

The Effects of Poverty on Mental Health and Interventions

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Abstract. It is well established that the link between mental illness and poverty is adverse. Consistent research has shown that individuals with low income have regularly been shown to be linked to an increased incidence of mental illness. Mental health is a significant part of one's life because it can influence emotions, thoughts, and actions. The purpose of this research is to examine how poverty affects mental health and offer alternative interventions. Three mental illnesses—depression, anxiety, and posttraumatic stress disorder (PTSD) are reviewed in particular, and practical solutions from the perspectives of family, education, and public health are suggested. This research concludes that parenting is a major factor that causes depression and anxiety among children, poor parents with depressed or anxious symptoms also increase the risk of the mental disorder for their children. The poor relatively easier to encounter trauma and have a greater impact after trauma. Additionally, financial assistance from the government and competent policy is essential for providing effective interventions.

1 Introduction

Mental health is significant for every people at every stage of life. Mental health is a condition in which mental function is successfully carried out, leading to fruitful activities, satisfying interpersonal interactions, and the capacity to adjust to change and overcome adversity [1].

It influences the way of thinking, feeling, and acting. Mental health is also a basis for establishing a friendly relationship with family, friends, and coworkers, as well as one's ability to contribute to the community or society. With the development of society, information technology brings a lot of health knowledge. Health is not only a physical condition but also psychological well-being. Nowadays, people pay more and more attention to mental health. This prevalence indicated the importance of popularizing mental health to let more people realize the issue. According to the research by Brundtland in 2000, the author argued that mortality statistics of the average lifespan have expanded by an unprecedented amount over the past century [1]. Except for the major known killers - malaria and tuberculosis, mental illness has become the other significant factor that affects mortality [1]. Even though it may not be lethal by itself, it increasingly causes severe disability in both wealthy and underdeveloped countries [1]. This result was also proved by Gamm et al. in 2010, these authors acknowledged that a lifetime of mental illness is experienced by almost half of the population [2]. Among the most disadvantaged groups in the country, mental illness frequently contributes to the effects of disability or other significant health disorders [2]. There is proof that psychosocial factors like depression, anxiety, and others influence the development and results of chronic diseases including cancer and heart disease [3]. Only a small percentage of people who develop mental disorders report receiving therapy in the year prior [2]. Even though mental health is receiving a

growing amount of attention, there is still room for enhancement.

Three mental diseases are reviewed in this article, which are depression, anxiety, and posttraumatic stress disorder (PTSD). Depression is a common medical disorder that is harmful and has negative effects on feeling, thinking, and acting [4]. The symptoms of depression include the inability to focus, lack of energy, considerable gaining or losing weight, sleeplessness or excessively sleeping, feelings of meaninglessness or overwhelming guilt, and frequent thoughts of death or suicide [4]. Anxiety is characterized by a sensation of tension, concerned thoughts, and physical changes like elevated blood pressure [5]. People with anxiety disorders frequently experience intrusive thoughts or anxieties repeatedly throughout their life. Out of dread, they might avoid certain situations. There may also be physical signs including sweating, shivering, disorientation, or an accelerated heartbeat. [5]. After experiencing a startling, terrifying, or deadly event, some persons may have PTSD. People who have PTSD may experience physiological arousal, resulting in symptoms like a heightened startle reaction, interrupted sleep, trouble focusing or recalling, and being guilty of having survived the ordeal while others did not [6]. They may also avoid situations or activities that remind them of the traumatic event [6].

Several risk factors may trigger mental illness, such as discrimination, abuse, and substance use. Poverty is also one of the risk factors that affect mental health. This study focus on how poverty affects mental health. Dashiff et al. defined poverty as someone experiencing financial hardship or living in underprivileged neighborhoods [7]. Studies on poverty frequently use an income-based definition. The government's statistical definitions of poverty in the United States, which are based on a family's pretax financial income, are the most widely used [7]. The size and make-up of the family affect how poverty is operationalized [7]. Aber et al. in 2012 gave a definition

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of poverty that is based on the poverty line [8]. For families of a certain size in a particular year, a specific dollar amount is used as a benchmark, and if the family's income falls below that threshold, the family is deemed to be impoverished [8]. They also introduced other approaches to defining poverty. For instance, how distinct a family's income is from the family income median nationally, people's attitudes towards poverty, and regional economic circumstances [8]. The "family self-sufficiency standard" is an additional metric that considers what it would take to provide for a family's essential requirements without the aid of governmental or nonprofit organizations [8]. One thing is certain, poverty can affect individuals' life. This impact can be through access to jobs, education, health care, and so on.

Therefore, studying poverty might find out the cause of poverty, and the need of poor people and present potential solutions. Research on impoverished people's mental health may improve their psychological well-being. This article aims to review poverty's impact on mental health and provide possible interventions. Three mental illnesses - depression, anxiety, and PTSD are specifically discussed and accessible interventions are provided from family, school, and public health aspects.

2 The impact of poverty on mental health

2.1 The impact of poverty on depression

Poverty and mental disease are causally linked in both directions. Poverty is related to erratic income and spending. Depression may result from the ensuing concerns and ambiguity. Depression damages individuals' financial situations and in turn, also hinders education and skill acquisition among adolescents [9]. The likelihood of experiencing depression is typically 1.5 to 3 times higher for people with the lowest incomes than for those with higher incomes in the same place [9]. Three aspects reviewed here indicate how poverty leads to depression.

The first aspect is Neighborhood. Poor neighborhood conditions have an impact on depression by raising everyday stress levels and severing social relationships. Ioannou et al. in 2019 demonstrated that high poverty rates and neighborhood violence contribute negatively to adolescent well-being and cause depression [10]. Adolescents living in impoverished neighborhoods reported lower levels of social support, which relates to more depressive symptoms [10].

The second aspect is from the school perspective. Higher levels of income inequality in a school community have an influence on students' psychological health, including feelings of inadequacy and low self-esteem. [11]. This often leads to depression. Real inequalities in achievement and conduct may result from or be made worse by the fact that low-income pupils frequently have teachers with fewer qualifications and lower expectations for student learning [12] Poor students are less likely to receive consistently high-quality instruction throughout their early years and are more likely to enroll in schools where there is a significant turnover of both teachers and

students, which contributes to the perception of educational fragility and inconsistency throughout life [12]. The unrewarding results from the academic performance will not give impoverished students a sense of achievement to continue progress. The lack of this positive return might make students generate the idea of self-abandonment, which results in depression.

The third aspect would be parenting. In 2013, Winer and Thompson discussed the relationship between children's emotional competence and mothers' mental health in the straitened family circumstance [13]. The result shows that children's mental health and poverty are related indirectly. A poverty-stricken family gives more pressure on a mother to raise a child which predicts more likely to exhibit depressive symptoms. A mother with a depressed mood tends to have immediate effects on a child's capacity to comprehend emotions, and also has long-term effects on engaging negatively with the child during playtime. This makes the child more likely to suffer from depression during their child's development [13]. Mazza et al. in 2017 suggested that the stress of poverty may result in tougher and less adaptive parenting, strained family interactions, and feelings of helplessness owing to limited options in life, which can then result in depressive symptoms. The behavioral development of children could be negatively impacted by these circumstances [14]. These findings illustrate inappropriate parenting which is related to poverty as a predictor of depression.

2.2 The impact of poverty on anxiety

Like how poverty affects depression mentioned above, it can impact anxiety among children through parenting stress. There was an inverse relationship between generalized anxiety disorder and poverty. Baer et al. reported in 2012 that poverty-related factors were linked to an increased risk of anxiety. There was a 2.44 percent likelihood that mothers who struggled with utility payments would fall into the general anxiety disorder (GAD) category [15]. Punitive parenting was positively correlated with maternal parenting stress by 21.7% which their parenting suffered as a result of the greater chance of anxiety [15]. The fact parental strain has a favorable correlation with anxious symptoms by 3.4%, which had another detrimental effect on kids [15]. This finding was also suggested by Li et al. in 2018. In the research of Li et al., they focused on how the low socioeconomic status of a family is related to children's anxious symptoms, children's negative emotions, family social capital, and poverty are used to examine interactions in a very underprivileged setting [16]. Their results indicated that poverty can have a direct or indirect impact on children's anxiety, with parental social capital acting as a buffer [16]. Li et al. revealed that low socioeconomic status hurts children's development since it affects how much and what kind of resources parents provide for their kids. These supplies come in the form of both tangible items and emotional assistance [16]. This result indicates that children from low-income families will receive minimal investments from their parents, which will negatively

affect their mental development thus leading to anxiety. When living in a poor family circumstance, parents have less time to spend with their children and fewer investment, which weaken parental supervision and become the cause of anxiety.

2.3 The impact of poverty on PTSD

Poverty also results in PTSD to a large extent. Ward in 2019 concluded that PTSD can be caused directly by poverty based on the research in the report given by the American Psychological Association's Trauma Division [17]. Low socioeconomic status (SES) residents frequently reside in disaster-prone locations [17]. The report also includes a list of common traumas suffered by persons living in poverty, including fire incidents, traffic fatalities, environmental hazards, and gun-related injuries [17]. Chen et al. examined the interconnection between poverty and PTSD by using a mixed-method strategy, 113 Vietnamese Katrina survivors from New Orleans were chosen as the sample [18]. According to their research, financial stress was the biggest risk factor for PTSD symptoms in Vietnamese survivors in addition to their physical and psychological well-being after a calamity [18]. Catastrophes can put vulnerable communities at disproportionate risk for poor health consequences [18]. Besides natural disasters, war is also a cause of PTSD. Chen et al. in 2019 surveyed 240 Syrian refugees to examine poverty and war-related PTSD [19]. In Syria, adolescent and child refugees face a variety of challenges, such as widespread poverty, exposure to violence caused by war, and feelings of worry about their safety and prospects [19]. This uncertainty comes from the deficiency of social support due to national poverty and the threats brought by the war. The result of Chen et al. demonstrates high rates of PTSD have been documented for Middle Eastern refugees who are children and adolescents [19].

After experiencing traumatic events, people who generate PTSD symptoms will suffer from tremendous economic pressures. According to the study by Lenart et al. in 2021, the cost of healthcare during the recovery time of PTSD could be a financial burden for patients [20]. These patients might not able to work and especially for the impoverished family, this cost is undoubtedly aggravating the economic pressure on patients and their families. These patients have inferior functional results, higher rates of chronic pain, and higher rates of substance abuse, all of which add to the already high expenditures on healthcare and the economy [20]. Another influence discussed by Lenart et al. in 2021 is the personal cost, which is revealed in the decline of life's quality [20]. During this difficult time of recovering from PTSD, a poor living environment might not provide timely and sufficient social support to help patients to get through this tough time. This would result in a worsen mental health condition.

3 Interventions

3.1 Intervention from a family aspect

As discussed in the previous paragraph, parenting is a significant factor in predicting poverty's impact on the mental health of their children. Therefore, the family is important in improving children's mental health. Anakwenze and Zuberi introduced a way of family associates, they gave families emotional support, knowledge, and assistance in overcoming certain obstacles, like the lack of availability of childcare or transportation [21]. This approach can promote the strengthening of parents and raise awareness of the need to educate children with a positive attitude. The engagement strategy may directly relieve the stress on parents and indirectly lower the possibility of children having a mental illness as they are co-related. All the items that parents requested included daycare, programs for parent education that are easily accessible, early support for mental health difficulties in parents and children that signal insufficient timing of services, and assistance with marital problems [7]. Interagency coordination is necessary due to the wide range of these services [7]. However, this intervention may not be easy to access due to the unequally distributed organization for support. Dashiff et al revealed that problems with the general design of service delivery can also arise. A huge metropolitan institution's concentration of resources keeps care away from the neighborhoods where teenagers and their families carry on with daily activities [7]. Adolescents or those from low socioeconomic backgrounds are unlikely to find bureaucracy and formality appealing [7]. In the research designed by Santiago et al. in 2012, they introduced evidence-based care and multisystemic therapy (MST) to treat low-income children and adolescents [22]. The evidence-based care includes stress-reduction techniques, cognitive therapy, exposure to stress or trauma, and social problem-solving [22]. Furthermore, intervening with MST customizes each youth's treatment by considering the sociocultural environment of their home, peers, and school [22]. These two approaches demonstrate the efficient treatment of the poor's mental health.

3.2 Intervention from a school aspect

Intervention from a school perspective would also be a feasible way to manipulate the way underprivileged children and adolescents think. Schools present special chances to improve mental health in numerous ways [23]. Under numerous terms, such as "social and emotional learning" (SEL), "resilience," "life skills," and "character education," various programs for promoting mental health can be found in educational settings. [23]. Following research has found that both have distinct advantages for positive mental health as well as for social and academic outcomes [23]. Dashiff et al. illustrated how to create cooperation models between specialists and generalists to provide flexible [7]. A partnership between a school psychologist and nurse can produce services offered in

schools that can take care of both urgent and less obvious demands [7]. In this strategy, school nurses received training in mental health issues as well as assistance, which improved their ability to manage young people who have mental health problems and encouraged the early detection of young people who may be in crisis [7]. Additionally, it would be easy to obtain school intervention and the intervening environment is also relatively friendly and relaxed. Assisting with the school aspect would be more convenient to access long-term intervention and lower the cost of mental health support. Early detection of mental health issues as a result of this resource-flexible approach helped to shorten the time the delivery of the intervention.

3.3 Intervention from a public health aspect

Understanding the factors that lead to poor mental health and the consequences for the individual and his or her family is essential for developing successful public health policies [21]. Anakwenze & Zuberi proposed that resources should be devoted to enhancing the mental health of persons who have encountered unfavorable circumstances, and emphasize the difference between severe and common mental diseases [21]. Based on the study by Lund in 2012, Lund reviewed current evidence from observational and intervention studies and reveals that, despite the overwhelming evidence, mental health is not currently taken into account in policies and practices for reducing poverty [24]. As the more harmful effect that negative things happen in life brings to people who live in poor conditions. There are numerous researches conclude that the relevant department should make new policies for public mental health. This also provides evidence for altering the public to pay attention to the impoverished population's mental well-being. As mentioned in the family intervention section, seeking effective help and intervention for poor families is costly. Governments could enlarge the investment in public mental health and provide social assistance for poor families. This tactic was successful in encouraging ongoing communication between families and the system for providing child mental health services. In this case, the mental health of the child will be improved. According to research, urban service providers in family-centered child mental health treatment is a crucial method for removing obstacles [21]. Developing targeted, Culturally relevant interaction techniques that address the range of obstacles that can arise in families, urban settings, and organizations interfering with the social care educators is essential [21]. The government can offer materials and emotional support to help the poor have better well-being.

4 Conclusion

This study has presented the negative effect that poverty caused on mental health. Poverty has been recognized as a risk factor for psychological well-being. The impact of poverty on depression, anxiety, and PTSD are discussed respectively. For depression, three aspects are reviewed here that affect by poverty, including neighborhood,

school, and parenting. For anxiety, same as depression, poverty can increase the risk of suffering anxiety in families and anxious parents may influence their children. For PTSD, people who live in poverty would be easier feel threatened by the traumatic events. Furthermore, interventions are examined from three viewpoints. Family interventions could relieve the stress of parents themselves and thus improve the communication between parents and children. School interventions could provide school-based services to resolve students' mental health issues. Public health interventions include governments enlarging the investment in psychological health and making available policies to support public health. This study aims to understand how poverty affects mental health and how important to study poverty. This study might provide some recommendations to some impoverished people for intervening. As for the interventions discussed above, whether from the family or school perspective, both cannot be practicable without the government's financial support and effective policymaking. However, in low-income countries, governments do not have enough money to invest in improving mental wellness. The direction of future study could focus on how to make interventions for the people who are in poor countries.

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