MENTAL HEALTH AS A PUBLIC HEALTH ISSUE:

Article List on Interactions Between Poverty and Mental Health

This list of journal article focuses on the multi-faceted connections between mental health and poverty for individuals and families domestically and abroad, addressing areas such as prevalence, neighborhood impact, and service access. Because there has been a lot published on this topic, this list includes only a cross-section of articles published since 2000. Literature reviews appear first, followed by individual studies from the U.S. and other places in the world, along with a journal exclusively focused on the topic. This list is offered as a supplemental resource to the video located at z.umn.edu/cmhpbh

LITERATURE REVIEW AND META-ANALYSES

Link: http://www.tandfonline.com/doi/abs/10.3109/09540261.2014.928270
Summary: This article reviews literature relating to the social determinants of mental health. The article begins by discussing the relationship between low socioeconomic status and mental health and then goes into a life course perspective of environmental contributors to mental health outcomes. Examples of interventions from around the world that work to support people's mental health and implications for action are provided.

Link: http://hsw.oxfordjournals.org/content/early/2013/08/12/hsw.hlt013.short
Summary: This article reviews literature on the cyclical relationship between mental health and urban poverty. Theories are used to explore mechanisms between social disorganization and crime in urban settings and mental health problems. Many topics are touched on, such as: joblessness and underemployment; neighborhood disorder, crime and insecurity, urban violence and victimization, self-efficacy, responses to trauma, and reducing barriers to access. The authors advocate a preventative approach to mental health care that works with young people and involves the urban communities to break cycles and improve outcomes for those living in poverty.

Summary: This article reviews literature on poverty and adolescent mental health. Topics addressed include definitions and significance of poverty, affects of poverty on adolescent mental health, intersections of poverty and service delivery, and implications for practice. The authors conclude that nurses need to be active in providing mental health services for adolescents in poverty and do more advocacy work towards policy changes that provide for the mental health needs of adolescents in poverty.
Summary: This article reviews barriers to mental health services that children of color and families living in poverty experience. It describes an interrelationship between poverty, access to adequate mental health services, and being a person of color. The author discusses the role of stigmatization in failure to seek mental health treatment, the importance of and need for culturally competent mental health services, and discusses implications for policy and practice.

Link: http://tva.sagepub.com/content/10/4/306.short
Summary: This article reviews literature about the relationship between poverty, intimate partner violence (IPV), and women's mental health. It describes the how poverty and IPV influence each other, how the combination of poverty and IPV create unhealthy conditions (with stress, a sense of powerlessness, and social isolation), and looks at survivor coping. Implications for practice and research are discussed.

Link: http://jap.sagepub.com/content/13/5/267.short
Summary: This article is written by a practitioner and focuses on literature about women's mental health in conditions of poverty. The social and economic correlates of poverty, physical and mental health comorbidities, and discussion of primary care settings are presented. A case study of a single woman is presented along with implications for practice.

Link: http://heapol.oxfordjournals.org/content/21/3/157.full
Summary: This article looks at literature dealing with economic barriers to mental health care in low- and middle-income countries. Six types of barriers are identified: an information barrier; insufficient resources; poor resource distribution; inappropriate resources; inflexible resource use; and timing of resources. The authors discuss ways of overcoming the identified barriers.

Link: http://europepmc.org/abstract/med/18032802
Summary: This article reviews epidemiological information on different socio-economic groups’ incidence of different mental illnesses (e.g., schizophrenia, mood disorders), factors associated with poverty, the cause-effect debate relating poverty to mental illness, and issues of individual versus geographical poverty. Particular attention is paid the connections between poverty and mental illness in women and children.

Summary: This article reviews literature on common mental disorders (CMDs) in low and middle income countries. Review indicated that there are different aspects of poverty that seem to be related to CMDs—education, housing, food insecurity, social class, financial stress, and socio-economic status—while other factors are not strongly associated with CMDs (income, employment, and consumption).
Summary: This article looked at literature focused on two areas: 1.) the effects of interventions targeting poverty reduction on neurological, mental, and substance misuse disorders; 2.) the effects of mental health interventions on economic status in low and middle income countries. The review found that while mental health interventions were consistently associated with improved economic outcomes, interventions targeting poverty alleviation often had less clear mental health benefits. The authors make suggestions for future research and make a call for increasing the priority of mental health care.

Citation: Murali, V., & Oyebode, F. (2004). Poverty, social inequality and mental health. Advances in Psychiatric Treatment, 10(3), 216-224.
Link: http://apt.rcpsych.org/content/10/3/216.full
Summary: This article looks at research on the direct and indirect impact of poverty on mental health within the context of increasing economic inequality. Topics addressed include poverty and social inequality, poverty and psychiatric disorders (e.g., mood disorders, psychoses, substance abuse), effects of poverty on children, and explanatory models of health inequalities.

Citation: Tilleczek, K., Ferguson, M., Campbell, V., & Lezeu, K. E. (2014). Mental health and poverty in young lives: Intersections and directions. Canadian Journal of Community Mental Health, 33(1), 63-76.
Summary: This article reviewed literature on poverty, income inequality, and mental health and their effects on students’ school success. It notes that developmental negotiations between school transitions are important to attend to and suggests practices that could support youth as they go through the educational system. The authors conclude with reflective questions for the reader to consider on topics that arose in the literature reviewed.

Summary: This article reviewed literature on whether economic recession have an effect on mental disorders. Findings indicated that economic crises and recessions have a negative impact on mental health in context-dependent ways, with the most significant impact in low- and middle-income countries. East Asian countries experienced sharp unemployment-related increases in suicide and countries in the European Union had rising unemployment significant associated with short-term increases in premature death (including from suicide).

Link: http://search.proquest.com/openview/5eb48c0413931fc4e31169e7e3fe6da6/1?pq-origsite=gscholar
Summary: This article reviews literature on poverty and gender in relation to mental disorders and mental health. Globalisation is seen as impacting both poverty and gender, influencing people’s mental health. The author also provides some action strategies to promote mental health in global society.

Link: http://www.scielosp.org/pdf/bwho/v81n8/v81n8a11.pdf
Summary: This article reviews community studies investigating the association between mental disorders and poverty in low- and middle-income countries. Weak evidence has been found to
support a direct link between income levels and mental disorders, though other factors (e.g., insecurity and hopelessness, risks of violence) are brought out as possibly explaining poor people’s vulnerability to mental disorders. The authors argue that policy makers and philanthropists should view common mental disorders along with other diseases associated with poverty in work to reduce risk.

**Citation:** Reiss, F. (2013). *Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review*. Social Science & Medicine, 90, 24-31.  
**Summary:** This article reviews literature on the relationship between common indicators of socioeconomic status (SES) and children’s and adolescents’ mental health outcomes. All studies focused on those between ages 4 to 18 years and were published between 1990 and 2011. The review found that children with SES disadvantage were substantially more likely to develop mental health problems, decreasing SES was associated with increasing mental health problems, and the strength of correlation varied by age.

**Citation:** Samaan, R. A. (2000). *The influences of race, ethnicity, and poverty on the mental health of children*. Journal of Health Care for the Poor and Underserved, 11(1), 100-110.  
**Link:** [https://muse.jhu.edu/article/268332/summary](https://muse.jhu.edu/article/268332/summary)  
**Summary:** This article reviews literature on both the positive and negative effects of socioeconomic factors, racial differences, and ethnic/cultural characteristics on children’s mental health. Themes that were found include that children whose parents experience poverty have increased incidence of mental health problems and that after controlling for socioeconomic factors Native Americans, African Americans, and Hispanics are less likely to report mental health problems.

**Summary:** This article reviews literature on the link between mental health and poverty, mental health treatment studies with low-income populations, and common barriers to mental health services. Implications and recommendations are made for those working with low-income children and adults.

**Summary:** This article looks at research on family poverty and the emotional, behavioral, and mental health of children. The authors present a conceptual framework addressing the mechanisms through which poverty occurs as well as how poverty impacts children’s mental health. An argument for the importance of understanding mechanisms through which poverty impacts children’s emotional, behavioral, and mental health is made along with discussion of strategies for reducing poverty.

**INTERVENTION MODELS**

**Citation:** Cappella, E., Frazier, S. L., Atkins, M. S., Schoenwald, S. K., & Glisson, C. (2008). *Enhancing schools' capacity to support children in poverty: An ecological model of school-based mental health services*. Administration and Policy in Mental Health and Mental Health Services Research, 35(5), 395-409.  
**Link:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3744335/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3744335/)  
**Summary:** This article proposes an ecological model for school based mental health services for children living in poverty. Literature is reviewed on pathways to poverty, school-based mental
health in low-income communities, and the connections between student mental health and fulfilling school functions for learning. Suggestions for school-based mental health practice are made.


Summary: This article proposes that public mental health resources be utilized in support of after school programs. Recommendations for mand specific examples of, mental health consultation in publicly funded after school settings are provided. The authors posit that implementing mental health consultation in after school programs can help to keep children safe and supervised, promote children's healthy development, and identify children who need mental health services that are more intensive in nature.


Summary: This article looked at a project that sought to introduce and implement sustainable mental health policy in Kenya. Descriptions of the approach to designing the intervention as well as detailed evaluation of the current mental health status and systems in Kenya are provided.


Summary: This article looks at risk influences for poor mental health outcomes throughout all stages of youth in South Africa, intervention considerations, and a review of mental health promotion initiatives targeting different levels of influence (macro and micro). Stages addressed include early childhood, middle childhood, and adolescence and have related interventions subsumed under these developmental stages.


Summary: This article discusses the mental health risks of economic downturns and social reform strategies that can mitigate these risks. Examples such as active labour market support for the unemployed, family and parenting support, controlling the price and availability of alcohol, strengthening social capital, and having responsible media coverage of suicides are discussed.

STUDIES CONDUCTED IN THE UNITED STATES

Citation: Caughy, M. O., O'Campo, P. J., & Muntaner, C. (2003). When being alone might be better: Neighborhood poverty, social capital, and child mental health. Social Science & Medicine, 57(2), 227-237. [Link](http://www.sciencedirect.com/science/article/pii/S0277953602003428)

Summary: This study looked at the association between African American parents' attachment to their community and whether their preschool-aged children displayed behavioral problems. The sample included 200 African American families living in Baltimore City. Results indicate different patterns depending on the economic surroundings of their neighborhood–children living in wealthy neighborhood had more internalizing behavioral problems if their parents knew few of their neighbors, while those living in poor neighborhoods had fewer internalizing behavioral problems if their parents knew few of their neighbors.

**Link:** [http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.93.5.792](http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.93.5.792)

**Summary:** This study looked at racial/ethnic disparities in accessing mental health services at different levels of poverty. Focus groups were Whites, Blacks, Hispanics, and Asians residing in both high-poverty and low-poverty areas and the data for analysis came from survey data collected by programs receiving state mental health funding. Results indicated that disparities in having coercive referrals and using emergency and inpatient mental health services were evident more in low-poverty areas than in high-poverty ones. Findings are broken down by ethnic group comparison—Blacks vs. Whites, Hispanics vs. Whites, and Asians vs. Whites—and discuss specific discrepancies in diagnoses and service utilization in high- and low-poverty areas.


**Link:** [http://jamanetwork.com/journals/jama/fullarticle/197482](http://jamanetwork.com/journals/jama/fullarticle/197482)

**Summary:** This longitudinal study looked at the role of social causation versus social selection in child psychopathology. The sample included 1420 primarily White and American Indian children, 9- to 13-years-old, who lived in rural areas. Results indicated that while initially children who were poor or formerly poor had more psychiatric symptoms than their peers who were never poor, after opening of a casino in the area, children who had formerly been poor experiences a drop in symptoms of oppositional defiant and conduct disorders to similar levels as their peers who had never been poor.


**Summary:** This study looked at associations between mental health and poverty in Bosnia, Indonesia, India, Mexico, and Tongo. The data used for analysis came from survey interviews representing between 230 and 10,000 households in each country of focus. Results indicated a number of risk factors for poor mental health (those living with other people with poor mental health are more likely to experience poor mental health, those who are female, older, widowed, and experiencing poor physical health are more likely to have poorer mental health) that were consistent with prior research. Some prior findings, however, did not hold in this study—such as that higher education did not serve as a protective factor in these countries and that there was not a consistent association between poverty and mental health.

**Citation:** Evans, G. W., & Cassells, R. S. (2014). Childhood poverty, cumulative risk exposure, and mental health in emerging adults. *Clinical Psychological Science, 2*(3), 287-296.

**Link:** [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4655888/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4655888/)

**Summary:** This study looked at whether experiences of family poverty in early childhood predicted mental health in emerging adulthood and whether any effects of early poverty were independent of individuals’ adult financial circumstances. The sample included 196 participants who were part of a longitudinal study of rural poverty, cumulative risk, and child development in upstate New York. Results indicated that the more time children spent in poverty before 9 years of age, the worse their mental health (particularly as it related to externalizing symptoms) was in emerging adulthood independently of adult income levels. The authors discuss how cumulative risk can mediate the relationship between early childhood poverty and externalizing behaviors in emerging adulthood.
Summary: This study looked at the relationship between incidence of depression and residence in urban neighborhood poverty. The sample included 1120 adults living in neighborhoods in New York City. Results indicated that the cumulative incidence of depression was higher in low-socioeconomic status (SES) neighborhoods (19.4 per 100 people) than in high-SES neighborhoods (10.5 per 100 people) and that the relative odds of depression remained significantly higher for those in low-SES neighborhoods after adjusting for individual covariates (e.g., traumas, stressors, individual SES, social support).

Summary: This study looked at the effectiveness of the Moving to Opportunity (MTO) housing intervention in improving mental health. It used Ray Pawson's realist review method to analyze 22 evaluations/reviews of the housing intervention. Analysis found that while younger children (under 12-years-old) generally experienced improvement in their mental health from moving from a high-poverty community to a lower-poverty community, that female adolescents often experienced improved mental health with the move while male adolescents tended to have little if any positive effect and sometimes experienced negative impact from the move, and that adults (mostly mothers) often—but not always—experienced improved mental health with the move. In looking at factors that may have contributed to improvements in mental health, improved safety and physical conditions and decreased social isolation were discussed. The authors propose a revised theory of community complexity and argue for 'working with communities' on intervention design instead of removing individual families and placing them in new communities.

Summary: This study looked at the relationship between mental health problems and substance abuse and receipt of welfare benefits for single mothers. The data used for analysis came from the 1994-1995 National Household Survey on Drug Abuse. Results indicated that 19% of welfare recipients met criteria for psychiatric diagnosis, a similar percent had used illicit drugs in the past year, and that the aforementioned mental health and behavioral conditions are significant barriers to self-sufficiency.

Summary: This study looked at whether aspects of neighborhoods (structural characteristics and social processes) were associated with children's mental health. The sample came from 80
neighborhood clusters in Chicago, with a total of approximately 1000 children being included in seven different age cohorts. Results indicated that children with clinical range scores for mental health problems lived in low socioeconomic neighborhoods—21.5% in this setting vs. 18.3% for those in medium socioeconomic neighborhoods and 11.5% for those in high socioeconomic neighborhoods. Organizational participation and collective efficacy in neighborhoods were associated with children having better mental health.

STUDIES CONDUCTED IN AFRICA

Link: http://heapol.oxfordjournals.org/content/16/2/206.full.pdf+html
Summary: This study looked at explanatory models of poor mental health that are used by low-income women and practitioners. The study included multiple stages—a pilot study with 26 women, qualitative individual interviews with 139 women, and a final stage with group interviews. Results indicated that while there were many overlaps in the explanations that low-income women and professionals gave for mental illness (e.g., that poverty/socioeconomic status were one of the causes of stress, that family members were important influences on a choice to seek treatment) there were also differences—primarily related to the religious or spiritual influences and approaches that women reported and that practitioners did not.

Link: http://www.tandfonline.com/doi/abs/10.1080/09540120802511885
Summary: This study looked at the associations between psychological problems, indicators of poverty, and AIDS-orphanhood status. The sample included 1,025 children and adolescents in Cape Town, South Africa. Results indicated that AIDS-orphaned children who had food security, someone employed in their household, and those with access to social welfare grants had better mental health. The authors suggest that poverty alleviation efforts could, therefore, have the potential to improve the mental health of this population of children.

Link: http://www.bmj.com/content/bmj/338/bmj.b974.full.pdf
Summary: This study looked at the efficacy of an intervention for improving mother-infant relationships and attachment security in a low-income South African settlement. The sample included 449 women and their infants, separated into intervention and control groups. Results indicated that mothers in the intervention were significantly more sensitive in their interactions with their infants than mothers in the control condition and that at 18 months infants in the control condition had more secure attachments.

Summary: This study looked at the effects of access to micro-credit loans—with implications for upward socio-economic status-on mental health. The sample included 257 individuals who had applied to a micro-lending organization. Results indicated that accessing credit was associated with a decrease in men’s depressive symptoms but this pattern did not hold for women in the sample. The authors conclude by stating that mental health should be used as a success measure for approaches to alleviating poverty.


Summary: This study looked at the opinions of mental health stakeholders about the nature and relationship of poverty, mental illness, and stigma in Uganda. The sample included 62 individuals from 16 different sectors (e.g., the health sector, the education sector, the media, traditional healers, mental health service users, politicians). Results indicated that most people reported a reciprocal relationship between mental illness and poverty, with stigma to mental illness commonly reported and reinforcing cycles of mental illness and poverty. Internalized stigma was often related to poverty by the participants.

STUDIES CONDUCTED IN ASIA

Citation: Chandran, M., Tharyan, P., Muliyil, J., & Abraham, S. (2002). Post-partum depression in a cohort of women from a rural area of Tamil Nadu, India. The British Journal of Psychiatry, 181(6), 499-504.

Link: http://bjp.rcpsych.org/content/181/6/499.full

Summary: This study looked at the incidence of post-partum depression and associated risk factors. The sample included 359 women in rural India. Results indicate that 11% of the women had post-partum depression and a number of risk factors were identified—poverty, adverse life events during pregnancy, birth of a daughter when the mother wanted a son, relational difficulties with the woman's parents and in-laws, and lack of physical help.


Link: http://ajp.psychiatryonline.org/doi/abs/10.1176/appi.ajp.159.1.43

Summary: This study looked at the risk factors, especially gender bias in infants, for occurrence and outcomes of depression in Indian mothers. The sample included 270 mothers who spoke one of four languages (Konkani, Marathi, Hindi, or English). Results indicated that risk factors for chronic postnatal depression included poor marital relationships and economic deprivation and that depressed mothers were both more disabled and more likely to use health services when compared to non-depressed mothers.


Summary: This study looked at depressed women’s explanatory models of their mental illness. The sample included 35 women who were married at some point in their life and had significant symptoms of depression with or without anxiety. Results indicated that somatic complaints were frequently cited as symptoms of their illness and that economic and interpersonal relational difficulties were the most common causal factors described. While most of the women had sought medical help, they did not do so for mental illness–instead, they sought help for somatic and reproductive concerns.


Link: http://isp.sagepub.com/content/49/2/119.short

Summary: This study looked at the prevalence and nature of factors associated with common mental disorder. The sample included 327 clients recruited from a primary health care facility in India. Results indicated that 33.9% of the sample met criteria for a common mental disorder and...
that illiteracy and indicators of low socio-economic status (e.g., being in debt, inability to buy food) were significantly associated with presence of mental disorder.


**Summary:** This study looked at the relationship between mental health and poverty in an Indonesian sample. Data used for analysis came from the 2007 Indonesia Family Life Survey (IFLS), with restrictions set to include only sample respondents that were at least 14-years-old (25,101 individuals from 11,553 households). Results indicated that a decrease of 1% in per capita household expenditure was associated with an increase in depressive symptoms of 0.05% and that both religiosity and individual social capital were positively associated with mental health.

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**STUDIES CONDUCTED IN AUSTRALIA**

**Citation:** Callander, E. J., & Schofield, D. J. (2015). Psychological distress and the increased risk of falling into poverty: A longitudinal study of Australian adults. *Social Psychiatry and Psychiatric Epidemiology, 50*(10), 1547-1556.

**Summary:** This study looked at whether there’s an increased risk of falling into poverty for individuals experiencing psychological distress. Data used for analysis came from the Household Income and Labour Dynamics in Australia (HILDA) survey. Results indicated that having both a moderate and very high level of psychological distress, after adjusting for confounding factors, was associated with an increased risk of experiencing both income poverty (1.62 for moderate distress; 2.40 for very high distress) and multidimensional poverty (1.85 for moderate distress; 3.68 for very high distress). Further, those who experienced poverty had a higher risk of experiencing even more psychological distress.

**Citation:** Holmes, K. (2016). Talking about mental illness: Life histories and mental health in modern Australia. *Australian Historical Studies, 47*(1), 25-40.
**Link:** [http://www.tandfonline.com/doi/abs/10.1080/1031461X.2015.1120336](http://www.tandfonline.com/doi/abs/10.1080/1031461X.2015.1120336)

**Summary:** This study looked at people’s perspectives of mental illness over the past three decades. Qualitative data used for analysis came from the Australian Generations Oral History Project, focusing in on ways that participants understood their experiences with mental illness. Structural patterns of inequality related to gender and poverty are identified in relation to historical circumstances and the authors consider the important role of life history interviews for helping those with mental illness tell their stories of life trajectories.

**Link:** [http://anp.sagepub.com/content/47/7/654.short](http://anp.sagepub.com/content/47/7/654.short)

**Summary:** This study looked at longitudinal associations between welfare receipt and mental health for Australians that are of working-age. Data used for analysis came from the Household, Income and Labour Dynamics in Australia survey, which had a nationally representative sample of 11,701. Results indicated that those who received welfare payments (disability, unemployment, or mature age) had poorer mental health regardless of their social, personal, and financial circumstances and that those receiving mature age and unemployment payments had poorer mental health when they were receiving the payments than when they were not. Additionally, the greatest declines in mental health occurred during transition times to begin getting parenting payments for single parents and disability payments.
Link: http://link.springer.com/article/10.1007/s00127-015-1027-0
Summary: This study looked at the association between mental health problems and financial hardship over time. Data used for analysis came from the Household, Income and Labour Dynamics in Australia survey, which had a nationally representative sample of 11,134. Results indicated that there was a higher risk for mental health problems for people who reported cash-flow problems and financial deprivation and that even those who were vulnerable to financial hardship had a higher risk for mental health problems than those not vulnerable to financial hardship.

Link: http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.2009.180943
Summary: This study looked at whether children’s exposure to family poverty early in their life predicts later development of depression and anxiety in adolescence and young adulthood. The sample included 2609 mothers and children who were followed from pregnancy through the time the child was 21-years-old. Results indicated that family poverty when the child was 14-years-old was the strongest predictor of later depression and anxiety and that the more frequently a child experienced poverty the more likely they were to demonstrate symptoms of depression and anxiety at follow-ups when they were 14- and 21-years-old.

Link: http://www.tandfonline.com/doi/abs/10.1080/13607863.2012.727381
Summary: This study looked at the relationship between mental health conditions, employment, and being in income poverty. The data for analysis came from the 2003 Survey of Disability, Ageing and Carers, which included 8793 people ages 45 to 64 years. Results indicated that those who were not employed due to mental health conditions were significantly more likely to be living in income poverty than those who were not employed and did not have a chronic health condition. Those who had a mental health condition and were in the workforce were significantly less likely to be in income poverty than those who had left the workforce due to their mental health condition.

Link: http://bmcpublichealth.biomedcentral.com/articles/10.1186/1471-2458-12-756
Summary: This study looked at the relationship between socioeconomic measures and risk for clinically significant emotional and behavioral difficulties (CSEBD). The data used for analysis came from a representative survey sample of 3993 4- to 17-year-old Indigenous children living in Western Australia. Results indicated that 24% of Indigenous children met criteria for being at risk of CSEBD and having a higher socioeconomic status was correlated with a reduced risk for mental health problems. Family circumstances (e.g., stress, overcrowding, racism, parenting quality) also emerged as an explanatory mechanism between the mental health of children and measures of their family's material wellbeing (e.g., employment, family finances).
STUDIES CONDUCTED IN CANADA


**Link:** [http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.92.2.220](http://ajph.aphapublications.org/doi/abs/10.2105/AJPH.92.2.220)

**Summary:** This study looked at poverty's differential effects on the mental health of children with different backgrounds—those who were born outside Canada, those whose parents were immigrants, and those whose parents were not immigrants. The data used for analysis came from Canada's National Longitudinal Survey of Children and Youth, which included 23,000 children birth through 11 years of age. Results indicated that although children born outside Canada were more than twice as likely to live in poverty, they displayed fewer emotional and behavioral problems. For other children, mediators in addition to poverty (e.g., parental depression, family dysfunction, ineffective parenting) were evident in mental health outcomes.


**Summary:** This study looked at the prevalence of mental health problems among homeless women and whether risk factors for mental health problems were modified by the presence of children. The representative sample included 522 homeless women from the Toronto area. Results indicated that homeless women had a higher incidence of mental health problems than the general population and that those without dependent children had higher rates of mental health problems than those who had dependent children. Factors associated with poor mental health in this sample of homeless women included physical/sexual assault in the past year, a perceived low level of social support, presence of a drug use problem in the past month, and presence of a chronic health condition.

**Citation:** Forget, E. L. (2011). The town with no poverty: The health effects of a Canadian guaranteed annual income field experiment. *Canadian Public Policy, 37*(3), 283-305.


**Summary:** This paper documents the history of a Canadian guaranteed income experiment (MINCOME) from the mid-1970s and analyzes routinely collected data to look at the health impact of the income experiment. The experiment took place in the city of Dauphin, population of 10,000 and extended to an additional 2,500 people living in nearby rural areas, and the researcher selected matched controls from throughout the same province of Manitoba. Results indicated that in comparison to controls there was a significant decrease in hospitalizations for accidents, injuries, and mental health and that there was a decreased number of contacts with doctors, especially for mental health concerns.


**Summary:** This study looked at the contextual influences about children’s school performance and mental health, moderating effects of immigration status, and family processes that may account for relationships. The data comes from the National Longitudinal Survey of Children and Youth (NLSCY), a sample of 13,470 Canadian children, ages 4 to 11 years. Results indicated that despite disadvantaged socioeconomic status, children whose families had recently immigrated had better school performance and fewer emotional-behavioral problems. Neighborhoods with high concentrations of immigrant families appeared to have a protective effect on children whose families were immigrants, as these children had fewer emotional-behavioral problems.
Link: http://link.springer.com/article/10.1007/s10597-014-9814-8
Summary: This study looked at gender- and income-related barriers to accessing mental health care in Canada. The data used for analysis came from the 4,134 member Canadian Community Health Survey. Results indicated that those individuals from low-income households were significantly more likely to report barriers to mental health care, with men significantly more likely to report ‘acceptability’ barriers (relating to perceptions of mental health issues and usefulness of services) and women significantly more likely to report accessibility barriers (e.g., lack of transportation or childcare).

Summary: This study looked at the impact of welfare restructuring on people with serious mental illness—undermining mental health care policy’s intent to improve the quality of life (QOL) of those with mental illness. The interview sample included 22 people in Ontario, ages 23-57, with a serious mental illness. Results indicated that chronic poverty has a poor effect on multiple domains of QOL (e.g., leisure, basic needs, self-esteem).

STUDIES CONDUCTED IN EUROPE

Summary: This study looked at the relationship between individual socioeconomic indicators and children's mental health. The sample included 5,781 Norwegian children, ages 11 to 13 years, who were part of the Bergen Child Study (BCS). Results indicated that poor family income was a consistent predictor of mental health problems and that the educational level of parents had stronger predictive power for externalizing disorders than for internalizing ones.

Summary: This study looked at the prevalence of, and associations with, mental health problems in Russian children. The sample included 448 school children, ages 7 to 14 year. Results indicated that risk factors such as being male, being older (11-14), having witnessed marital violence, being in the lowest third in terms of family affluence, and attending a disadvantage school were associated with higher rates of mental health problems.

Summary: This intervention study looked at the relationship between economic status, severe mental illness, and social relations. The sample of 100 with severe mental illness received a monthly financial contribution (equivalent to $73 U.S. dollars) for nine months. Results indicated that, in comparison to a comparison group, significant improvements were evident in sense of self, social networks, and depression and anxiety—though no difference in functional level was found. The authors call for widening psychiatry’s focus to include people’s social context within which they live instead of focusing on individual symptoms.
Summary: This study looked at the association between mental health symptoms, socio-economic conditions, and lifestyle factors. The survey sample included 42,448 men and women, ages 18- to 84-years-old. Results indicated that about 40% of women and 30% of men reported being moderately or extremely depressed or anxious, with younger people reporting poorer mental health than older ones. There was strong relationship found between mental health and economic hardship, employment status (receiving disability pension and unemployed), poor social support, feeling belittled, functional disability, and critical life events (e.g., being laid off from work, death of a close relative, separating from a spouse or partner).

Link: http://jech.bmj.com/content/60/7/646.short
Summary: This study looked at the relationship between the economic factors of income inequality and standards of living and mental illness across a number of developed countries. Countries looked at included Belgium, France, Germany, Italy, Japan, Netherlands, Spain, and the United States. Results indicated that there were strong positive linear associations between gross national income and income inequality and prevalence of serious mental illness.

Citation: Selenko, E., & Batinic, B. (2011). Beyond debt. A moderator analysis of the relationship between perceived financial strain and mental health. Social Science & Medicine, 73(12), 1725-1732.
Summary: This study looked at factors moderating the effects of perceived financial strain on mental health. The survey sample included 106 adults who were clients of a publically-funded debt-counseling organization in Austria. Results indicated that perceived financial strain was related to mental health, but the actual amount of debt a person was in was not. When people had strong self-efficacy and more access to collective purpose, their financial strain has less effect on their mental health.

Summary: This study looked at whether there was an association between first psychiatric admission and neighborhood income after adjusting for individual-level socioeconomic and demographic variables. The sample included the full Swedish population that were between the ages of 25 and 64 years on December 31, 1997. Results indicated that people living in the poorest neighborhoods had significantly higher risk of being hospitalized for mental disorders than their peers living in the richest neighborhoods. The authors concluded that both individual and neighborhood level interventions are needed to improve mental health in low-income neighborhoods.

Citation: Topor, A., Ljungqvist, I., & Strandberg, E. L. (2016). The costs of friendship: Severe mental illness, poverty and social isolation. Psychosis, 8(4), 336-345.
Link: http://www.tandfonline.com/doi/abs/10.1080/17522439.2016.1167947
Summary: This study looked at the relationship between social isolation and financial strain in the lives of people with severe mental illness. The sample included 16 individuals with severe mental illness who were interviewed about their experiences. Results indicated an overarching theme of “the cost of having friends” that had five categories—loss of friends, making do without
friends, dependence on friends and family, supported socialisation, and money as an aid to recovery. The authors concluded by discussing the importance of understanding people in their social context to avoid interpreting rational coping strategies as psychiatric symptoms.

**Link:** [http://bjp.rcpsych.org/content/178/3/222.full](http://bjp.rcpsych.org/content/178/3/222.full)

**Summary:** This study looked at whether there was a higher prevalence of common mental disorders in British regions with the highest income inequality after adjusting for individual income. The cross-sectional survey sample included 8191 people, ages 16 to 75 years, living in England, Wales, and Scotland. Results indicated that while people with the highest individual income levels in regions with larger income inequality more frequently had common mental disorders, those with the lowest income levels living in such areas less frequently experienced common mental disorders.

**STUDIES CONDUCTED IN LATIN AMERICA**

**Citation:** Fleitlich, B., & Goodman, R. (2001). *Social factors associated with child mental health problems in Brazil: Cross sectional survey*. *British Medical Journal*, 323, 599-600.
**Link:** [http://www.bmj.com/content/323/7313/599.short](http://www.bmj.com/content/323/7313/599.short)

**Summary:** This study looked at the association between social factors (e.g., poverty, family violence) and mental health problems in children. The sample included 898 children, ages 7 to 14 years. Results indicated that higher rates of psychiatric symptoms was strongly associated with poverty, family violence, and maternal psychiatric illness.

**Citation:** Harpham, T., Grant, E., & Rodriguez. (2004). *Mental health and social capital in Cali, Columbia*. *Social Science & Medicine*, 58(11), 2267-2277.

**Summary:** This study looked at whether there is an independent association between mental health and social capital once violence and demographic variables are taken into account. The sample included 1168 young people, ages 15 to 25 years, living in a low income community. Results indicated that 24% of the sample had clinical level symptoms of mental illness, that females were three times as likely as males to have poor mental health, and that poverty (e.g., limited education, informal sector employment) and violence related factors played a bigger role in predicting cases than social capital did.

**STUDIES CONDUCTED IN NEW ZEALAND**

**Citation:** Becares, L., Cormack, D., & Harris. (2013). *Ethnic density and area deprivation: Neighbourhood effects on Maori health and racial discrimination in Aotearoa/New Zealand*. *Social Science & Medicine*, 88, 76-82.

**Summary:** This study looked at the associations between ethnic density, neighborhood deprivation, physical and mental health, and experiences of racial discrimination. Data came from the Maori sample of the 2006/07 New Zealand Health Survey. Results indicated that living in Maori-dense area was associated with lower odds of self-reported poor health, doctor-diagnosed mental disorders, and experiences of racial discrimination and that these associations between fewer problems and ethnic density were stronger after adjusting for areas’ level of economic deprivation.
Summary: This study looked at whether there were gender differences in single parents mental health and looked at key demographic and social mediators that may account for the difference. Data used for analysis came from the Survey of Families, Income and Employment (SoFIE) panel survey, with this study’s authors focusing in on 905 single parents and 4,860 partnered parents. Results indicated that high/very high levels of psychological distress were more commonly reported by single parents (15.7% of mothers; 9.1% of fathers) than partnered parents (6.1% of mothers; 4.1% of fathers) and that adjustment for individual socioeconomic deprivation largely reduced gender differences.

Summary: This study looked at the connections between childhood economic circumstances and later developmental outcomes in the areas of educational achievement, economic circumstances, crime, mental health, and teenage pregnancy. Data used for analysis came from the Christchurch Health and Development Study, a longitudinal birth cohort study of 1265 people born in 1977. Results indicated that while declining family income during childhood was associated with adverse outcomes in the five areas investigated, after covariate adjustment the only significant associations that remained were for educational achievement and economic circumstances. The authors point to the importance of taking into account additional contextual factors beyond income (social, family, and individual) when looking at outcomes, noting that when this was done increased risks for mental health problems, teen pregnancy, and crime were not significantly linked to economic circumstances in childhood.

Link: http://jech.bmj.com/content/68/3/253.full
Summary: This study looked at whether changes in socioeconomic measures were associated with self-reported mental health over time. Data used for analysis came from three waves of the Survey of Family, Income and Employment in New Zealand. Results indicated that people who became inactive in the labor force experienced a self-reported decline mental health (1.34 units) and an increase in psychological distress (0.50 unit) when compared to those who were actively employed. Additionally, those who experienced individual deprivation (e.g., forced to buy cheaper food, feeling cold to save heating costs) experienced a self-reported decline mental health (1.47 units) and an increase in psychological distress (0.57 unit).

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