Mental Health and Poverty

There is a significant association between poverty and mental illness in the United States. Research shows that this relationship is bidirectional: poverty may exacerbate mental illness and mental illness may lead to poverty.

Data from Substance Abuse and Mental Health Services Administration

Research Findings

Social scientists have long examined the intersection of poverty and mental illness. This relationship has reemerged as a pressing issue for policy makers and safety net service providers as the burdens and costs associated with poverty and mental illness continue to increase. In 2012, an estimated 43.7 million adults, 18.6 percent of the U.S. population, reported having any mental illness.¹ According to the Substance Abuse and Mental Health Services Administration, the rate of adults experiencing mental illness is highest among those with family income below the Federal poverty line.² In addition, adults living in poverty are more likely to experience severe mental illness and have serious thoughts of suicide.³

It is well documented that mental illness is exacerbated by poverty.⁴ However, more recently, it has been recognized that poverty may contribute to the onset of mental illness. In a 2005 study, Dr. Chris Hudson, chair of the School of Social Work at Salem State University, examined data from 34,000 individuals, who had been hospitalized in acute psychiatric units at least twice in the past seven years. He found a strong correlation between poor socioeconomic conditions and risk of psychiatric illness and hospitalization over time.⁵
Mental illness also increases one’s risk of becoming impoverished: when suffering from mental illness, those affected face higher health care costs, decreased productivity, and poor general health. This can also affect the physical and mental health of the entire family. Furthermore, mental illness has a bidirectional relationship with hunger. A study based on data from the National Center for Education Statistics, found that the odds of a household experiencing food insecurity increased by 50 to 80 percent if a mother had moderate to severe depression. Another study, based on an analysis of multiple panels of the U.S. Census Bureau’s Survey of Income and Program Participation, found evidence that maternal mental health problems may negatively impact household food security.

Children and adults living in poverty also face an increased risk of experiencing trauma, which has a strong correlation with physical and mental illness, risk behaviors, and functioning challenges. Still, families living in poverty are rarely successfully connected with the mental health services they need. Heightened exposure to violence and other traumas in low-income communities furthers the cyclical nature of poverty, trauma, and mental illness. This highlights the importance of implementing multi-level, evidence-based interventions in poverty-impacted communities which can simultaneously: 1) prevent trauma exposure by increasing safety and security in homes and communities; 2) screen and address hunger and food insecurity and; 3) enhance emotional wellness and reduce the burden of serious mental health needs.

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2. Ibid.