

Need for bio psychosoulal – economy model for applied and clinical psychology.

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Abstract

The advancement of science and technology, and scientific methods penetrated into all fields of research. The subjects like lifespan psychology, social psychology, and social psychiatry implies that in certain circles it is held integration is possible between the social sciences. Psychological behavioral and socio-economic factors interaction explains how the society behave when distress onset on them lead to distress like depression and anxiety creates a restless society. The subject economics playing significant role in the field of psychology. The application of bio-psycho-socio economic model will help the psychology, psychiatric students and researchers along with medical sciences too. The other concepts like the social gradient in mental health, the socio-economic capital hypothesis and status anxiety and social comparison nuanced mechanisms are introduced to study the mental health disorders.

Keywords: Biopsychosocial, socioeconomics, Economics, disorders, depression, India government programme.

1. Introduction

With the advancement of Science and Technology and on the basis of Logic and Life Philosophy scientific methods penetrated into all fields of research. Common factors seems to emerge which tend to bring widely separated disciplines together. Physical sciences, are convergent field of inquiry and technique, and biology tends to call upon these sciences at many points. The researchers and students of psychology, psychiatry, and sociology have understood particularly, in recent years, how much the subject overlap ,and in as much as their object of study is man, it seems natural to combine studies which have started out from divergent stations and which have for with human behavior from different angles and with different concepts. The emergence of the Life Span Psychology, Social Psychology and Social Psychiatry implies that in certain circles it is held that an integration is possible between the social sciences. The subject economics now recently playing a significant role in the field of psychology. The appearance of the term Bio-Psycho-Socio-Economics implied that in certain circles it is held that an integration is possible between economic science and psychology along the sociology creating a new discipline which has not only one subject-matter but common concepts and techniques for studying it.

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It is intended in this paper to present collection of thoughts propsyscoial economics in a general way. The proposed unification to see if its techniques do hang together and to inquire if there is an underlying

unity; to see what promise it holds out for a more penetrating understanding of human behavior and for the development of new types of socio-economic therapy. For, after all, social psychology already exists where the frontiers of sociology and psychology impinge.

The breakthrough that led to the BPSE model was the development of the “bio-psycho-social” model conceptualized by an American Psychiatrist named George Engel in 1977.

2. Socio-Economic Status and Psychological Disorders.

1. This model recognizes that all issues relating to health are products of a complex interaction of any number of factors in the BPSE domains, and asserts that effective management of health problems often requires acknowledging the contribution being made by factors in all of them. Adding “Economics” acknowledges that financial realities, market incentives and resource allocation affect our biology and psychology in a unique way that broad social structures do not capture.
2. Many research studies have related to the relationship between psycho-social-economic status and a bright psychological health. It is reported that higher rates of mental disorders in the vicinity of lower socio-economic status (SES) but there is no clear consensus on the possible factors. The sociologists called as causation theory. This theory explains that socio-economic inequalities cause stress that gives rise to mental disorders and the negative drift approach, which impresses that people with disadvantaged psychological disorders have reduced socio-economic status as a result of the illness. This disadvantage to lower SES creates a complex environment for adolescents who are likely to be negatively affected by economical instability in relation to the social causation theory. Since the 1990s, the causation theory dominates the socio-economic concept heavily sets for mental health.
3. In 2013, Warren, J.R., undertook a theme like economic status and health across the life course with social causation, presents that one’s socioeconomic status (SES) is the cause of weakening mental functions.
4. To study and analyse the subject on psycho-socio-economic status and mental health, the researchers like Faris and Dunham (1939) analysed the prevalence of mental disorders, including schizophrenia in USA.
5. The researcher diagnosed that cases of schizophrenia are the most pervasive in public housing neighborhoods as well as communities with higher number of immigrants with different socio-economic areas of one large city and one smaller city. In these areas a different vision of subtype and environment is presented with social isolation. The case of manic-depressive psychosis spreads randomly and social disorganization with alcohol psychoses and drug addiction in schizophrenia. Social isolation actively triggered mental disorders like schizophrenia.

6. Experts like B. Hollingshed, and Frederick, C.Redlich, studied the subject on “Social class and Mental illness: A Community Study”. But the very idea of “social class is inconsistent with the American ideal of a society composed of free and equal individuals with economic backwards. They established a distinct inverse relationship does exist between social class and medical illness. Examination of each type of psychological disorder shows a true link between class position and the rate of treated cases in the population, but the relationship is indirect. The other finding is higher classes receive more frequent and longer treatments than the lower classes,the disparity is most marked on between hierarchies in social classes. The data presented lead to the conclusion that treatment for mental illness depends not only on medical and psychological considerations, but also on medical powerful social variables. The researcher suggest, that if for a given disorder, there is a treatment available which should be relatively effective, inexpensive, technically simple, class differences may be reduced but not eliminated.
7. The study of Srole, Langner, Michael Opler, and Rennie, known as the Midtown Manhattan study has a landmark study in mental health. The study highlighted the shocking and, to some ,incredible statistics that fewer than one in five Manhattanites had good mental health. Approximately a quarter of them had such bad mental health that they were effectively incapacitated, often unable to work or function socially . This study was a inter-disciplinary project that surveyed the mental health of upper class of residents between the ages of 20 and 59,.This study endeavored to “test the general hypothesis that biosocial and social cultural factors leave imprints on mental health which are discernible when viewed from the panoramic perspective provided by a large population.”This study focused to individual –rather than population---psychopathology and turned to the brain rather than the environment- for explanations. This study emphasized on the role of social isolation and economic inconsistencies in mental illness to be taken more seriously.
8. In 1980-1990s It is observed during the periods between socio-economic concept in mental health, psychology shifted heavily toward understanding how the issues, life stress, and social environments directly drive psychological distress. Leonard Pearlin, Sociologist, in the early 1980s developed a model mapped how unemployment and underemployment and economic strain erode personal and social resources overtime, eventually increasing the rise of depression. In 1990 the academic area debated the link between socio-economics status(SES) and mental illness. During 90s the SOCIAL CAUSATION MODEL had prominence debate that poverty and financial disruptions create chronic stress that triggers mental health disorders, rather than resulting from them.
9. In 1980 another development is introduction of consolidating community psychology to prevent mental health over individual treatment. Between 1980-1990 community surveys replaced biased treatment facility data exposing the true social distribution of anxiety and depression.
10. In 1980s and 1990s marked a pivtol shift in mental health psychology, moving away from purely individual biomedical models toward understanding how broader systemic, financial, and structural environments dictate psychological wellbeing. During this decades macro-economic

shifts -such as rapid industrialization, urbanization, and income disparities-forced psychologists to conceptualize mental illness through a socio-economic lens.

11. In 1990-2000s The study of mental health psychology took a transformative action in between 1990 and 2000s. It is attempted to shift away from purely biomedical and individualistic frameworks toward socio-economic and systemic models of mental illness. Drive by skyrocketing global economic disparities and structural changes in employment and welfare and attempted to explain how material resources and social positioning dictate psychological wellbeing.

In 1990s, two theories like Social Causation Mood and Downward Drift Approach stressed that socio-economic primary stressors, that actively trigger mental illness like depression and anxiety . The Downward Drift approach advocated that mental illness naturally “drift” downward in socio-economic status their symptoms impair their educational and career advancement . During this period psychologists and sociologists with the notion of economic status inclusion explained how wealth and status translated into psychosocial distress. The other concepts like the social gradient in mental health, the social capital hypothesis and status anxiety and social comparison nuanced mechanisms are introduced to study the mental health disorders.

These concepts evoked strong integration into as Public Health Policy .This period catalyzed national overhauls. In India, government expanded its National Health Programme by launching by the District Mental Health Programme (DMHP) in 1996.

12. This model actively engaging mental health workers to make mental care accessible to underprivileged groups, directly acknowledging the economic barriers to clinical therapy. In 2002, apprehension over the use of the BPSM model did not fit the social and psychological aspects of health problems. In 2004, the proposed model had evolved into bio-psycho-social and relationship-centered frameworks for physicians. In 2007, researchers reviewed the bio-psycho-social model and widely accepted this model because this is the most heuristic approach to understanding. In 2018, BPSM was quoted as impacting health and enhancing self-management of client’s illness. In 2020” BPS-Pathways model” was reshaped. In 2021, the reviewers found a substantial gap between healthcare professional knowledge of the BPSM and their adoption fit clinical practice. In 2023, again an attempt was made to review the ‘BPSM’ Model.

Economic summary well-being is a strong determinant of human. Individuals from lower socio-economic backgrounds encounter a disproportionate amount of chronic stress, limited access to resources, and reduced opportunities for cognitive stimulation, all of which can profoundly influence brain development and functioning across the lifespan. There is likely a reciprocal relationship between financial well-being and the brain. Despite growing interest in this field, the depression is bio-directional mechanisms linking economic factors to brain functioning, and health remain poorly understood.

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