Poverty’s Impact on Mental Wellness and the Role of Culturally Competent Services

The prevalence of poverty in the United States is an acute public health issue. Poverty is often connected to socioeconomic status, determined by collectively accounting for a family or individual’s income level, education level, and occupational status. Researchers across a variety of fields agree that a clear relationship exists between poverty, socioeconomic status, and health outcomes (Healthy People 2020).

A number of factors can work together to reduce access to resources and opportunities, increasing the risk of poverty and low socioeconomic status. These factors can include:

- Marital status
- Education
- Social class
- Income level
- Geographic location

Impoverished households are more likely to experience mental illness, chronic disease, higher mortality, and lower life expectancy. These health outcomes are most prevalent for those living in neighborhoods and communities with high concentrations of poverty. Certain populations – like those without a high school diploma (or GED) and individuals with a physical and/or mental disability – experience varying degrees and types of health disparities as a result of poverty. Additionally, adverse health outcomes related to poverty disproportionately impact racial and ethnic minorities across the United States.

Ohio is among the ten states with the highest rates of impoverished Blacks nationwide; the state falls in the same category for Hispanic residents living at or below the poverty line, per the U.S. Census Bureau’s American Community Survey Data.

Poverty’s Impact on Mental Health

Poverty has social and biological impacts on individuals and families. For the individual, experiencing prolonged poverty or repeated, acute bouts of financial instability increases the exposure to chronic stress and traumatic life events; changes axes and circuits in the brain that process language and control decision making; and can lead to poor prenatal health and birth outcomes, inadequate nutrition, and exposure to unsafe environmental toxins. At the family or household level, poverty has been linked to parental depression, disruptive behavior disorders in children, and domestic violence.
According to the National Institute of Health, children and parents living in extreme poverty will experience a greater need for mental health services across their lifespans than families of higher socioeconomic statuses. Scarce community resources and supports, community violence, crime, substance abuse and the prevalence of drugs, unstable and/or inadequate housing, unemployment, food insecurity, and lack of access to reliable and affordable transportation are among the many challenges that families in poverty face. These stressors challenge the parental relationship – both between parents and among parents and their children – which is linked to higher incidences of depression among impoverished parents and disruptive behavior disorders in their children. The stressors mentioned above are also related to substance abuse in parents and young adults, which can increase the risk of domestic violence and neglect within low income households (Anxiety and Depression Association of America).

**Barriers to Appropriate Treatment**

For many Americans living in poverty, appropriate mental health services can be difficult to access. The financial burden of accessing treatment, along with the need to visit a treatment provider regularly in order to receive a diagnosis, prescription, or to establish a treatment plan, prohibits many low-income Americans from getting professional mental health treatment. Even for individuals who have sufficient support to access treatment, finding a treatment provider who can discuss the challenges and stressors that low-income families face in a culturally competent way is another challenge.

Stigma is another treatment barrier. Stigmas around living in poverty and experiencing symptoms of a mental illness work together to create shame around seeking professional help. This shame can be exacerbated by the cultural norms that shape perceptions around mental illness and addiction. Individuals can experience self-stigma, stigma from their families and friends, and even stigma from treatment providers that prevent them from seeking out treatment when their symptoms first present.

**What you can do?**

Family members, care coordinators, and advocates should encourage those in need of mental health treatment to find providers who are able to address their unique cultural needs. For low-income individuals, this might also require making connections to community supports, like their local Alcohol, Drug Addiction, and Mental Health (ADAMH) Boards to help find affordable, appropriate treatment options. A full list of ADAMH Boards and their contact information is available at www.oacbha.org. Advocates, professionals, and policy makers should work with professional groups to ensure clinicians are receiving training in cultural competency, screening for poverty and its associated stressors, and working collaboratively with clients to create healthier individuals, families, and communities.

**Sources**

Anxiety and Depression Association of America  
Centers for Disease Control (CDC)  
Healthy People 2020  
National Alliance against Mental Illness (NAMI)  
National Institute of Health (NIH)  
U.S. Census Bureau