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POVERTY AND MENTAL HEALTH: WHAT SHOULD WE KNOW AS MENTAL HEALTH PROFESSIONALS?

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SUMMARY

Background: *Social inequality as a social and economic phenomenon has become an issue of common interest in Europe and other societies worldwide, mainly after the recent global financial and economic crisis that occurred in 2008. The increasing gap observed between socioeconomically advantaged and disadvantaged people has caused intensive debates in politics, social sciences and in the field of public health. Today, poverty is considered as a major variable adversely influencing health. In this paper we will discuss the link between poverty and mental health.*

Subjects and methods: *We conducted a literature search focusing on three main objectives: (I) to investigate the definition of "poverty"; (II) to determine the association between poverty and major mental health problems; and (III) to discuss the extent to which poverty could be both a cause and a consequence of mental health.*

Results: *We identified a total of 142relevant papers, published between 1995 and 2014, only 32 were retained. Main findings are summarised in this paper.*

Conclusion: *Poverty can be considered as a risk factor for mental illness. Yet the relation between poverty and mental health is complex, without direct causation, and bidirectional. As poverty has severe consequences not only on health but also on the whole society, combating poverty should be placed high on the political agenda.*

Key words: *poverty - socioeconomic inequalities - social class - mental health - mental illness*

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INTRODUCTION

Since the global financial and economic crisis of 2008, social inequality has become a common interest in Europe and societies worldwide (Marmot & Bell 2012). Many studies suggest that the economic crisis has disproportionately affected the most vulnerable groups (Rajmil et al. 2014). The increasing gap observed between socioeconomically advantaged and disadvantaged people has caused intensive debates in the field of public health.

The World Health Organization acknowledge that: "*the world's most ruthless killer and the greatest cause of suffering on earth is extreme poverty*" (WHO 1995). This declaration emphasises the importance of poverty as a major variable adversely influencing health. Indeed, today it is well established that poverty and social inequality have direct and indirect effects on the social, mental and physical well-being of an individual (Murali 2004). The inverse association between socioeconomic level and risk of disease is one of the most pervasive and enduring observations in public health (Feinstein 1993). In this paper we discuss the impact of poverty on the mental health. The goal of this paper is (a) to investigate the definition of "poverty", (b) to determine the association between poverty and major mental health problems, and(c) to discuss whether poverty is a cause or a consequence of mental health.

SUBJECTS AND METHODS

We conducted a non-systematic literature search among online databases: MEDLINE, SCOPUS, using various combinations of the following search terms: "*poverty*" OR "*social status*" OR "*socioeconomic inequalities*" AND, "*mental health*", OR "*mental illness*" OR "*mental disorder*". We limited our review to the last 20 years.

RESULTS

We identified a total of 142 articles, published between 1995 and 2014. A total of 32 articles met eligibility criteria. Findings regarding our research questions are summarised below.

What is poverty?

Absolute and relative poverty

The measurement of poverty is often based on incomes or consumption levels. People are considered poor if their consumption or income levels fall below the "poverty line", which is the minimum level necessary to meet basic needs (Murali 2004). It is important to distinguish between two definitions of poverty. On the one hand, the absolute poverty which could be considered as a severe deprivation of basic human needs such as food, safe drinking water and

shelter. It is measured in relation to the "poverty line" or the lowest amount of money needed to sustain human life. On the other hand, relative poverty can be considered as "the inability to afford the goods, services, and activities needed to fully participate in a given society"(WDR 2012).

The social gradient

The social gradient in health refers to the fact that inequalities in population health status are related to inequalities in social status or position (Marmot 2004). This concept illustrates that higher income levels result in better health outcomes, whereas lower income levels result in poorer health outcomes. The social gradient not only represents effects of income on health but also the importance of individual positioning in the social stratification as a means of gaining access to other social determinants of health such as education, food, housing, recreational activities, and other societal resources (Marmot 2003). Indeed, a large body of research exists showing the importance of social status in understanding psychiatric illness. A social gradient in mental health status has been widely reported (Fryers 2003).

The social class

Some authors have distinguished between social class and socioeconomic status. So, the first one referring to one's relatively stable sociocultural background; whereas, the latter referring to one's current social and economic situation and, consequently, being more changeable over time (Rubin 2014). Individuals belong to a specific social class according to their control over different types of assets (economic, political, cultural). Moreover, social class has been described as a major cause of social inequalities in mental health (Muntaner 2000). Indeed, there is an inverse relation between social class and risk of psychiatric disorder (Muntaner 2004, Huurre 2005). Many factors may explain the social class difference in mental health such as work-related stress, working conditions, lifestyle, education, and financial strain (Marmot 2004). Social mobility is considered to be an important aspect of social stratification which may affect the development of psychiatric illness, with downward mobility particularly associated to an increased risk of poor mental health (Tiffin 2005, Hemmingsson 1999).

Poverty: a complex concept

Poverty is by essence an intricate concept because of it interrelatedness with many factors such as education, social status, social class, and unemployment. Indeed, poverty is a multi-dimensional concept with some of its dimensions more directly impacting the mental health (Lund 2010). Here we would like to highlight the fact that poverty can be both a determinant and a consequence of poor mental health (Murali 2004).

Poverty and mental health

We limited our review to four major mental health issues: psychoses, depression, alcohol and suicide.

Psychoses

The relationship between poverty and psychosis is complex. In literature, an indirect link is most likely to exist between social class and schizophrenia. Indeed, conditions of life experienced by people of lower social class could foster conceptions of social reality which impair their ability to deal resourcefully with problematic and stressful situations (Murali 2004). Obviously, such impairment does not automatically result in psychoses, but in combination with genetic vulnerability and great stress it increases the likelihood of a psychotic episode.

To date the association between social inequality at birth and subsequent risk of schizophrenia is uncertain. Research concluded that low social class at birth was not associated with increased risk of schizophrenia (Mulvany 2001, Kwok 2014). However views remain divided on the association between social inequality and psychoses; hence, no definite conclusion has been reached.

Depression

Low socio-economic status (SES) is associated with high prevalence of depression (Lorant 2003). Longitudinal studies show a clear relationship between deteriorating socio-economic circumstances and depression (Lorant 2007). Incidence of depression is higher among lower socio economic status groups, supporting the idea that the stress of poverty may be an important determinant of depression (Murali 2004).

In literature, the association between low socio-economic status and depression is well established. However, controversy continues about the nature of this association, with two principal hypotheses (social causation vs. social selection) which are not mutually exclusive (Ritsher 2001). This point will be developed further in section 3.

Alcohol

Poverty and social class have been described as risk factor for alcohol-related mortality (Harrison 1999). Lower to average SES groups are at greater risk for heavy quantity drinking compared to other SES groups in the population (Huckle 2010). A study shows that the risk of alcohol-related death and hospitalisation is higher for manual than for non-manual workers and that consequences of similar drinking patterns were more severe for people with lower socioeconomic status, suggesting that higher socioeconomic groups dispose alternative strategies that allow them to manage bad consequences of drinking (Mäkelä 2008).

We know that there is asignificant effect of unemployment on drinking behaviors (Popovici 2013).

Research has studied the effect of poverty and unemployment on alcohol abuse. It was observed that poverty increases alcohol use and alcohol problems. Besides, within recent unemployment status, alcohol use decreases, while longer unemployment status increases it. Authors concluded that the effect of unemployment on alcohol abuse could changes direction with time (Khan 2002).

Suicide

The relation between poverty and suicide is very intricate. A divergent picture is drawn in literature, regarding the direction of the association between area socio-economic characteristics and area suicide rates. Studiy findings suggests either a direct relation (higher rates of suicide in higher socio-economic areas), or an inverse relation (lower rates of suicide in higher socio-economic areas) or no association at all (Rehkopf 2006).

In general, literature shows that greater socioeconomic disadvantage is associated with higher rates of suicide attempts. Yet, this association is not always consistent (Gunnell 1995, Barth 2011, Burrows 2010). It was observed that young unemployed men living in conditions of extreme social deprivation were particularly affected by suicide (Crawford 1999). Suicide rates were found to be more strongly associated with measures of social fragmentation than with poverty indicating that intermediary factors such as social cohesion should play an important buffer effect (Whitley 1999). The negative associations between suicide acceptance and religious beliefs have been reported (Neeleman 1998).

Poverty: cause or consequence of mental health?

It is now made clear that mental health and poverty interact in a negative cycle. There is an increased risk of mental illness among individuals who live in poverty and an increased probability for those living with mental illness to drift into or remain in poverty (Lund 2011).

Longitudinal data are meager and precise causal mechanisms are difficult to identify. Nevertheless, two principal causal pathways have been postulated, providing us a better understanding of interactions between poverty and mental health (Hudson 2005). On the one hand, the social causation hypothesis stated that it is conditions of poverty which increase the risk of mental illness through variables such as chronic stress, social exclusion, decreased social capital, malnutrition, and difficult living conditions (Lund 2010). One the other hand, the social selection or social drift hypothesis stated that people with mental illness are more exposed to the risk of drifting into or remaining in poverty through increased health expenditure, reduced productivity, loss of employment and stigmatization (Saraceno 2005). These pathways are complex and evidence suggests that they move in both directions for most mental, neurological, and substance misuse disorders. The social causation pathway might be applied more adequately to common mental disorders such as depression, while the social selection hypothesis might be more applicable to more constraining disorders such as schizophrenia (Lund 2011).

DISCUSSION

Our modern Western societies are currently affected by a paradox. Actually, we observed a general decrease of absolute poverty among populations since the last century. On the other hand, we observed an increase of relative poverty between social groups during the last few years. This phenomenon is clearly impacting on mental health of those individuals belonging to poorer groups (Wilkinson 1997).

Based on our review, we cannot contest that poverty has important implications on mental health. But what are the different interactions that underline the concept of poverty and mental illness? Are we talking here about: social class; unemployment; level of education; environmental and material conditions; individual, familial or community resources; risky behaviours; social isolation and exclusion? What about the question of cause and effect? Indeed, we rapidly realize that poverty is a too much global concept and should be decomposed along more precise dimensions or indicators. The aim is to have a better understanding of what is impacting on mental health and which are the underlying mechanisms and pathways that really affect the mental health of individuals living in poverty (Fryers 2003). We have also shown that mental illness could lead individuals to drift down to poverty (social selection hypothesis).

To have a better understanding of the effect of poverty on mental health, we should consider coping strategies. In fact, it is important to focus on how people living in poverty mobilise their individual or social resources to face their difficult conditions in which they are living every day. Individuals living in lowest-income groups are more likely to suffer from negative effects of risky health behaviours than their less poor counterparts and these maladaptive behaviours are often undertaken as coping behaviours to provide comfort or relief from stressful lives (Muntaner 2000). Seeking medical and social help could be considered as a more social coping strategy because it depends on the contact with significant others (social network), and the shared representation and perception of the health care system in the community; people living in poverty are often experiencing lesser access to health care (Murali 2004).

The phenomenon of stigma and discrimination around mental health could partially explain that most of people with mental illness receive no effective care (Saxena 2007). Indeed, stigma and discrimination are major factors in the averseness of many people to seek help, or even to accept that their difficulties are related to mental disorder (Michels 2006). In many different cultural background a sense of shame contributes to

inhibition about seeking help for mental disorder (Weiss 2001). This feelings of shame about mental illness or about poverty and a fortiori both, increase individual feeling of social isolation and exclusion and decrease feelings of social cohesion.

Nowadays, psychological theorists acknowledge the role of social, political, and economic factors in the creation and maintenance of poverty (Turner 2007). Greater income equality in society was associated with better mental health; one of the underling hypotheses was that it improves social cohesion and reduces the social divisions of society (Wilkinson 1997). These findings imply that populations' mental health can be improved not only by influencing individuals' health knowledge and behaviors but also by implementing a more equitable economic policy (Hanandita 2014).

CONCLUSION

Poverty can be considered as a risk factor for mental illness. Indeed, common mental disorders are significantly more frequent in socially disadvantaged populations. Yet the relation between poverty and mental health is complex and there is no direct causation. So far, we have discussed that poverty acts through a set of intermediate variables on mental health and that mental illness could contribute to drift into poverty.

Combating poverty is one of the main issues of our century and therefore should be placed high on the political agenda. Poverty has severe consequences not only on life expectancy, physical and mental health but also on the whole society (i.e. social exclusion, social tension, and criminality). Poverty is a very intricate issue resulting in interaction of social, political, and economic forces. Scientists should continue to provide a better understanding of the underlying mechanisms of poverty and pathways through which poverty affects mental health. Authorities should fight poverty and its roots and support mental health professionals to manage direct and indirect effects of poverty on the mental health.

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