



Mental Illness and Poverty A Fact Sheet

- ❖ The lower the socioeconomic status of an individual is, the higher is his or her risk of mental illness (Hudson, 2005).
- ❖ There is a strongly negative relationship between socioeconomic status and mental illness (Hudson, 2005).
- ❖ The conditions of poverty can cause certain mental health disorders and that alleviating poverty can have positive effects on children's mental health (Costello et al, 2003).
- ❖ The stresses associated with low socioeconomic status lead to higher mental illness (Hudson, 2005).
- ❖ Higher unemployment, poverty, and lack of housing affordability in poorer communities account for more than half of community differences in psychiatric hospitalization rates (Hudson, 2005).
- ❖ Major depression occurs more frequently among people of lower socioeconomic status (Gilman et al, 2002).
- ❖ Participants from lower socioeconomic backgrounds had nearly a twofold increase in risk for major depression compared to those from the highest socioeconomic status background independent of childhood sociodemographic factors, family history of mental illness, and adult socioeconomic status (Gilman et al, 2002).
- ❖ Poverty, acting through economic stressors such as unemployment and lack of affordable housing, is more likely to precede mental illness than the reverse (Hudson, 2005).
- ❖ Adults with lower socioeconomic status are more likely to have serious mental illness than those with higher socioeconomic status (SAMHSA, 2002).
- ❖ The prevalence of serious mental illness is highest among those with the lowest family income level (less than \$20,000) at 16.3 percent and lowest among those with the highest income level (\$75,000 or more) at 6.4 percent (SAMHSA, 2002).
- ❖ Among adults aged 26 to 49, the prevalence of serious mental illness is higher among persons with Medicaid coverage (20.7 percent) and lower among persons with private health insurance (8.1 percent).
- ❖ The serious mental illness rate is higher among persons who were unemployed or had "other" employment status (i.e., not in the labor force) (14.2 and 15.5 percent, respectively) than among persons who worked full time (7.9 percent) (SAMHSA, 2002).
- ❖ About 35 percent of welfare recipients have either major depression, post traumatic stress disorder, general anxiety disorder, alcohol dependence or drug dependence (Center for Poverty, Risk and Mental Health, University of Michigan, 1998).
- ❖ Poverty is linked to poorer mental health (Adler et al., 1994).
- ❖ People in the lowest strata of income, education, and occupation are about two to three times more likely than those in the highest strata to have a mental disorder (Holzer et al., 1986; Regier et al., 1993; Muntaner et al., 1998). They also are more likely to have higher levels of psychological distress (Eaton & Muntaner, 1999).
- ❖ Lower income children are 1.86 times more likely to report an emotional or nervous condition in adult life. Lower income boys at age 7-8 years are 3.2 times more likely to do so (Fan, 2001).
- ❖ Living in poverty has the most measurable effect on the rates of mental illness. People in the lowest socioeconomic status are about two to three times more likely than those in the highest strata to have a mental disorder (U.S. Surgeon General, 1999).
- ❖ In all racial/ethnic populations, persons with low socioeconomic status were at least twice as likely to have frequent mental distress as those with high socioeconomic status. Socioeconomic status shapes a person's exposure to psychosocial, environmental, behavioral, and biomedical risk factors that directly and indirectly affect mental health (CDC, 2004).
- ❖ One study found that the low-income uninsured population had a higher prevalence of 1 or more psychiatric disorders (51% vs. 28%): mood disorders (33% vs. 16%), anxiety disorders (36% vs. 11%), probable alcohol abuse (17% vs. 7%), and eating disorders (10% vs. 7%) (Mauksch, 2001).