation **This slum's burden of common mental disorders exceeds that for all other population-based Indian studies. Psychological distress contributes greatly to the disability burden of the slum. Interventions to address slum-related stressors and poverty might help to alleviate the high burden of mental illness and disability in slums.**

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Contributors

SS, TS, RS, KSa, MN, AP, and KSo did the data collection. LN, RS, MN, and DEB did the data analysis: RS, LN, SS, TS, KSa, DEB, and AP drafted the Abstract. All authors have seen and approved the final version of the Abstract for publication.

Declaration of interests

We declare that we have no competing interests.