

## 3 Poverty and its effects

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Poverty is a fundamentally important issue for the practice of social work. It underlies many of the social problems that social workers encounter on a daily basis. One such area is the quality of an individual's mental health. This chapter is divided into three sections. First, the nature and scope of poverty in the United States are discussed. This includes ways of measuring and conceptualizing poverty, and an overview of the likelihood and prevalence of poverty in the United States. We then turn to a discussion of the relationship between poverty and mental health. The strength of the association between the two is first reviewed. Next, we take up the question of causality, that is, to what extent does poverty lead to a decline in mental health, and to what extent does compromised mental health lead to poverty? Finally, we explore some of the intrinsic aspects of poverty that are related to a deterioration of mental health.

The third section of the chapter provides a case example that illustrates the relationship between poverty and mental health. It is taken from an interview with a single mother in poverty, and was one of a number of interviews that were conducted for an earlier book focusing on the conditions and circumstances of surviving on public assistance in the United States (Rank, 1994a). Throughout the chapter, the focus is primarily on poverty and mental health within an American context.

### **Definitions of poverty**

Poverty has been *conceptualized and measured* in a number of different ways. Over 200 years ago, Adam Smith in his landmark treatise, *Wealth of Nations* (1776), defined poverty as a lack of those necessities that “the custom of the country renders it indecent for creditable people, even of the lowest order, to be without.” This type of definition is what is known as an absolute approach to defining poverty. A minimum threshold for basic living conditions is determined, and individuals falling below such a threshold are considered poor. An example of this approach is the manner in which the official poverty line is currently drawn in the United States (Blank, 2008; Citro & Michael, 1995). The U.S. poverty line is calculated by estimating the income needed for different sizes of households to obtain what is considered a minimally adequate basket of goods and services for the year. In 2008, a family of four was considered in poverty if their total income fell below \$22,025 (U.S. Census Bureau, 2009). Much of the research reviewed in this chapter uses the official poverty line (or a variation of the line) as a working definition of poverty.

Alternatively, poverty can be constructed in a relative rather than an absolute sense (Brady, 2003). A frequently used relative measure is one that defines the poor as being in households whose incomes fall below 50 percent of a population's median household income. This measure is often found within a European context, as well as in comparative analyses across industrialized countries.

A third type of poverty measure attempts to go beyond low income by factoring in additional aspects of deprivation such as illiteracy, high mortality rates, chronic unemployment, and so on. The focus here is often on the concept of social exclusion or “the inability to participate in the activities of normal living” (Glennerster, 2002, p. 89). As the *Human development report* notes:

Poverty involves much more than the restrictions imposed by lack of income. It also entails lack of basic capabilities to lead full, creative lives – as when people suffer from poor health, are excluded from participating in the decisions that affect their communities or have no right to guide the course of their lives. Such deprivations distinguish human poverty from income poverty.

(United Nations Development Programme, 2003, p. 27)

This type of measure has been used by the United Nations in their construction of a human poverty index for both the developing and developed nations, and has been discussed most notably in the work of Amartya Sen (1992).

### **Poverty and mental health/illness**

How widespread is poverty within the United States? There are several different ways of analyzing the likelihood and prevalence of poverty within a population. The dimension of time and space are fundamental in examining how these patterns vary. Specifically, the occurrence of poverty in America can be understood within a cross-sectional, longitudinal, and life course context, as well as within a neighborhood context.

A representative sample of approximately 50,000 to 60,000 U.S. households is included each year in the U.S. Census Bureau’s Current Population Survey. One of its purposes is to gather information regarding individual and household income. From these data, government analysts estimate the annual official poverty rates in the United States, as well as the yearly changes in the poverty rate.

The poverty rate in 2008 stood at 13.2 percent, which represented 39.8 million individuals, or approximately one out of every seven to eight Americans (U.S. Census Bureau, 2009). The percentage of the population falling into poverty or near poverty (125 percent of the poverty line) was 17.9 percent (or 53.8 million Americans), whereas 5.7 percent of the population (or 17.1 million Americans) experienced extreme poverty (falling below 50 percent of the poverty line). Of those who fell into poverty in 2008, 43 percent were living below 50 percent of the poverty line (U.S. Census Bureau, 2009). Consequently, a significant proportion of the poor in the United States are experiencing extreme poverty.

In addition, data from the Census Bureau indicates that certain characteristics tend to put individuals at a greater risk of experiencing cross-sectional poverty. These include having less education, being young or old, living in single parent families, non-whites, those residing in economically depressed inner cities or rural areas, and individuals with a disability (U.S. Census Bureau, 2009). In combination, these characteristics can substantially raise the risk of poverty. For example, black children who were under the age of five and residing in a female-headed household had an overall poverty rate of 60.2 percent in 2008 (U.S. Census Bureau, 2009).

*Cross-sectional poverty rates* have also been analyzed from a comparative perspective. The Luxembourg Income Study (LIS) has gathered income and demographic information on households in approximately 30 industrialized nations from 1967 to the present. Variables have been standardized across the various national data sets, allowing researchers to conduct cross-national analyses regarding poverty and income inequality.

This body of research has shown that the rates of poverty in the United States tend to be among the highest within the developed world. Whether one looks at relative or absolute poverty among working age adults, children, or elderly people, the story is much the same (Gornick & Jäntti, 2009; Smeeding, 2005). In addition to poverty, analyses of the LIS data have also shown that levels of income inequality tend to be the most extreme with the United States. Consequently, the United States is an outlier among the developed countries in the extent and depth of its poverty.

As an example, in a study of international poverty rates among children, the United States ranked second highest among 27 other industrialized countries with a poverty rate of 21.9 percent (poverty was measured as falling below one-half of the country's median income). The only country with a higher rate of poverty among children was Mexico at 27.7 percent. In contrast, the poverty rate for children in Denmark stood at 2.4 percent (UNICEF, 2005). For American children in married couple families, single parent families, or cohabiting families, the results are similar – a much greater percentage of American children are at risk of poverty compared to their counterparts in nearly all other developed countries (Heuveline & Weinschenker, 2008).

Two reasons stand out as to why Americans at the lower end of the economic distribution do so badly when compared to their counterparts in other countries. First, the social safety net in the United States is considerably weaker than in other Western industrialized countries, resulting in more households falling into poverty (Alesina & Glaeser, 2004; Brady, 2009). Second, the United States has been plagued since the early 1980s by relatively low wages at the bottom of the income distribution scale compared to other developed countries (Fligstein & Shin, 2004; Schiller, 2008). These factors contribute to both the relative and absolute depths of U.S. poverty in comparison with other industrialized nations.

Beginning in the 1970s, researchers have increasingly sought to uncover the *longitudinal* dynamics of poverty. The focus has been on understanding the extent of turnover in the poverty population from year to year and determining the length of poverty spells. These studies have relied on several nationally representative panel data sets including the Panel Study of Income Dynamics (PSID), the National Longitudinal Survey of Youth (NLSY), and the Survey of Income and Program Participation (SIPP). Results from these longitudinal analyses have shed considerable light on understanding the patterns of U.S. poverty. Several broad conclusions can be drawn from this body of work.

First, most spells of poverty in the United States are fairly short. The typical pattern is that households are impoverished for one or two years and then manage to get out of poverty (Bane & Ellwood, 1986; Blank, 1997; Cellini, McKernan, & Ratcliffe, 2008; Duncan, 1984; Walker, 1994). They may stay there for a period of time, only to experience an additional fall into poverty at some point (Stevens, 1999).

Since their economic distance above the poverty line is often not that far, a detrimental economic event can easily throw a family back below the poverty line (McKernan & Ratcliffe, 2005). Longitudinal research has shown that events leading households into poverty include the loss of jobs or cutbacks in earnings, family dissolution, and/or medical problems (Blank, 1997; Duncan et al., 1995; Iceland, 2006).

Analysts that have looked at monthly levels of poverty have found even greater fluctuation in poverty spell dynamics. For example, Iceland (2006) examined the monthly fluctuations in and out of poverty from 1996 to 1999 and found that 34 percent of Americans experienced poverty for at least two months during this time period, while half of all poverty spells were over within four months, and four-fifths were completed at the end of one year.

On the other hand, this body of work has also shown that there is a small percentage of households that do indeed experience chronic poverty for years at a time. Typically they have

characteristics that put them at a severe disadvantage vis-à-vis the labor market (e.g. individuals with serious work disabilities, female-headed families with large numbers of children, racial minorities living in economically depressed inner city areas). Their prospects for getting out of poverty for any significant period of time are greatly diminished (Devine & Wright, 1993; Wilson, 1996).

Finally, research into the dynamics of poverty has shown that many households who encounter poverty will re-experience poverty at some point in their future. Using annual estimates of poverty from the PSID data, Stevens (1994) calculated that of all persons who had managed to get themselves above the poverty line, over half would return to poverty within five years.

The picture of poverty that is drawn from this body of research is thus characterized by fluidity. Individuals and households tend to weave their way in and out of poverty, depending upon the occurrence or nonoccurrence of particular detrimental events (e.g., job loss, family disruption, ill health). Similar findings have been found with respect to the longitudinal patterns of welfare use (Bane & Ellwood, 1994; Blank, 1997; Duncan, 1984; Rank, 1994a).

A third approach for assessing the scope of poverty has been to analyze poverty as a *life course event*. Specifically, how likely and how often will an American experience poverty during his or her lifetime? Life course research has shown that the risk of poverty and the use of welfare across the American life course is sizeable. For example, Rank and Hirschl (1999a) found that between the ages of 20 and 75, 58 percent of Americans will experience at least one year of impoverishment, while 68 percent of Americans will encounter poverty or near poverty (125 percent below the official poverty line). The odds of encountering poverty across adulthood are significantly increased for African Americans and those with lower levels of education – 91 percent of blacks will encounter poverty between the ages of 20 and 75 versus 53 percent of whites, while 75 percent of those with less than 12 years of education will experience at least a year of poverty compared with 48 percent for those with 12 or more years of education (Rank, 2004; Rank & Hirschl, 1999a).

Consistent with earlier work on poverty dynamics, individuals experiencing poverty often do so for only one or two consecutive years. However, once an individual experiences poverty, they are quite likely to encounter poverty again (Rank & Hirschl, 2001a, 2001b).

Rank and Hirschl's analyses (1999b, 1999c) also indicate that poverty is prevalent during the periods of childhood and old age. Between the time of birth and age 17, 34 percent of American children will have spent at least one year below the poverty line, while 40 percent will have experienced poverty or near poverty (125 percent of the poverty line). Similarly, 40 percent of elderly people will encounter at least one year of poverty between the ages of 60 and 90, while 48 percent will encounter poverty at the 125 percent level (Rank & Hirschl, 1999c; Rank & Williams, in press).

The risk of using a social safety net program is also exceedingly high: 65 percent of all Americans between the ages of 20 and 65 will at some point reside in a household that receives a means-tested welfare program (such as food stamps or Medicaid). Furthermore, 40 percent of the American population will use a welfare program in five or more years (although spaced out at different points across the life course). As with the life course patterns of poverty, the typical pattern of welfare use is that of short spells. Consequently, only 15.9 percent of Americans will reside in a household that receives a welfare program in five or more consecutive years (Rank, 2004; Rank & Hirschl, 2002).

One program that has a particularly wide reach is the Food Stamp Program (recently renamed the Supplemental Nutrition Assistance Program). Slightly over half (50.8 percent) of all Americans between the ages of 20 and 65 years will at some point reside in a household that receives food stamps (Rank & Hirschl, 2005), while for children between the ages of 1 and 20, the figure is 49.2 percent (Rank & Hirschl, 2009).

For the majority of Americans, it would appear that the question is not if they will encounter poverty, but rather, when they will encounter poverty. In addition, the life course risk of poverty has been shown to be rising since the late 1970s (Sandoval, Rank, & Hirschl, 2009). The experience of poverty can thus be viewed as a normative economic risk within the American life course (Rank & Hirschl, 2001a).

Yet another way of measuring the extent of poverty is to conceptualize it in terms of a spatial construct – specifically, the amount of poverty within a *neighborhood*. Since the late 1980s, a number of researchers have focused on the neighborhoods that individuals reside in as another way in which to describe and understand the nature of American poverty. The argument here is that neighborhoods mired in poverty detrimentally affect all who reside in such communities, and are particularly harmful to children. For example, Jargowsky (2003) poses the question, “Why should we be concerned with the spatial organization of poverty?” His answer is the following:

The concentration of poor families and children in high-poverty ghettos, barrios, and slums magnifies the problems faced by the poor. Concentrations of poor people lead to a concentration of the social ills that cause or are caused by poverty. Poor children in these neighborhoods not only lack basic necessities in their own homes, but also they must contend with a hostile environment that holds many temptations and few positive role models. Equally important, school districts and attendance zones are generally organized geographically, so that the residential concentration of the poor frequently results in low-performing schools.

(Jargowsky, 2003, p. 2)

Research has indicated that even after controlling for individual income and race, children’s well-being in high poverty neighborhoods suffers in many ways (Brooks-Gunn, Duncan, & Aber, 1997; Evans, 2004, 2006; Leventhal & Brooks-Gunn, 2000). For example, Turner and Kaye (2006) found that independent of individual characteristics,

as a neighborhood’s poverty rate rises, so too does the likelihood of negative behavior among young children, of being expelled from school, of negative school engagement, of lack of involvement in activities, of not being read to or taken on outings, of living in a family with no full-time workers, and of having a caretaker who is aggravated or in poor mental health.

(Turner & Kaye, 2006, p. 20)

This neighborhood context of poverty has been particularly important in the seminal work of William Julius Wilson (Wilson, 1987, 1996, 2009), Douglas Massey (Massey, 2007; Massey and Denton, 1993), and Robert Sampson (Sampson & Morenoff, 2006; Sampson, Raudenbush, & Earls, 1997). Their research has shown that children growing up in high poverty neighborhoods suffer from many disadvantages as a result of geographical residence. In addition, the children impacted by these negative effects are often children of color due to the long established patterns of residential racial segregation in American cities (Charles, 2003; Farley, 2008; Fischer, 2003).

Demographic research has estimated the percentage of the overall population as well as the poverty population that fall into high poverty neighborhoods (Bishaw, 2005; Jargowsky, 1997, 2003; Kingsley & Pettit, 2003, 2007). This body of work has often defined high poverty neighborhoods as census tracts in which 40 percent or more of its residents fall below the poverty line (Jargowsky, 2003). Using this metric, Kingsley and Pettit (2003) report that 3

percent of the U.S. metropolitan population lived within such neighborhoods in 1980, 5 percent in 1990, and 3 percent in 2000. The percentage of the poor living in high poverty neighborhoods was 13 percent in 1980, 17 percent in 1990, and 12 percent in 2000 (Kingsley & Pettit, 2003). Other research has also shown that while concentrated neighborhood poverty increased from the 1970s through the 1980s, it fell during the 1990s (Jargowsky, 2003).

With respect to children, Timberlake (2007) estimates that in 2000, 1.3 percent of white children, 7.3 percent of Hispanic children, and 10.8 percent of black children were living in metropolitan census tracts with 40 percent or more overall poverty. Using an alternative measure of neighborhood poverty which looked at the percentage of children living in neighborhoods where 40 percent or more of children of the same race were in poverty, Drake and Rank (2009) estimated that while only 3 percent of white children lived in such neighborhoods in 2000, the percentage for black children was 37.3 percent, and for Latino children, it was 24.6 percent.

Evidence indicates that mobility out of such neighborhoods, particularly for racial minorities, is limited. For example, Quillian (2003) has shown that for black residents living in high poverty census tracts (40 percent or more poverty), nearly 50 percent were still residing in a high poverty census tract ten years later. Even more disturbing, Sharkey (2008) has found that 72 percent of black children who grew up in the poorest quarter of American neighborhoods remained in the poorest quarter of neighborhoods as adults. Consequently, the effects of neighborhood poverty upon children of color are typically prolonged and long lasting.

Given the high prevalence and likelihood of poverty in the American population, understanding the *association between poverty and mental health* takes on added importance. A substantial body of research has shown a strong relationship between the quality of overall physical health and socioeconomic status (SES) – the lower an individual’s socioeconomic status, the more likely they are to encounter a wide range of health problems. These effects are particularly pronounced for those falling into poverty. Poverty is associated with a host of health risks such as elevated rates of heart disease, diabetes, hypertension, cancer, infant mortality, undernutrition, lead poisoning, asthma, and dental problems (Rank, 2004).

This section explores the relationship of poverty to mental health. We examine the strength of the association between poverty and mental health disorders, the question of causality, and the intrinsic characteristics of poverty that lead to mental health problems.

Just as poverty can be defined in various ways (discussed earlier), so too can mental health be defined in a number of ways (for example, see Chapter 1 in this volume). In general, the absence of mental health disorders and illnesses is often the standard for determining the quality of one’s mental health. Consequently, individuals displaying mental health problems are considered having diminished or compromised mental health. In the research reviewed in this section, a variety of mental health disorders have been analyzed in connection to poverty, including depression, anxiety disorders, overall psychological distress, conduct disorders, and schizophrenia.

As with physical health, a large body of research has found a *strong relationship* between lower socioeconomic status (and in particular, poverty) and diminished mental health. As Hudson (2005) notes:

One of the most consistently replicated findings in the social sciences has been the negative relationship of socioeconomic status (SES) with mental illness: The lower the SES of an individual is, the higher is his or her risk of mental illness.

(Hudson, 2005, p. 3)

One of the earliest studies to explore this relationship was that of Faris and Dunham (1939), who detected much higher rates of mental illness in poor neighborhoods of Chicago than in

more affluent neighborhoods. Research by Hollingshead and Redlich (1958) in New Haven, Connecticut, and the Midtown Manhattan study (Srole et al., 1977) were two seminal studies that followed. Both found a strong relationship between socioeconomic status and mental health.

Since these earlier landmark studies, various dimensions of mental health have been examined in relation to lower SES and poverty. Low SES has been associated with a greater prevalence of schizophrenia (Dohrenwend, 1990; Ortega and Corzine, 1990), depression among adults as well as children and adolescents (Goodman, Huang, Wade, & Kahn, 2003; Hirschfeld & Cross, 1982; Kubik, Lytle, Birnbaum, Murray, & Perry, 2003; Lorant, Deliège, Eaton, Robert, Philippot, & Anseau, 2003; Wade, 2001), overall psychological distress (Belle, 1990; Bradley and Corwyn, 2002), and conduct disorders among children (Costello, Compton, Keeler, & Angold, 2003; Lipman, Offord, & Boyle, 1994).

In particular, the amount of time exposed to poverty, and the severity of poverty, have both been shown to be important in detrimentally affecting an individual's overall mental health. Longitudinal research has indicated that longer spells of poverty and encountering more severe levels of poverty have detrimental impacts upon the quality of one's mental health (Duncan et al., 1994; Evans & Kim, 2007; Goosby, 2007; McDonough & Berglund, 2003; McLeod & Shanahan, 1996). For example, in a study examining the impact of duration of poverty upon children's mental health, McLeod and Shanahan (1993) found that the

length of time spent in poverty is an important predictor of children's mental health, even after current poverty status is taken into account. As the length of time spent in poverty increases, so too do children's feelings of unhappiness, anxiety, and dependence.

(McLeod and Shanahan, 1993, p. 360)

Similarly, longer durations of poverty experienced during the transition to adulthood were shown to be important in predicting depressive symptoms among blacks and Hispanics, independent of present socioeconomic status and family background (Mossakowski, 2008).

Taken as whole, the research evidence indicates a strong relationship between poverty and diminished mental health. However, the more vexing question is determining the *direction of causality* between the two. On the one hand, it could be argued that individuals experiencing mental health problems are more likely to drift downward into poverty. This may occur because such individuals have increasing difficulty securing and keeping decent paying jobs, they tend to have larger medical expenses, and so on. As a result, such economic problems increase the chances that individuals with mental health disorders will drift downward into poverty.

On the other hand, it could be argued that the direction of causality runs the other way. That is, the condition of poverty leads to a decrease in the quality of one's mental health. This could result from the economic and psychological stress and strain that individuals routinely face when living in poverty. In addition, impoverished individuals are less likely to have the resources necessary to access the health care system in order to treat a mental health disorder, which may further exacerbate their condition.

The direction of causality could also depend on the type of mental illness itself. For example, in the case of schizophrenia, the severity of the illness may be more likely to cause downward economic mobility, resulting in poverty (Dohrenwend et al., 1992). Other conditions, such as anxiety disorders, depression, or conduct disorders, may be triggered as a result of poverty itself (Hudson, 2005).

While there is research evidence to indicate that both directions of causality are in operation (Hudson, 2005), several studies have provided strong evidence demonstrating that the condition of poverty is an important causal factor leading to mental health disorders. Three studies are of particular importance in establishing this connection.

The first examined the effect that the Moving to Opportunity (MTO) program had upon the mental health of parents and children in New York City (Leventhal, 2003). The MTO program was administered by the U.S. Department of Housing and Urban Development (HUD) in five sites across the country, and was intended to provide a means for impoverished families to relocate to more livable environments.

Leventhal (2003) examined the impact upon the mental health of parents and children who relocated from public housing in high poverty neighborhoods to private housing in less poor neighborhoods. Families were randomly assigned to an experimental group (those families who moved to lower poverty neighborhoods) and to a control group (those families who remained in high poverty neighborhoods). The authors found that:

The most significant benefits of the MTO program were noneconomic. Experimental parents who moved to low-poverty neighborhoods displayed superior mental health, as evidence by their reporting fewer distress and depressive symptoms than in-place control parents who remained in high poverty neighborhoods.

(Leventhal, 2003, p. 1580)

Furthermore, the mental health impact of moving from high poverty to low poverty neighborhoods was particularly profound for children. Children moving to low poverty neighborhoods reported significantly less anxious/depressive problems than those children who remained in high poverty neighborhoods. The effects were greatest for children aged 8 to 13, as well as for boys.

The results from this study can be seen as particularly robust because of the experimental design of the study. They indicate a direct causal relationship between moving out of a high poverty neighborhood and, as a result, reducing the extent of mental health disorders.

A second key empirical study relied on an unusual natural experimental design in order to estimate the causal impact of poverty upon mental health. The Great Smoky Mountains Study employed a longitudinal research design to look at the need for mental health services and the development of psychiatric disorders in rural and urban youth (Costello et al., 2003). The study took place between 1993 and 2000 in 11 counties located in western North Carolina, and included children from the Eastern Band of Cherokee Indians who were living on a federal reservation. Midway through the study (in 1996), a casino opened on the reservation that gave every American Indian an annual supplement of approximately \$6,000. Consequently, some American Indian children were pulled out of poverty as a result of the casino income, while others remained in poverty. In addition, non-Indian children were also examined in the study across the time period.

Costello et al. (2003) were therefore able to observe the impact that an infusion of household income had on mental health for a population that remained largely in the same physical location. They found that:

(1) Moving out of poverty was associated with a decrease in frequency of psychiatric symptoms over the ensuing 4 years: by the fourth year the symptom level was the same in children who moved out of poverty as in children who were never poor. (2) Adding to the income of never-poor families had no effect on frequency of psychiatric symptoms. (3) The effect of poverty was strongest for behavioral symptoms (those included in the DSM-IV diagnoses of conduct and oppositional disorder). Little effect of moving out of poverty on emotional symptoms (DSM-IV anxiety and depression) was observed. (4) The effect of relieving poverty was mediated by 1 stressor: level of parental supervision. (5) The same models run using the non-Indian participants showed similar results.

(Costello et al., 2003, p. 2028)

Consequently, the authors conclude that their findings displayed strong support for a direct causal relationship of poverty upon symptoms of conduct and oppositional defiant disorders in children. As a result of the increased income provided by the casino proceeds, parents were able to provide closer supervision for their children, leading to a decrease in behavioral problems.

A third study that has shed light on the causal direction of poverty and mental health was conducted by Hudson (2005). The author examined approximately 34,000 patients in Massachusetts who had undergone an acute psychiatric hospitalization between 1994 and 2000. He found that while 4 percent of those in affluent communities had mental illnesses leading to repeat hospitalization, over 12 percent of those in poor communities had repeated hospitalizations.

Furthermore, because of the longitudinal design of the study, Hudson (2005) was able to follow study participants in order to examine whether mental illness was leading to downward economic mobility. Hudson detected little downward drift of those with mental health problems into impoverished communities. Rather, the direction of causality was that the condition of poverty appeared to be exasperating mental health problems. As Hudson notes:

The current study reveals a remarkably strong and consistent negative correlation between socioeconomic conditions and mental illness, one that supports the role of social causation in mental illness and cannot be accounted for by geographic or economic downward mobility. The statewide database used in this study leaves little doubt, at least in Massachusetts, the poorer one's socioeconomic conditions are, the higher one's risk is for mental disability and psychiatric hospitalization . . . Of the various social causation hypotheses tested, the idea that the impact of SES on mental illness is mediated by economic stress received the strongest support, with this model substantially fitting the data.

(Hudson, 2005, pp. 16–17)

Each of these three studies provide strong methodological and empirical support to indicate that poverty exerts a significant and negative influence on the quality of an individual's mental health. We now turn to a discussion for why poverty has such an effect.

*Poverty increases mental health problems* What is it about the nature of poverty that results in an increase in mental health problems? Conroy (2009) provides an insightful observation with respect to this question:

For the impoverished segment of society among us, daily existence is a continuous uphill battle to meet the daily demands of attaining food and shelter. The issues associated with poverty go far beyond the financial implications of destitution, and affect every singular aspect of existence, but perhaps none more negatively than in the area of mental health. The balance in lifestyle that ensures stability and enjoyment are severely lacking in those facing poverty, while the stresses of merely surviving on a day to day basis is magnified with no relief or outlet in sight. Added to this is the pressure of viewing family and children suffer the indignities of indigence, and the situation is ripe for a decline in overall mental health.

(Conroy, 2009, p. 1)

There are at least three elements of poverty that have been shown to increase the risk of mental health disorders. The first is the lack of resources associated with poverty. The second is the stress resulting from trying to survive in poverty. And the third is the environmental impact of living in impoverished neighborhoods. Each is discussed below.

*Lack of resources* By its very definition, poverty represents a lack or absence of essential resources. This often involves having to cut back on basic resources such as food, clothing,

shelter, health care, and transportation. For example, living in poverty often means having to do without a sufficiently balanced diet and adequate intake of calories (Rank & Hirschl, 2009). Several large-scale studies have indicated that those in poverty routinely have bouts of hunger, undernutrition, and/or a detrimental altering of the diet at some point during the month (Nord, Andrews, & Carlson, 2009). Not having an adequate diet can detrimentally affect one's physical and mental health.

Perhaps the best known juggling act is what has been called the "heat-or-eat" dilemma. As heating bills climb in the winter, impoverished families may be forced into the hard decision of choosing between purchasing food and paying for heat. Bhattacharya, DeLeire, Haider, and Currie (2003) have empirically documented that poor families do indeed lower their food expenditures during cold-weather periods.

This financial strain caused by the ongoing lack of resources has been shown to be associated with mental health problems. For example, Weich and Lewis (1998) demonstrated that poverty and unemployment were directly related to mental health disorders, such as anxiety and depression. They note that, "Financial strain was strongly associated with both onset and maintenance of common mental disorders and was neither confounded nor modified by more objective risk factors" (Weich & Lewis, 1998, p. 118).

A lack of financial resources can also magnify mental health problems in that individuals may not be able to access the health care system in order to treat a mental health disorder, which in turn, may further exacerbate the condition. Indeed, as Link and Phelan (1995) point out, socio-economic status ensures an unequal allocation of resources for health, including knowledge, power, money, assets, and social networks. These, in turn, reduce the likelihood of the poverty stricken receiving adequate treatment for mental health disorders (Gonzalez, 2005).

A consequence of the economic struggles described above is that impoverishment puts a heavy weight upon the shoulders of most who walk in its ranks. In essence, poverty acts to *amplify the stress* found in everyday life and its relationships. The daily struggle of having to juggle and balance expenses, worries, and concerns places a stressful burden upon the poverty-stricken and their families.

In addition, the events that often precipitate a fall into poverty are themselves highly stress producing. As noted earlier, poverty spells are often the result of the loss of a job, the breaking up of a family, and/or a serious medical problem. All of these life events have been shown to produce extreme levels of stress in individuals and families (Rank, 2004). When coupled with the economic pressures and constraints of living in poverty, the combination can produce a toxic effect upon mental health.

Various research studies have shown that stress detrimentally impacts the quality of mental health among the impoverished (Lupien, King, Meaney, & McEwen, 2001; Marmot & Feeney, 2000; Steptoe, 2000; Turner, 2007). For example, Evans and English (2002) examined the cumulative impact that various physical and psychological stressors had upon the mental well-being of poor white children in rural areas. They found that low income children were exposed to a much greater frequency of such stressors than non-poor children, and that the negative correlation of poverty to mental health could be partially explained by children's exposure to multiple-stressors. These patterns have been found among inner-city, ethnic minority children as well (Schaefer-McDaniel, 2009).

A third element important to understanding the negative relationship between poverty and mental health is the *environmental and community context*. A large body of research has demonstrated that socioeconomic status is strongly related to overall environmental quality. Those in poverty are more likely to be exposed to a variety of environmental hazards. In summarizing this body of work, Evans and Kantrowitz (2002) note that two overall conclusions can be drawn. First, income, and particularly poverty, are directly related to environmental quality. And

second, environmental quality is inversely related to multiple physical and psychological health outcomes.

Those living in high poverty neighborhoods are at a heightened risk of being exposed to environmental hazards. As discussed earlier, poverty can be measured not only in terms of household income, but also in terms of the extent of poverty within the community where one resides. Researchers have frequently defined high poverty neighborhoods as those in which 40 percent or more of residents in a community are living below the poverty line.

Substantial research has shown that individuals and families living in high poverty neighborhoods are much more likely to be exposed to a wide array of environmental risks. These include increased exposure to toxic pollutants, crime, neighborhood disorder, substandard housing, lack of public services, inferior schooling, and many others (Evans, 2004; Sampson, Morenoff, & Gannon-Rowley, 2002). These, in turn, increase the levels of stress among residents of such communities, resulting in an increase in mental health disorders (Evans & English, 2002; Ross, 2000; Schaefer-McDaniel, 2009; Schulz, Zenk, Israel, Mentz, Stokes, & Galea, 2008). The cumulative effect of experiencing these environmental hazards on a daily basis takes its toll both physically and mentally. Evans (2004) summarizes this effect in the following way:

Poverty is harmful to the physical, socio-emotional, and cognitive well-being of children, youths, and their families. A potent explanation for this relation is cumulative, environmental risk exposure. Compared with middle- and high-income children, low-income children are disproportionately exposed to more adverse social and physical environmental conditions.

(Evans, 2004: 88)

In addition, because of the embedded patterns of racial residential segregation, blacks and Hispanics are much more likely to be exposed to the ill effects of residing in high poverty communities than are whites (Drake & Rank, 2009; Wilson, 2009).

## **Illustration and discussion**

I waited. I waited until the very last minute, until I probably was just about down and out. I think I probably called 'em up two or three times before I really wanted to go down there. And when I did, the guy on the phone told me that I'd better get down in a hurry. Because he knew the situation. And he knew that at that time I was tryin' to make it on the support I was getting for the children, that was only two hundred and twenty dollars a month. And that was pretty darn rough. It was just about impossible. I held out as long as I could. But you can only hold on so long. Then you gotta go down.

These were the words of Mary Summers, who described her experiences of having to apply for welfare in order to make ends meet. She was one of dozens of individuals interviewed for an earlier book entitled, *Living on the edge: The realities of welfare in America* (Rank, 1994a). During the interviews, individuals expressed their frustrations and difficulties in trying to survive under the conditions of poverty. They described various problems and constraints, and how these difficulties carried over into their everyday relationships, families, and overall mental well-being.

Mary Summers was typical of many of those interviewed. A 51-year-old divorced mother with two teenage daughters, Mary turned to the welfare system because she had been unable to find work for two years (this in spite of a rigorous search for a bookkeeping or accountant's position, jobs she had held in the past). The economic struggles she was facing, combined with the frustration

of not being able to find a job, were taking a toll upon her psychological health, as was apparent throughout the interview. She comments:

This is probably about the lowest point in my life, and I hope I never reach it again. Because this is where you're just up against a wall. You can't make a move. You can't buy anything that you want for your home. You can't go on a vacation. You can't take a weekend off and go and see things because it costs too much. And it's just such a waste of life.

After paying her rent for a small, two-bedroom apartment, Mary had a remaining \$370 from welfare assistance for her and her daughters to live on. This came out to approximately \$12 a day, or \$4 per family member. While this may seem like an implausibly small income for any household to survive on, it is quite typical of the assistance that those on welfare receive.

As a result, numerous sacrifices had to be made. For example, in order to find an inexpensive apartment to rent, Mary and her family lived in a crime-stricken neighborhood. As she describes:

The territory is horrible. Across the street is the place that's been hitting the news lately. And it's really bad, 'cause you go away, on weekends, we go down to my older son sometimes. And you really don't know that you're gonna have left when you come back. Because the apartment next door has been broken into twice. And it's bad. You can never be comfortable at night 'cause ya can never leave your windows open. You have to lock everything up, because you never know. But I guess if you want reasonable, cheap rent, you have to.

This, in turn, placed a constant psychological strain and worry on Mary and her family. Mary is but one of many everyday examples illustrating how the conditions of poverty increase the mental and emotional stress upon the poverty stricken.

For Mary, another source of mental strain came from the growing sense of isolation that she was experiencing as a result of her long bout in poverty and without work. She notes:

Well, actually, I enjoy working. I mean, this is just driving me up a wall, sitting around here and trying to find something to do.

She later explained:

I really miss it [work]. I miss the paychecks, naturally, that comes first. But I also miss the time not being into the mainstream. Not having people to talk to, just everything involved. I mean people that are working everyday probably think it's a drag. But when you're not in there, it's a drag staying home . . . After two years it gets to the point where you can just about start pulling out your hair. Because there is so much that you want to do, and you see your kids growing up around you, and you can't do a damn thing to help 'em up. And, oohh, it really drives you nuts.

This growing sense of isolation also carried over in terms of Mary's interactions with her extended family. She was asked if her relatives expressed any feelings about her economic situation:

They don't talk about it. In fact, I like to stay away from some of the relatives until I go back to work. I mean, it's just a situation that you don't even wanna get into. Let it blow over, and when you get back on your feet and have a little dignity again, well, then you can go back.

This sense of shame is another aspect of poverty that can take its toll upon the psychological well-being of individuals and families. In the United States, poverty and the use of a social safety net

are highly stigmatized behaviors. Frequently the public perception is often that individuals in poverty are economic and personal failures (Brady, 2009). Those in poverty are generally quite aware of this overall perception, and as such, it creates an additional psychological burden (Rank, 1994b). Mary's comment about not having dignity while being in poverty exemplifies this sentiment.

Throughout the interview, Mary repeatedly discussed the effect that not working and living in poverty were having on her mental health. She described what she felt were the long-term psychological effects of poverty and welfare on those experiencing such conditions:

I wouldn't use the word lazy. I would probably use the word discouraged or depressed. When you take a human being and you take away their money, their livelihood, and you make them live on something that is just the cost of living with no luxuries and no benefits, just the drab cost of living and nothing else, you're going to have depression and you're going to have discouragement. And I think with depression there always comes a form of . . . tiredness. 'Cause you give up and you want to lie down and go to sleep. Not necessarily meaning that you're lazy, and you can't get out there. It's just that they give up hope.

When asked about her state of mind, Mary paused for a moment, and then answered.

Mary: My state of mind . . . As long as you keep busy, and as long as you keep in contact with somebody and have something out there . . . a resume, a phone call, or something . . . and you know that you have something going for you, you can retain your senses and your sanity. But I think if everything stopped, I don't know what would happen. Because there'd be . . . there'd be nothing to look forward to; they'd be just dead zone. It's just, it's a . . . it's a horrible thought. As long as you keep trying, and you keep something going for you, I think there's always . . . you keep your morale built up and your hopes high, and . . . (pause).

Q: So, in terms of being say, hopeful or depressed or angry, you'd put yourself more towards . . . ?

Mary: Well, I try to keep something going so I don't get to the depression stage and to the point where you just give up. Because you can't . . . you can't do that. You just gotta figure out some kind of a new angle so you don't.

The example of Mary Summers illustrates the profound impact that living in poverty can have upon the overall quality of mental health. Poverty represents a series of frustrations, constraints, isolation, and stigma, all of which can increase the level of stress experienced. This, in turn, has the potential to damage one's mental health. As such, it is no wonder that poverty has been shown to empirically exert a sizeable negative effect upon the overall quality of mental health.

## **Conclusion**

The relationship of poverty to mental health has been explored in this chapter. We began with the prevalence of poverty in the United States. The likelihood of an American experiencing some amount of time in poverty is surprisingly high. For example, three-quarters of adults between the ages of 20 and 75 will encounter at least one year in poverty or near poverty. As such, the relationship of poverty upon the quality of mental health becomes particularly pertinent.

The association between poverty and mental health was then explored. Research indicates a strong correlation between socioeconomic status in general (and poverty in particular) and a range of mental health disorders. These include depression, anxieties, overall psychological distress, conduct disorders, and schizophrenia. Although there is evidence to suggest that the

causal relationship between poverty and mental health disorders can run in both directions, we reviewed several studies that provided strong evidence demonstrating the direct impact of poverty upon the quality of mental health. Factors that were discussed behind this effect included the lack of resources, overall stress, and the neighborhood quality.

The third section of the chapter provided a case example intended to illustrate and provide insights into the influence of poverty upon mental health. A single parent with two teenage children described her frustrations and constraints while living in poverty. These difficulties led to a considerable degree of psychological and emotional stress in her life, which in turn, exerted a detrimental impact upon the overall well-being of her mental health.

## Web resources

Health Affairs

[www.content.healthaffairs.gov](http://www.content.healthaffairs.gov)

Institute for Research on Poverty

[www.irp.wisc.edu/](http://www.irp.wisc.edu/)

Poverty Facts – National Poverty Center, University of Michigan

[www.npc.umich.edu/medpoverty/](http://www.npc.umich.edu/medpoverty/)

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