Socioeconomic Disparities in Mental Health and Financial Conditions

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Background and Framework

Socioeconomic status impacts mental health and financial security. Although some studies have found that high debt (in relation to income) contribute to perceived stress and mental health, others have claimed that perceived financial strain has no impact mental health (Selenko & Batinic, 2011). The study of Hong (2012) and the study of Sweet et. al (2013) claim that education, job opportunity, and mental stability all have a positive relationship. Yet, the study of Selenko and Batinic (2011) shows that mental health and employment status are not connectable factor. While some scholars argue that the relationship between socioeconomic status and mental health is direct, others such as Ming (2017) argue that there is a spurious relationship between ethnicity, mental health and other socioeconomic factors These mixed results necessitate further studies of these relationships. The theory of cumulative advantage and the human capital model guide this paper (Merton, 1988; Grossman, 1972). These theories categorize health as a source of human capital and socioeconomic differences place individuals in disadvantageous or advantageous positions.

Purpose and Hypotheses

The purpose of the undergraduate research project is to examine the relationship between self- rated mental health and financial well-being indicators such as bill payment difficulty, economic shocks, and general attitudes and concerns regarding financial management. While accounting for health care access and conditions by including insurance coverage, health care utilization, and chronic conditions, these relationships are further analyzed for socioeconomic disparities. The subgroups include gender, income class, employment status, education levels, and family compositions.

Hypotheses
1. Financial strain is associated with poor self-rated mental health and actual depressive symptoms measured by diagnosed mental health disorders in past 12 months, and clinical depression,
2. Financial conditions impact mental health differently across socioeconomic groups which in this analysis includes race/ethnicity, gender, marital status, income, and education. Financial conditions include difficulty in making medical and non-medical payments or forgoing care due to the expense.

Methods

The researcher identified key variables in the Sample Adult, Person, and Family core data files from the 2005 through 2015 annual rounds of the National Health Interview Survey (NHIS). For each year, these three files were merged using a match-merge technique resulting in a multi-year data pool. The NHIS is a nationally representative data set collected by the National Center for Health Statistics, a part of the Centers for Disease Control and Prevention since 1957. It is a large-scale household survey of 75,000 to 100,000 individuals in 35,000 to 40,000 households (Parsons et al., 2014). A longitudinal analysis of mental health and financial strain disparities incorporates year dummies to control for the impact of macroeconomic cycles on financial outlook which could impact mental health. The key dependent variables are measured by self- reported mental health status and a summed index of actual depressive symptoms reported by respondents.

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Preliminary Results

Descriptive results suggest perceived poor mental health status is disproportionately more likely to be reported among those in historically disadvantaged socioeconomic groups, e.g. less educated, lower income, ethnic minorities, and in women, who typically are less likely to have a shame stigma to reporting poor mental state compared to men. The results also show that different financial worries about making ends meet, and coping strategies such as having two jobs and skipping medications are statistically associated with lower mental health status. This relationship is significant for interaction regression models with 'disadvantaged' groups. Comprehensive results will be presented at the conference as robust wave analysis of socioeconomic disparities of the mental health and financial well-being is ongoing. The project provides insight to a researcher who has interest in the medical field and practical experience in working with low-income healthcare seekers. Financial and health counselors and education programs should target those with cumulative disadvantages specifically to raise awareness and increase opportunities to erase stigmas associated with both mental health and negative financial situations to lower intergenerational negative cycles.

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