

The Vicious Cycle of Poverty and Mental Health

There is a vicious, self-reinforcing cycle of poverty associated with mental illness. You become poor. Sometimes through circumstances well beyond your control, such as losing your job, or perhaps because of a pre-existing mental illness or health concerns.

So you seek out government assistance to help you through the tough times.

But living in poverty for any significant length of time increases all sorts of risk factors for health and mental health problems. You are more stressed, worrying about money constantly, and how you're going to pay the bills or have enough money to eat. You eat worse because bad, processed food is so often cheaper than nutritional food. If you can still afford to live on your own, you will likely do so in a neighborhood more prone to violence, exposing you to more trauma and risk for personal violence.

It's a vicious circle where both poverty seems linked to greater rates of mental illness, and in some cases, certain kinds of mental illness seem linked to a greater likelihood of living in poverty.

The relationship between [mental illness and poverty is a complex one](#). For instance, in a 2005 study, researcher Chris Hudson looked at the health records of 34,000 patients who have been hospitalized at least twice for mental illness over a period of 7 years.

"He looked at whether or not these patients had "drifted down" to less affluent ZIP codes following their first hospitalization," according to the news account of the study.

He found that poverty — acting through economic stressors such as unemployment and lack of affordable housing — is more likely to *precede* mental illness, except in patients with [schizophrenia](#).

Hudson says his data suggests that "poverty impacts mental illness both directly and indirectly."

And it's just not a U.S. problem. Poverty and mental illness share a close, complex relationship throughout the world.

Esther Entin, writing in *The Atlantic*, discussed the results of a recent *Lancet* study (2011) that looked at the relationship between mental illness and poverty in various regions through the world, including Africa, India, Mexico, Thailand, and China.

Throwing money at people doesn't seem to help much:

Programs that primarily aimed at alleviating poverty had varied outcomes but generally were not markedly successful in decreasing the mental health problems of the target populations:

"Unconditional cash transfer programs had no significant mental health effect and micro credit intervention had negative consequences increasing stress levels among recipients."

But actual mental health intervention programs seem to help:



The researchers saw more improvement when they looked at the impact of intervention programs aimed at improving the mental health of people living in poverty. The interventions they reviewed varied from administration of psychiatric drugs, to community-based rehabilitation programs, to individual or group [psychotherapy](#), to residential drug treatment, to family education. They also looked at the impact of mental health help on the rate and duration of employment and on family finances.

Here they found financial situations improved as their mental health improved.

There are no easy answers here, especially in times of economic decline or recession. Government money is less free-flowing, especially to such intervention programs, while individual welfare programs continue to be well-funded. Such funding priorities appear to directly contradict the latest research, where we should be emphasizing more treatment and recovery programs, rather than individual handouts.

Once a person gets on SSI or SSDI in the U.S., getting off of it can be just as hard. Social workers and others often encourage a person to remain “disabled” or in poverty to continue receiving their full benefits. Perversely, the programs often discourage work or even looking for work, and punish them financially as soon as they do, with little transition time or a “weaning off” period.

As more research is conducted in this area, perhaps the solutions will become more clear. And our policy makers can take the actual data and help craft funding that aligns with the data, rather than competes with it.

Because being poor is not a life-long condition one has to be resigned to for the rest of their lives. Recovery from poverty and mental illness is not only possible, but should be everyone’s goal.

Read the full *Atlantic* article: [Poverty and Mental Health: Can the Two-Way Connection Be Broken?](#)

References

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