

Period 3	<i>Medha Pappula</i>	★
	<h1>Socioeconomic Factors and Mental Health Outcomes</h1> <p>Analyzing What Factors May Result In Increased Adverse Effects</p>	
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	<h1>01</h1> <h2>Introduction</h2> <p>My Topic And Research</p>	
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	<h1>Mental Health</h1> <p>Has been steadily <b>rising in popularity for research</b> in it's diagnosis, prevention, and treatment. One important factor to consider is what demographics and socioeconomic <b>factors might contribute to increased mental health severity.</b></p>	
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# Literature review

- **HUDSON (2005).** *Socioeconomic status and mental illness.* The American Journal of Orthopsychiatry.
  - The study found evidence supporting the relationship between socioeconomic status and mental illness.
- **LEE, DEMARIS, BAVIN, & SULLIVAN (2001).** *Gender differences in the depressive effect of widowhood in later life.* OUP Academic.
  - The research revealed gender differences in the impact of widowhood on depression among older adults.
- **MACINTYRE, FERRIS, GONÇALVES, & QUINN (2018).** *What has economics got to do with it? The impact of socioeconomic factors on mental health and the case for collective action.* Nature News.
  - The article highlighted the influence of socioeconomic factors on mental health outcomes and emphasized the need for collective action.
- **NAGASU, KOGI, & YAMAMOTO (2019).** *Association of socioeconomic and lifestyle-related risk factors with mental health conditions.* BMC Public Health.
  - The study demonstrated an association between socioeconomic and lifestyle-related risk factors and mental health conditions.
- **ROY-BYRNE, KESSLER, WANG, & JOESCH (2009).** *Low socioeconomic status and mental health care use among respondents with anxiety and depression in the NCS-R.* Psychiatric Services.
  - The research indicated a link between low socioeconomic status and reduced utilization of mental health care among individuals with anxiety and depression.
- **VAALAVUO, NIEMI, & SUVISAARI (2022).** *Growing up unequal? Socioeconomic disparities in mental disorders throughout childhood in Finland.* SSM - Population Health.
  - The study revealed socioeconomic disparities in mental disorders throughout childhood in Finland.
- **ZHANG, SU, CHEN, TAN, & CHEN (2022).** *Effect of socioeconomic status on the physical and mental health of the elderly: The mediating effect of Social Participation.* BMC Public Health.
  - The findings highlighted the impact of socioeconomic status on the physical and mental health of the elderly, with social participation playing a mediating role.





# Area Of Study

## Literature Review

- Socioeconomic status (SES) is a **strong predictor of mental health**. Individuals with lower SES are more likely to experience mental disorders.
- There are **several factors that contribute** to the association between SES and mental health, including income level and educational attainment
- The relationship between SES and mental health is **complex and not fully understood**.

## Current Gaps

- The **role of social support** in the relationship between SES and mental health.
- The specific differences in impact **between children and adults** outside of education.
- Possible **location based relationships** between SES and mental health outcomes in individuals.

## Research Questions

### Question 1

What are some specific socioeconomic factors that affect mental health in adults?

### Question 2

Do these factors affect adults and children in the same way?

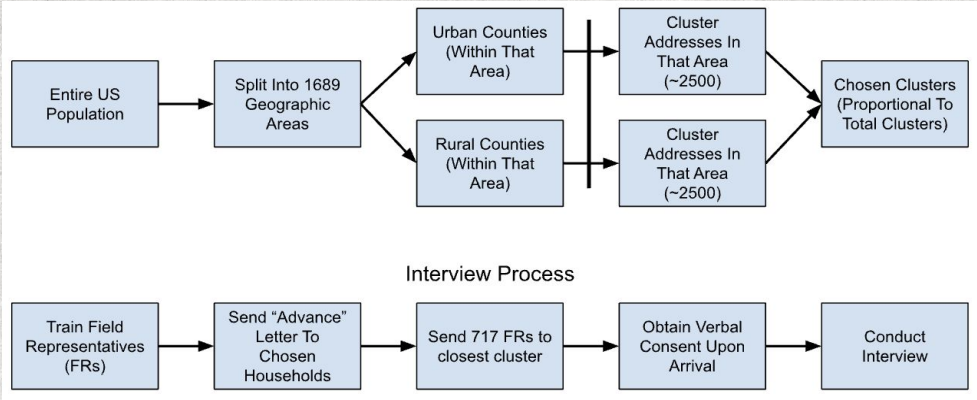


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	<h1>02</h1> <h2>Data And Methods</h2> <p>What Data I Used To Analyze This Problem</p>	
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# Sample Selection

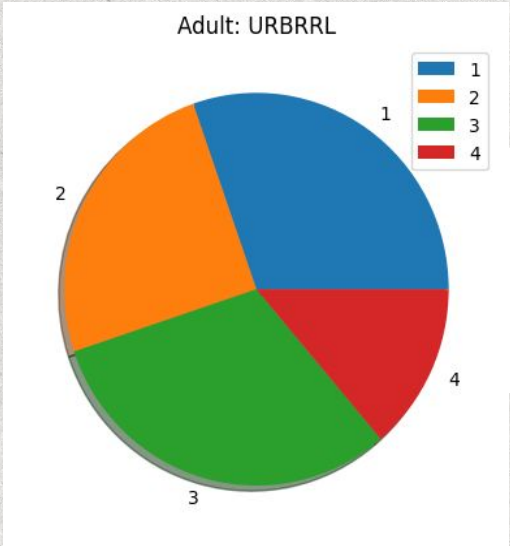


- Geographic cluster sampling
- Excluded those without a fixed household address, within the military, in long-term care/correctional facilities, and those living in foreign countries.

This means that any conclusions can be applied to the **entirety of the United States**, but can not be interpreted as cause and effect

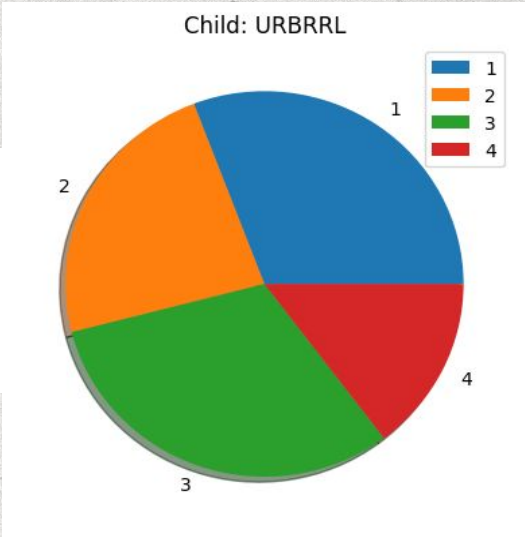






Adult: Urban-Rural Classification Scheme

Mode: 3 → 9315

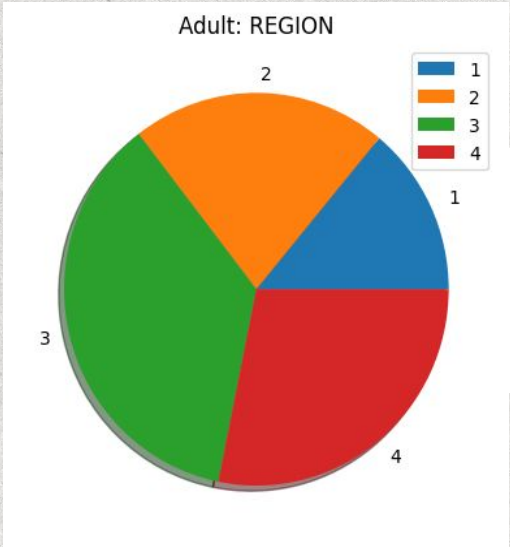


Child: Urban-Rural Classification Scheme

Mode: 3 → 2529

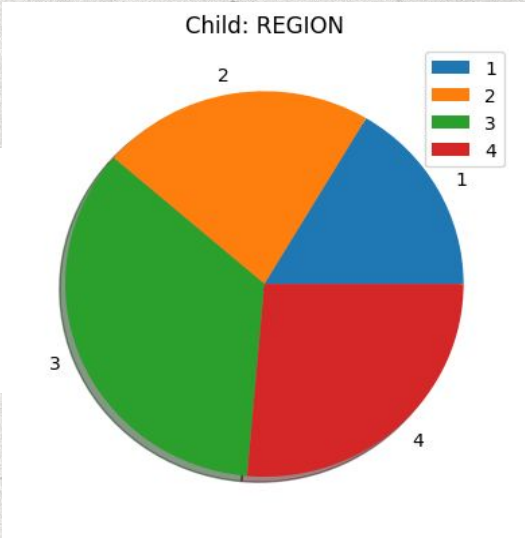






Adult: Region Of United States

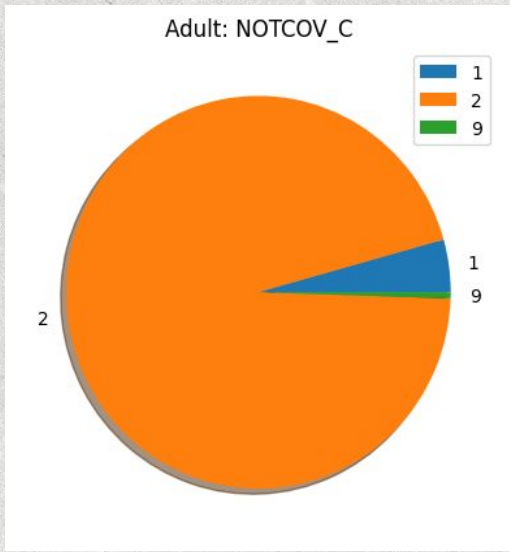
Mode: 3 → 10731



Child: Region Of United States

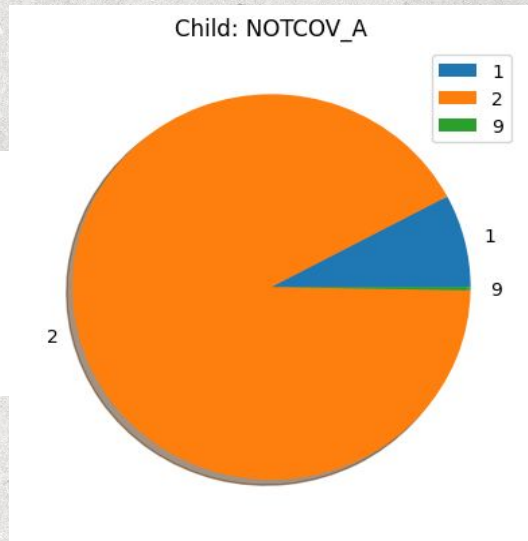
Mode: 3 → 2995





Adult: Coverage Status

Mode: 2 → 27072



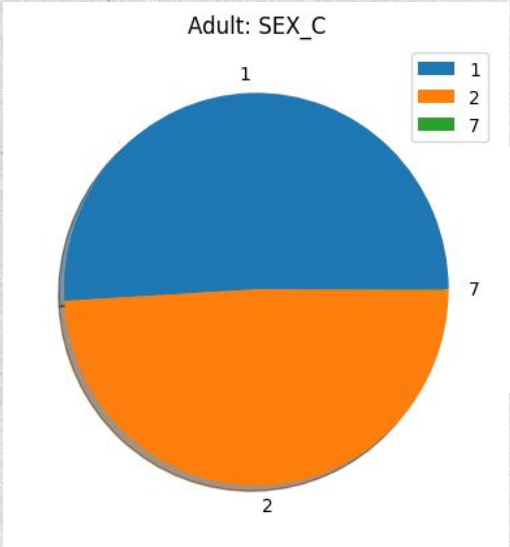
Child: Coverage Status

Mode: 2 → 7889

**Key:**  
1 - Not covered  
2 - Covered

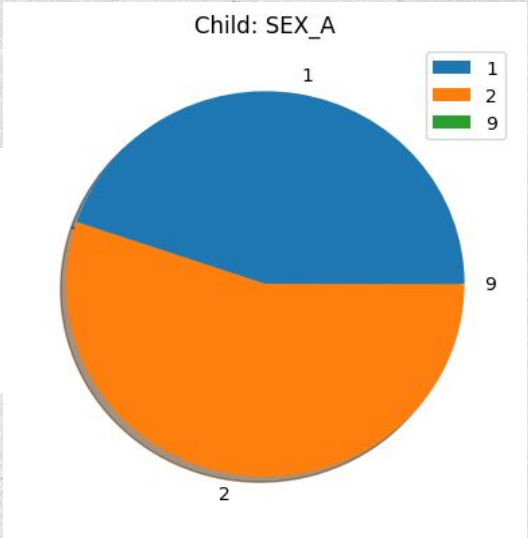






Adult: Gender

Mode: 2 → 16102



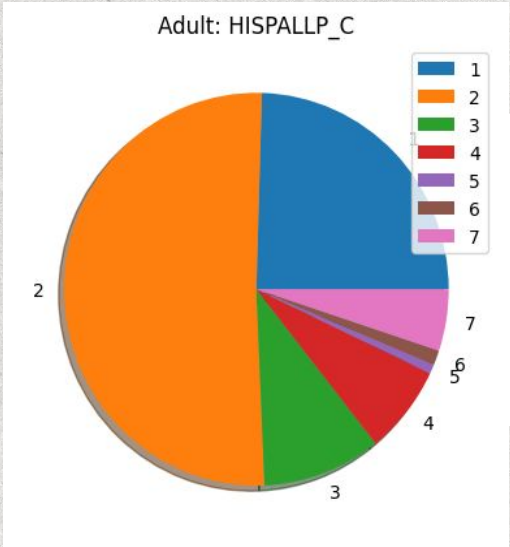
Child: Gender

Mode: 1 → 4257

**Key:**  
1 - Male  
2 - Female

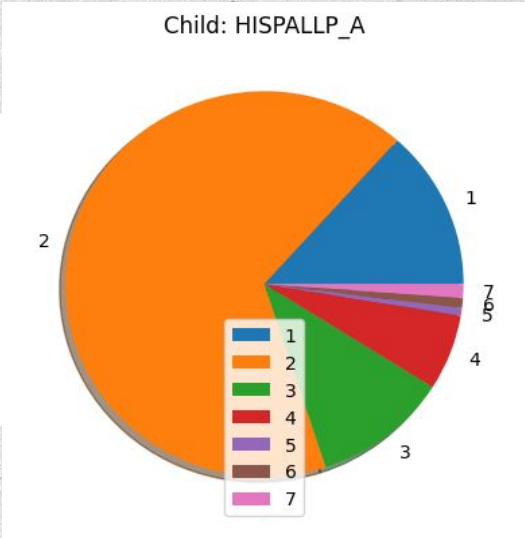






Adult: General Race

Mode: 2 → 19658

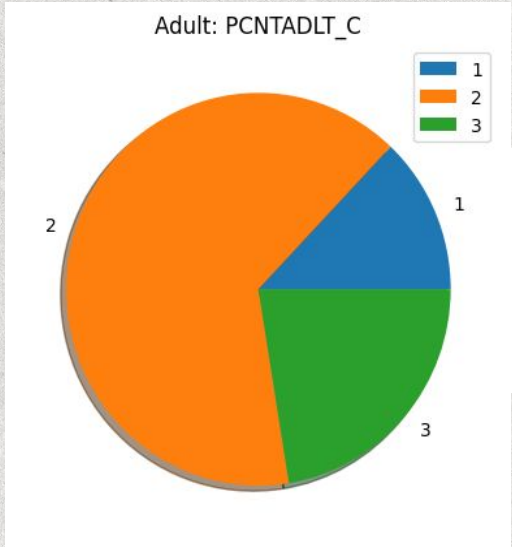


Child: General Race

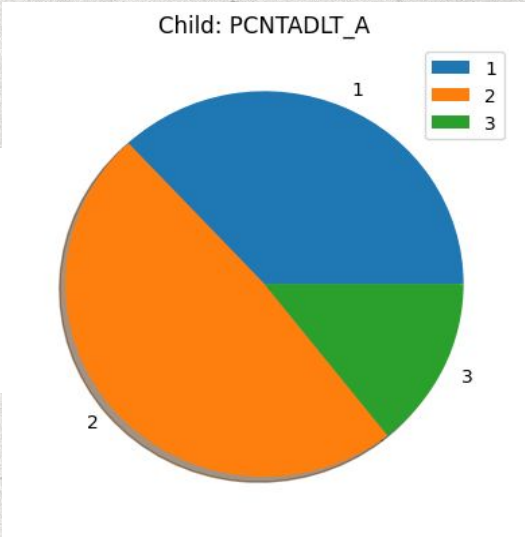
Mode: 2 → 4204







**Key:**  
1 - 1 adult  
2 - 2 adults  
3 - 3+ adults



Adult: Number Of Adults In Family

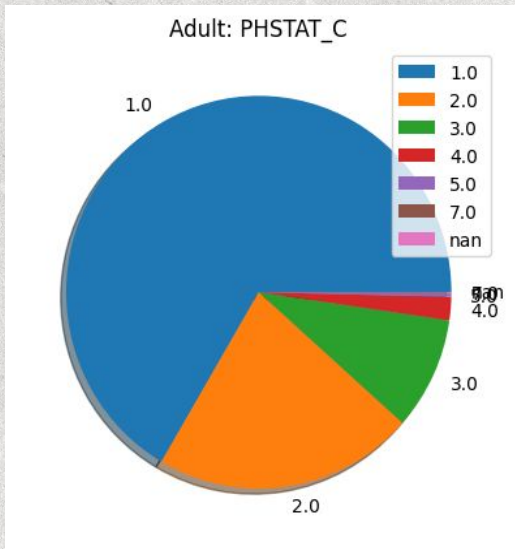
**Mode: 2 → 14401**

Child: Number Of Adults In Family

**Mode: 2 → 5264**



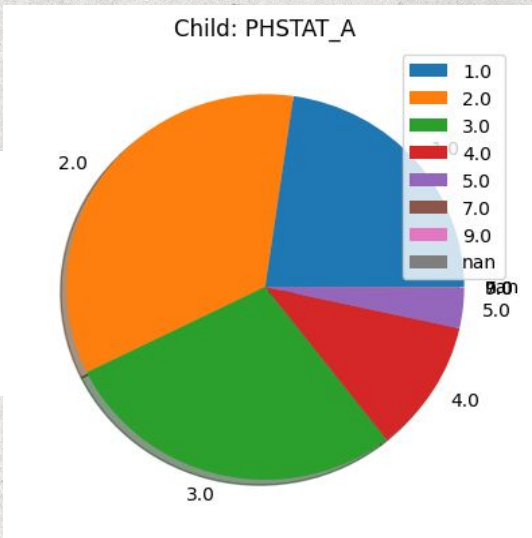




Adult: General Health Status

Mode: 2 → 10105

**Key:**  
1 - Excellent  
2 - Very Good  
3 - Good  
4 - Fair  
5 - Poor

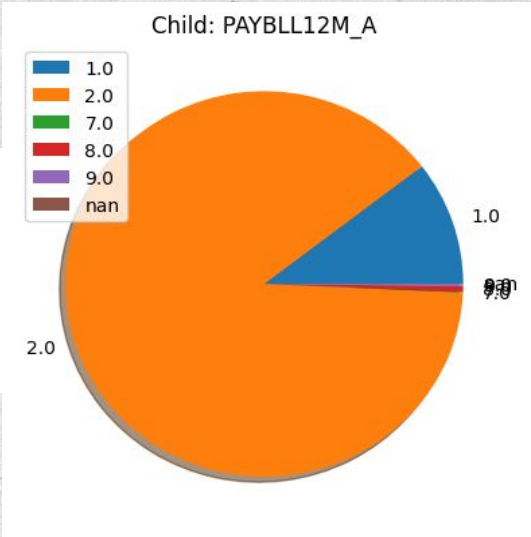
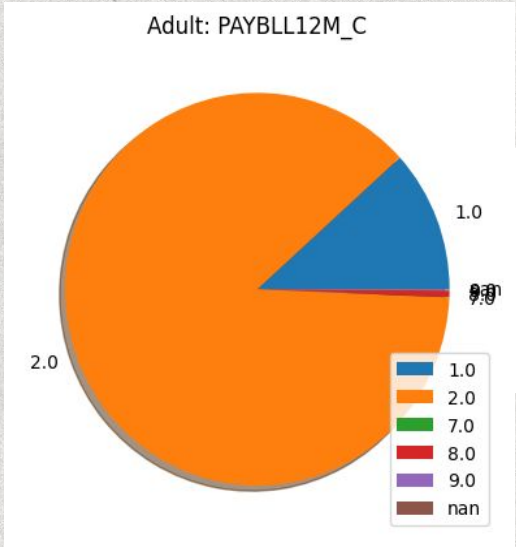


Child: General Health Status

Mode: 1 → 5511







Key:  
1 - Yes  
2 - No

Adult: Difficulty In Paying For Healthcare

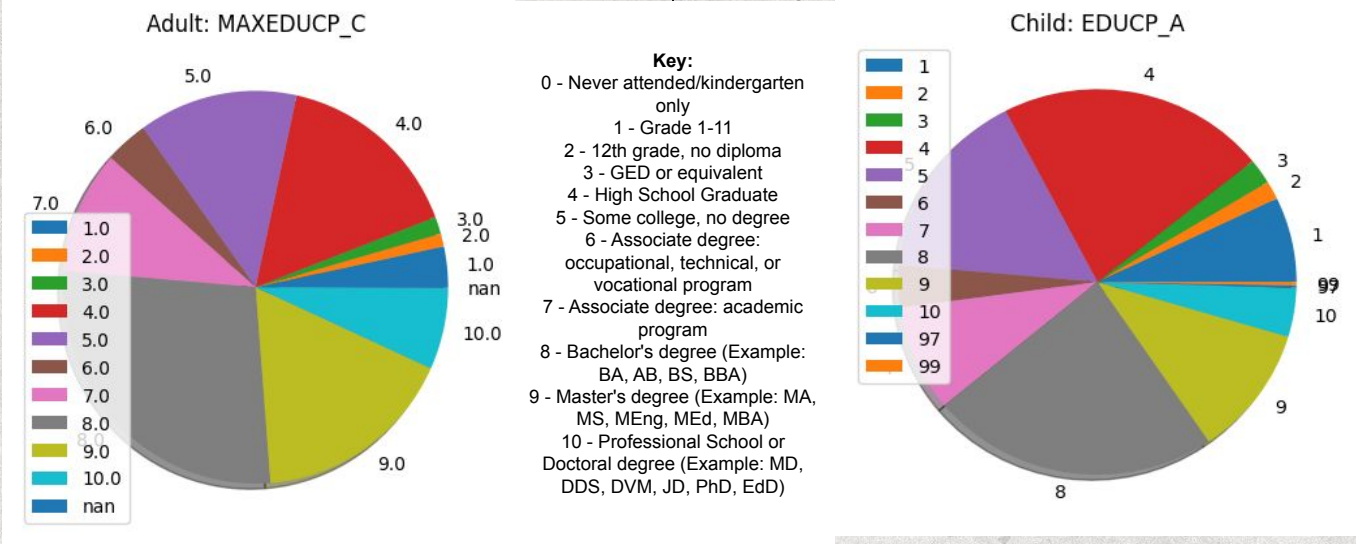
Mode: 2 → 26450

Child: Difficulty In Paying For Healthcare

Mode: 2 → 7285







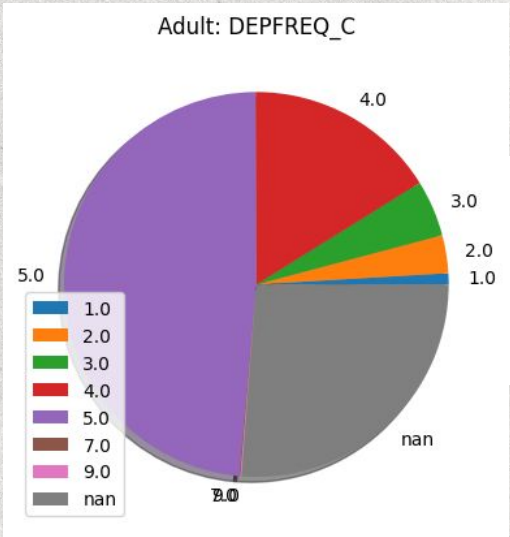
Adult: Highest Education Level Received

Mode: 8 → 6968

Child: Highest Education Level In Family

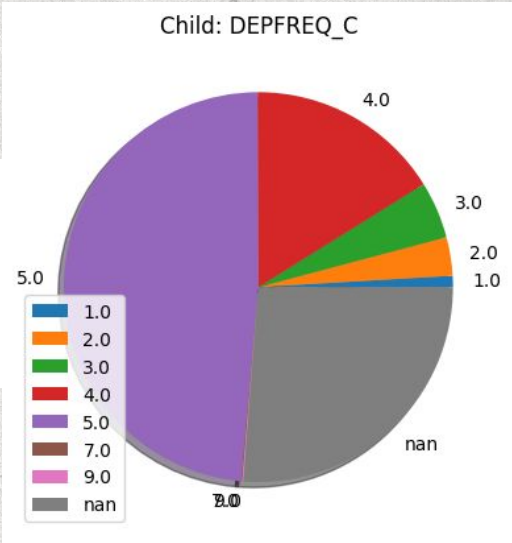
Mode: 8 → 2210





**DEPENDANT  
VARIABLE**

**Key:**  
1 - Daily  
2 - Weekly  
3 - Monthly  
4 - A few times a year  
5 - Never.



Adult: Depression Frequency

Mode: 5 → 15182

Child: Depression Frequency

Mode: 5 → 4007



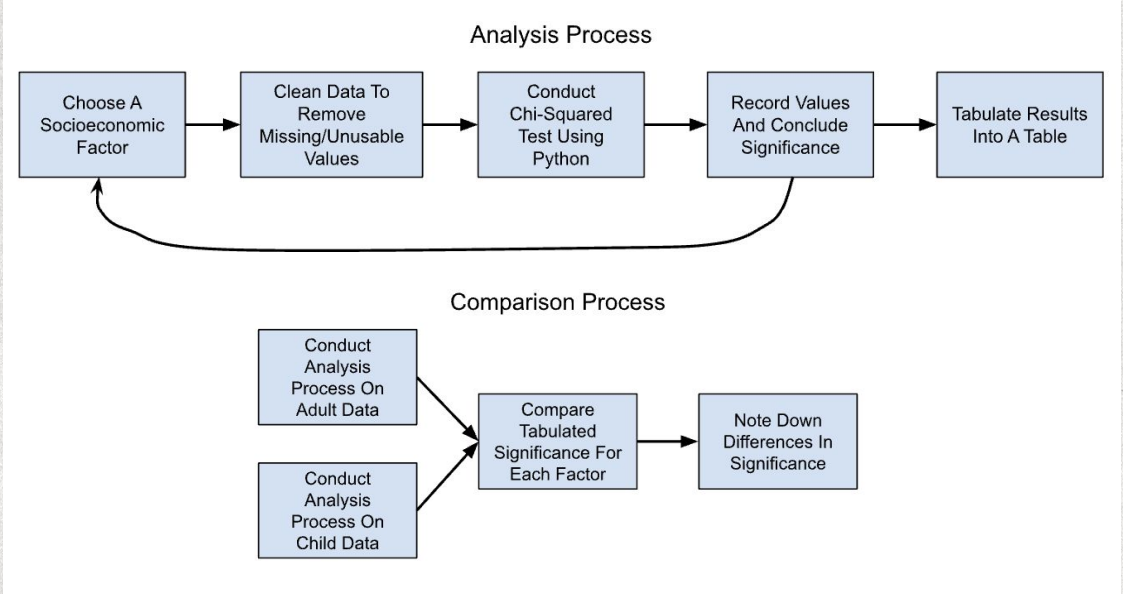


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	<h1>Analysis</h1> <ul style="list-style-type: none"> <li>- Collected data from adults and children were <b>cleaned and organized</b> for analysis.</li> <li>- Conducted <b>separate chi-squared tests</b> on adult responses to identify influential socioeconomic factors on mental health outcomes.</li> <li>- Excluded child responses to avoid introducing external variables.</li> <li>- Checked <b>if the p-value was less than 5% (alpha = 95%)</b> to determine the significance of the relationship between independent factors and depression levels.</li> <li>- <b>Conducted similar tests on children's data</b> to compare factors between age groups.</li> <li>- <b>Used Python and libraries</b> (Pandas, Numpy, Stats from Scipy) for statistical analyses and data handling.</li> <li>- Calculated expected values, degrees of freedom, chi-squared statistics, and p-values via Python Scipy Stats function, used that to make conclusions.</li> <li>- Detailed analysis code can be found in Appendix B of the research paper.</li> </ul>	
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# Analysis Diagram





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	<h1>03</h1> <h2>Analysis</h2> <p>Finding Patterns and Trends</p>	
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	<h1>Chi-Squared Tests</h1> <ul style="list-style-type: none"> <li>Significance test performed on <b>every socioeconomic factor</b> to assess its relationship with depression frequency.</li> <li>Significant factors determined based on <b>p-value &lt; 0.05 (<math>\alpha</math>)</b>.</li> <li><b>Hypotheses formulated for each target variable:</b> <ul style="list-style-type: none"> <li>H0: The &lt;TARGET VARIABLE&gt; and depression outcomes for &lt;ADULTS/CHILDREN&gt; are independent from each other.</li> <li>Ha: The &lt;TARGET VARIABLE&gt; and depression outcomes for &lt;ADULTS/CHILDREN&gt; are not independent from each other.</li> </ul> </li> <li><b>Conditions required for the tests:</b> <ul style="list-style-type: none"> <li>Random: Data collected through randomized geographic sampling of the US.</li> <li>Large Counts: All expected values &gt; 10.</li> <li>Independence: Each individual falls into only one category for each variable.</li> </ul> </li> <li>Chi-squared test <b>not performed if any conditions were not met</b> (not applicable in this study as all conditions were met during all tests).</li> </ul>	
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**Table 1.** Chi-squared independence test results across all socioeconomic factors in adults. This table shows that for adults, all the following variables have some sort of correlation with depression frequency.

Variable	Degrees Of Freedom	Chi-square statistic	P-value	Significant?
URBRRL	12	52.962	$4.184 \times 10^{-7}$	Yes
REGION	12	57.943	$5.337 \times 10^{-8}$	Yes
NOTCOV	4	12.009	0.0173	Yes
SEX	4	346.537	$9.811 \times 10^{-74}$	Yes
HISPALLP	24	290.875	$1.147 \times 10^{-47}$	Yes
PCNTADLT	8	342.520	$3.573 \times 10^{-69}$	Yes
PHSTAT	16	2808.269	$\sim 0$	Yes
PAYBLL12M	4	814.895	$4.560 \times 10^{-175}$	Yes
EDUCP	36	395.611	$4.147 \times 10^{-62}$	Yes

**Table 2.** Chi-squared independence test results across all socioeconomic factors in children. This table shows that for children, all except urban-rural classification (URBRRL), coverage (NOTCOV), and number of adults in the family (PCNTADLT) have some correlation with depression frequency.

Variable	Degrees Of Freedom	Chi-square statistic	P-value	Significant?
URBRRL	12	13.389	0.341	No
REGION	12	29.366	0.003	Yes
NOTCOV	4	8.515	0.074	No
SEX	4	49.739	$4.093 \times 10^{-10}$	Yes
HISPALLP	24	104.244	$5.625 \times 10^{-12}$	Yes
PCNTADLT	8	12.769	0.120	No
PHSTAT	16	415.798	$1.769 \times 10^{-78}$	Yes
PAYBLL12M	4	78.592	$3.460 \times 10^{-16}$	Yes
EDUCP	36	63.898	0.003	Yes





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	<h1>04</h1> <h2>Discussion</h2> <p>What Can We Learn From The Results?</p>	
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	<p><b><u>Question 1</u></b></p> <ul style="list-style-type: none"> <li>→ All examined factors were found to have a significant <b>impact</b>, indicating that various seemingly unimportant factors influence mental health outcomes in adults.</li> <li>→ Lower socioeconomic status (SES) correlated with higher <b>risk of mental disorders</b>, limited access to mental health services, and increased psychological distress.</li> <li>→ Findings align with existing literature on the relationship <b>between socioeconomic factors and mental health outcomes</b>, including higher risk among lower SES individuals and positive associations between education and mental well-being.</li> <li>→ Study <b>uncovered previously unexplored areas</b> of socioeconomic prediction, such as <b>URBRRL and REGION</b>, which also demonstrated significant relationships with depression outcomes.</li> <li>→ <b>Urban rural classification and region may impact</b> mental health outcomes through their <b>association with income levels</b> in the population of the area.</li> </ul>	<p><b><u>Question 2</u></b></p> <ul style="list-style-type: none"> <li>→ <b>Urban-rural classification (URBRRL)</b> did not show significant impact for children. Children <b>may have parental support</b> that contribute to better mental health outcomes in high-risk areas.</li> <li>→ <b>Health insurance coverage (NOTCOV)</b> was not significant for children. Children may have <b>access to free school counselors and better social conditions</b>, resulting in less detrimental mental health outcomes</li> <li>→ <b>Number of adults in the family (PCNTADLT)</b> was not significant for children. Perhaps because, <b>children receive constant support from teachers and friends</b>, whereas adults are more likely to rely on their own support system.</li> <li>→ Supports existing literature on the impact of education, including parental education on children's mental health outcomes.</li> </ul>	
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	<h1>05</h1> <h2>Future Work + Impact</h2> <p>How can this study be used in practice?</p>	
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	<h1>Further Research</h1> <ul style="list-style-type: none"> <li>● Explore the <b>introduction of urban-rural classification and US region</b> as additional socioeconomic factors.</li> <li>● Investigate <b>specific combinations of these variables</b> that pose a higher risk for mental health issues.</li> <li>● <b>Examine external (possibly confounding) factors</b> (consistent schooling, regional funding, extracurricular activities, sports, etc.) contributing to the differential impact of socioeconomic factors on mental health outcomes between children and adults.</li> <li>● Gain insights into <b>what adults may be missing from their childhood</b> in their lives and how incorporating these factors can mitigate mental health outcomes within specific socioeconomic situations.</li> </ul>	
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	<h1>Implementation</h1> <ul style="list-style-type: none"> <li>● Tailor interventions to <b>address the specific needs of individuals</b> from diverse socioeconomic backgrounds.</li> <li>● <b>Redirect resources and efforts towards socioeconomic factors that have shown significant associations</b> with mental health outcomes in both children and adults (income level, educational opportunities, access to mental health resources).</li> <li>● There are <b>limitations and challenges</b> in implementing recommendations, requiring comprehensive and collaborative approaches involving various stakeholders.</li> <li>● Make strides in improving mental health outcomes and promoting overall well-being for <b>individuals of all ages</b>.</li> </ul>	
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	<h1>Reflections</h1> <ul style="list-style-type: none"> <li>● Acquired skills in <b>conducting comprehensive literature reviews</b>, navigating vast amounts of information, critically assessing content, and distilling significant insights.</li> <li>● <b>Proficiency in data analysis</b>, including statistical techniques and software applications, enabling the ability to dissect complex datasets, uncover trends and patterns, and draw meaningful conclusions applicable to various professional settings.</li> <li>● Emphasized the importance of <b>time management and organization</b> in research, developing skills in effective prioritization, resource allocation, balancing multiple tasks, meeting deadlines, and collaborating with team members.</li> <li>● Transformed as a researcher, with honed critical thinking, problem-solving abilities, and strengthened time management and organizational skills.</li> </ul>	
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	<h1>06</h1> <h2>Citations + Appendix</h2> <p>Wrapping Things Up.</p>	
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	Code				
	<p>Code used to compute chi-squared statistics.</p> <pre>import math  from scipy import stats  import pandas as pd  import matplotlib.pyplot as plt  import numpy as np  #import data  child = pd.read_csv("child21.csv")  adult = pd.read_csv("adult21.csv")</pre>	<pre>#where total counts were stored table = [     [0, 0, 0, 0, 0],     [0, 0, 0, 0, 0] ]  array = #child or adult val1 = "" #target factor val2 = "DEPFREQ_C"</pre>	<pre>for i in range(len(array[val1])):     if(not (math.isnan(array[val2][i]) or array[val2][i] == 7 or array[val2][i] == 8 or array[val2][i] == 9) #checking if 7, 8, or 9 and not (math.isnan(array[val1][i]) or array[val1][i] == 7 or array[val1][i] == 8 or array[val1][i] == 9)): #checking if 7, 8, or 9  table[int(array[val1][i])-1][int(array[val2][i])-1] += 1 #adding value to table based on result  print(np.array(table)) #printing counts</pre>	<pre># Example data (2D array) observed_values = np.array(table)  # Perform chi-squared test chi2, p_value, dof, expected_values = chi2_contingency(observed_values)  # Print the results print("Chi-square statistic:", chi2) print("P-value:", p_value) print("Degrees of freedom:", dof) print("Expected values:") print(expected_values)</pre>	
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	<h1>Citations</h1> <ul style="list-style-type: none"> <li>• Hudson, C. G. (2005, January). <i>Socioeconomic status and mental illness: Tests of the social causation and selection hypotheses</i>. The American journal of orthopsychiatry. <a href="https://pubmed.ncbi.nlm.nih.gov/15709846/">https://pubmed.ncbi.nlm.nih.gov/15709846/</a></li> <li>• Lee, G. R., DeMaris, A., Bavin, S., &amp; Sullivan, R. (2001a, January 1). <i>Gender differences in the depressive effect of widowhood in later life</i>. OUP Academic. <a href="https://academic.oup.com/psychsocgerontology/article/56/1/S56/546685">https://academic.oup.com/psychsocgerontology/article/56/1/S56/546685</a></li> <li>• Macintyre, A., Ferris, D., Gonçalves, B., &amp; Quinn, N. (2018, January 30). <i>What has economics got to do with it? the impact of socioeconomic factors on mental health and the case for collective action</i>. Nature News. <a href="https://www.nature.com/articles/s41599-018-0063-2">https://www.nature.com/articles/s41599-018-0063-2</a></li> <li>• Nagasu, M., Kogi, K., &amp; Yamamoto, I. (2019, December 30). <i>Association of socioeconomic and lifestyle-related risk factors with mental health conditions: A cross-sectional study</i>. BMC public health. <a href="https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6937976/">https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6937976/</a></li> <li>• Roy-Byrne, P. P., Kessler, R. C., Wang, P. S., &amp; Joesch, J. M. (2009, September). <i>Low socioeconomic status and mental health care use among respondents with anxiety and depression in the NCS-R</i>. Psychiatric services (Washington, D.C.). <a href="https://pubmed.ncbi.nlm.nih.gov/19723733/">https://pubmed.ncbi.nlm.nih.gov/19723733/</a></li> <li>• Vaalavuo, M., Niemi, R., &amp; Suvisaari, J. (2022, October 29). <i>Growing up unequal? socioeconomic disparities in mental disorders throughout childhood in Finland</i>. SSM - population health. <a href="https://pubmed.ncbi.nlm.nih.gov/36353094/">https://pubmed.ncbi.nlm.nih.gov/36353094/</a></li> <li>• Zhang Y;Su D;Chen Y;Tan M;Chen X; (2022, March 29). <i>Effect of socioeconomic status on the physical and mental health of the elderly: The mediating effect of Social Participation</i>. BMC public health. <a href="https://pubmed.ncbi.nlm.nih.gov/35351078/">https://pubmed.ncbi.nlm.nih.gov/35351078/</a></li> </ul>	
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	<h1>Thanks</h1> <p>Any Questions?</p>	
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