



Combine generosity with observations when assisting people with complex mental health illness and/or poverty.

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I. Introduction

An Australian Institute of Health & Welfare Mental Health [MH] report states that 1 in 5 adults and 1 in 7 young people experienced a MH disorder in the previous 12 months [Australian Institute of Health & Welfare - Mental health, 2025]. 4.8 million people which is 18% of Australians filled a MH related prescription in 2022-2023. \$13.2 billion was spent on MH related services in 2022-2023. This is 7% of total government expenditure. Hilton in 2020 published a manuscript detailing how art therapy may benefit health and wellbeing [Hilton, 2020]. This maybe a simpler alternative compared to medical treatments as it may be the case that scientific detail can become overly complicated. Subsequent to that, the following year a manuscript details how this alternative therapy may more specifically benefit those with medical conditions such as SARS-CoV-2 [COVID-19][Hilton, 2021]. This manuscript was titled; Art Therapy and the Coronavirus (COVID 19) Pandemic - Public MH and Emotional Well Being. Aside from art therapy, laughter therapy (also termed hasya yoga) also has a place for therapeutic intervention and can improve health and mood [Hilton, 2023].

Tiwari and Tiwari synthesized the retail therapy literature published from 1988 to 2018 in order to integrate and comprehensively learn and understand the therapeutic role of buying and shopping to regulate emotions [Tiwari

and Tiwari, 2023]. Various scientific electronic databases such as SAGE publication, emerald and web of science allowed secondary data collection of varying scientific journals, books, and websites. While retail therapy and shopping were shown to be therapeutic with healing potential, this was not always the case, as compulsive buying may lead to addiction. Another literature review that of a scoping review on the emotional aspects of retail therapy found that social interactions during shopping, with store staff provide support and a sense of connectedness enhancing the emotional benefits (Noor, Medi and Farid, 2024). The findings were that retail and shopping therapy offers significant psychological benefits but it is a complex and emotionally driven behaviour.

People with MH illness may take risks and/or make poor decisions regarding health and safety and part of the article objective is highlighting an example of this occurrence and how the difficulty with coding observable actions results. On the International Safety Media Award's [ISMA] website, Hilton's finalist and honourable mention awards include a burns campaign, a rock jumping/drowning [safe or senseless] campaign, a cycling safety print design and a 'know about injury risks' print design the latter of which focuses on falls, drowning and road traffic injury [International Safety Media Awards, 2024 and 2022]. These injury prevention ideas are paramount to educational work designed to inform people of risks or hazards in the course of their work or leisure activities. However, there is a rather difficult issue with coding as mentioned in the manuscript titled; "A survey evaluating a creative photographic initiative of rock jumping with potential hazards including a Youtube creation for global reach" by Hilton, Hossain and Dutta that is based upon the ISMA rock jumping campaign [Hilton, 2025]. These authors state that in the event of a rock jumping casualty, the added dilemma of the autopsy coder is if it can be determined whether it was an accident, a suicide or a murder.

When faced with dilemmas such as this, understanding intent for any risk-taking activity sheds light on MH conditions. Observations by witnesses can assist with determining cause but witnesses may not always be available to report as such. The same difficulty in classification as mentioned in the rock jumping example, could also occur when you consider rail transport. This abstract reports on risk-taking behaviour of pedestrians on railway tracks in Mumbai. In addition, understanding intent for any risk-taking activity sheds light on MH conditions. It was noted also that during train travel, within the train various rail carriages had open doors with no obvious safety warnings near the doors. Open doors allow people to jump in illegally or jump off. Again, this maybe to harm themselves intentionally but this is not necessarily the case. Accidents are more likely to occur, when people fall out the doorway as they lose



their balance and/or don't realize doors are open. Mukherjee and colleagues in fact report on the estimation of risk to pedestrians on rail tracks on Mumbai Suburban [Mukherjee, Tiwari & Darbamulla, 2019]. Approximately 70 deaths are reported on an average every day on the Indian Railway System. These include track pedestrian collisions with train, fallen from train and suicide cases. In these instances, it maybe difficult to determine intent, where it is not clearly obvious as to the reason why the person either fell, or walked on the tracks. Darbamulla further reports more recently on this topic at the Safety Conference in India [Darbamulla, 2024]

To provide another example of injury where this coding intent dilemma is apparent, is highlighted in the manuscript by Bebbington and colleagues [Bebbington et al, 2024]. These authors reported on the terminology and methods used to differentiate injury intent of hospital burn patients in South Asia, being the results from a systematic scoping review. Included were 89 articles of hospital burn patients in South Asia. The most common classifier terms were accident, suicide, and homicide; however, definitions and methods of assessment were poorly described. They stated that a common data element for intent may reduce misclassification.

Whether injury or death is a result of burns, rail transport, rock jumping or other accidents there is always a level of difficulty with determining intent. This can be hampered in some cases by a lack of expert witnesses, poor recall, inaccurate descriptions and/or deliberate falsification of happenings in order to protect someone at fault or hide the truth.

MH illness may contribute to injury risk, in terms of people taking risks also with the example of train travel in that if people have a MH illness and are in poverty as a result, they may not have the funds in order to purchase tickets, so hence attempt to board illegally. This interaction of these factors is complex and the subject of many books, journal articles and/or even PhD thesis. It is not the purpose of this manuscript to delve into this complex intertwining of risk factors, but rather per say accept what is apparent giving this example of observations and proposing that irrespective of the reason which results in this case in people boarding illegally, suggest that while observing this finding, it is also important to be generous and kind to people in this predicament. While a diagnosed MH illness can be apparent, it is also the case that a person can suffer a short-term MH illness related to a life event, or a change in the environment they live in. Carbone in

2020 published a manuscript titled; Flattening the curve of mental ill-health: the importance of primary prevention in managing the MH impacts of COVID-19 [Carbone, 2020]. Within this manuscript they discuss the virus threats and the social and economic downturn that resulted from the shutdowns and how this impacts MH and wellbeing. Issues that were discussed included; social isolation, unemployment, housing and income stress, intimate partner violence, work-related trauma and grief and loss.

MH illness can also affect people who are professionals, and Hilton describes the pandemic effect on health professionals and researchers [Hilton, 2024]. This specifically discusses the infodemic, the exorbitant quantity of information generated and how this has an impact in the COVID-19 pandemic aftermath. So, whether someone is in poverty or is a well-paid researcher is irrelevant in that anyone can succumb to feeling mentally unwell. However, when this is associated with taking risks, where the reason for the risk taking is unknown, then it is important that people observe in order to try to ascertain why someone maybe taking risks, irrespective of whether or not this relates to train travel.

Understanding intent can also guide political policy and funding decisions in relation to MH illness prevention. It is relevant for Australia and for overseas. The complex difficulty that will be illustrated with this abstract is determining intent.

II. Observations

Hilton estimated person numbers on the train tracks while on a train journey in India from New Delhi to Agra Cantt [\approx 1 hr 45 mins] in late 2024. The train line between New Delhi and Agra Cantt is well-served with numerous daily trains. The number of people viewed on the train tracks was 261 persons [approximation due to train speed]. The first person observed jumped onto the tracks, then proceeded to enter another moving train illegally. Various other persons were either loitering or sitting on train tracks on grass or dirt areas, carrying buckets, ladders, machinery, crates or children. Some were weeding, planting, or doing repairs. Various other people attempted to enter other trains illegally. Platform authorities seemed to not intervene.

III. Discussion

Historically it is understood that factors leading to poverty that include natural disasters can result in MH conditions and authors Raphael and Middleton sum this up beautifully in terms of utilising examples of natural disasters from 1974 to



1983 [Raphael and Middleton, 1987]. These include that of when Australia experienced the Darwin cyclone, the Granville rail disaster, and the Ash Wednesday bush-fires.

Decades of research has subsequently been published and collation of research has been performed by Inglis and colleagues [Inglis et al,2023]. The authors have described how poverty and the associated stigma affect MH and well-being, as a result of completing a rapid review and synthesis of the quantitative and qualitative research. In total, 22 (5 quantitative and 17 qualitative or mixed methods) were included, with thematic synthesis analysis being performed. There is an association between poverty stigma and poor MH and well-being.

Taking this association research into consideration, there still is the complex difficulty in understanding intent for risky behaviours. SE factors [poverty] are a pivotal reason for people boarding illegally and/or are reasons which contribute to MH conditions in general. Being poor doesn't necessarily equate with depression. Poor people can be very happy. Also, injury risk understanding maybe poor in that people may not realise that walking across the tracks is dangerous – they follow the leader. Information on the ISMA website addresses many risk-taking situations. Finally, MH conditions may result in persons intent being to harm themselves. This example illustrates the complexity in understanding intent and that poverty, poor understanding and MH conditions are intricately intertwined. Hilton has also made a Youtube titled observations which is based upon the observations of people being on the rail tracks in India; [Hilton's Youtube]. The video has been embedded with voice over that describes firstly understanding intent. It mentions the research by Bebbington and colleagues as it relates to understanding intent [Bebbington et al, 2024]. It then goes on to mention the research by Darbamulla who reports on how many people are reported on railway tracks [Darbamulla, 2024]. Following this it mentions the research by Dr Carbone in Australia and Prevention United and how they worked on MH issues during the covid pandemic [Carbone, 2020]. Then the voice overlay mentions the research reported in this manuscript, being a count of how many people were on the railway tracks on a train journey in India from New Delhi to Agra Cantt [≈1 hr 45 mins] in late 2024, which was just over 250. The discussion then focuses upon why they were on the railway tracks in that was it related to poverty, that they didn't understand injury risk and were just following everyone one, or is the intent being to

harm themselves. It is also mentioned how it is difficult to determine the underlying reasons for intent. The discussion then goes onto what the people were doing in that some were doing repairs, carrying buckets or ladders and maybe that was just the way they did their work, while other people were clearly boarding illegally which may or may not be related to poverty, while other people for whatever reason were just walking on the train tracks. It is then stated that it is a complex situation to understand. Then it is stated that policy makers, funders and others who make decisions need to observe, so that their policy and funding initiatives are more targeted so that they help those who are needy and vulnerable. It states that it is not easy, but that policy should be based upon observations.

Observations may help in understanding and classifying risky actions [poor knowledge, SE indicators, or deliberate self-harm]. This may shed light on reasons why a person takes risks? Any countries programs must be based on observations likened to this. This may enable policy to be more justified, targeted, effective, efficient & with a more concrete foundation. The limitations though obviously result from single observer observations which are not substantiated by a second observer, counts maybe inaccurate due to missed persons, and there may be other confounding factors which may influence the count on that particular day. This could relate to differences observed on weekends as compared to weekdays, public holidays or when events are being held in the city to mark an occasion. Weather extremes or rail strikes maybe other influencing confounds that could sway the count up or down as a result which means it maybe not be representative of the average day count. Biases could occur if you consider that only one train journey was considered. If this was repeated on another train journey, even if the same time frame, the results maybe somewhat differing so confounds and biases are both important to be mindful of.

Sadly though, MH conditions may result in persons intent being to harm themselves yet this may not always be true. This simple example illustrates some of the complexity in understanding intent. People of all walks of life, can randomly make poor decisions and hence may succumb to accident. Poverty, poor understanding of risk and/or safety & MH conditions are interwoven as I previously stated, if you consider this train travel example.

It is important to be generous towards people whom may have a MH condition. When we extend friendship, generosity and good will this may facilitate their recovery. Hilton in 2023, published a



manuscript on 'Laughter tablets and how they give effective misery relief in addition to these being an environmentally sustainable health promotion initiative' [Hilton, 2023]. The author states how laughter yoga is increasingly being utilized as a non-pharmaceutical methodology for alleviating stress, anxiety, depression, and psychological states associated with illness. It is also defined with another term, Hasyayoga, being prolonged voluntary laughter. Helping a person to feel better by looking on the bright side or providing therapeutic sessions with art therapy is justified. This can be meshed with primary prevention. This may or may not involve parenting programs, social and emotional learning programs, self-care strategies, and workplace mental wellbeing programs, among others [Carbone, 2020]. This may stop the rise of MH conditions, and results in a levelling out of reported illness.

People I met in India who may or may not have MH illness related to poverty, were thankful for small token gifts. These people who have had little are not accustomed to opulence so are at times more appreciative & I find this very encouraging. If you are wealthy or have opulence it is important to be mindful of your opportunity and respect the fact others are not so fortunate. Often people who have had little are more thankful for token gifts. It is important that the issue of poverty stigma is addressed as Inglis and colleagues do describe that this may contribute to inequalities in mental illness and well-being [Inglis et al, 2022]. Other world leading experts on MH illness including oppression have described the global perspectives on both individual and societal oppression and how this can contribute to dissociative disorders [Sar, Middleton and Dorahy 2013].

A literature review reported that retail therapy not only facilitates immediate mood improvement but it may also assist in long-term emotional regulation (Noor, Medi and Farid, 2024). While it would be great if people in poverty could participate in retail buying as persons in wealthy countries do, however unfortunately many are not able to do this, due to the poverty. Personally, I suggest that one way to take steps to rectify this issue is to give to those less fortunate than yourself. It does not take much effort to give someone a coffee, an encouraging card or a bunch of flowers. People with MH illness are also very vulnerable as they can be subject to discrimination, bullying or being taken advantage of financially even by those persons who you consider you could trust who are in positions of authority, responsibility or power. Every human will at times experience MH anguish and I

can surely say I've had my fair share of misfortune in life. We should be thankful when health professionals [psychiatrists, psychologists, counsellors or social workers], family or community members, church folk, random friends or even strangers provide health advice, treatment, kindness or compassion with a card, or ask RUOK when life turns sour as a result of someone pouring lemon juice over your house like an inflammable combustible petrol bomb. Everyone at some stage in their life may have depression, anxiety or MH illness related to a loved one's passing, financial stress, bullying or discrimination. In fact, as this article is being written, Australia is facing the prospect of closure of many Ramsay MH clinics across the country. I consider that many health professionals, admin or support staff previously employed there may be facing unemployment or job uncertainty so these very persons who work to alleviate MH illness in patients, may very well suffer MH anguish also as a result of financial or job insecurity during this unstable time in the Australian landscape. As the clinics close, expensive office furniture may be sold on marketplace, and those persons previously employed who may have had opulent lives may themselves not be able to engage in retail spending after work, which may have benefited their own mental health as they may be faced with financial burden themselves (2023, Tiwari and Tiwari). However, that may be good though as in fact these authors state that shopping when compulsive can be called addiction. Also, in comparison, if you consider the photographs below of the men overseas in poverty, health professionals in Australia are well off so in fact if they are closing clinics, maybe they could ship some stationery and office valuables overseas to people in poverty in order to show compassion for those people struggling in India. MH issues can affect anyone, so let's observe carefully to understand the complexities and situations that may confront anyone of us. Be gracious and act in Christian kindness with due consideration and charity, making endeavours to be polite, kind and thoughtful to those less fortunate. Remember that MH illness can be invisible to others. We don't know when people suffer in silence.

Photograph 1. These gentlemen dragging bricks in carts in India were very thankful for token items. They didn't speak any English to me, but seemed appreciative of the token item given as they were in some degree of poverty. I could not get a signed consent form for this photograph due to language barriers.



Photograph 2. I gave the gentleman in the red shirt a small token gift that he is holding. They didn't speak English, but seemed appreciative of the token item given they were in poverty with no good walking shoes. I could not get a signed consent form for this photograph due to language barriers.



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