



BREAKING THE VICIOUS CYCLE BETWEEN MENTAL ILL-HEALTH AND POVERTY

Mental ill-health and poverty are closely linked and interact in a complex negative cycle

➔ Studies over the last 20 years indicate a close interaction between factors associated with poverty and mental ill-health¹:

- Common mental disorders are about **twice as frequent among the poor** as among the rich². For example, evidence indicates that depression is 1.5 to 2 times more prevalent among the low-income groups of a population⁸.
- People experiencing **hunger** or facing **debts** are more likely to suffer from common mental disorders³.
- Common mental disorder are also more prevalent for people living in **poor and over crowded housing**⁴.
- Highest estimated prevalence of mental disorders can be found among people with the **lowest levels of education** or people who are **unemployed**⁵.
- In relation to severe mental disorders, and schizophrenia specifically, data shows that:
 - ~ People with the **lowest socio-economic status (SES)** have **8 times more relative risk for schizophrenia** than those of the highest SES;
 - ~ People with schizophrenia, in comparison with people without mental disorders, are **4 times** more likely to be **unemployed** or partly employed;
 - ~ People with schizophrenia are one third more likely not to have graduated from high school and;
 - ~ **3 times** more likely to be **divorced**⁶.

➔ Best evidence indicates that the relationship between mental ill-health and poverty is cyclical: poverty increases the risk of mental disorders and having a mental disorder increases the likelihoods of descending into poverty

- People living in poverty lack financial resources to maintain basic living standards, have fewer educational and employment opportunities, are exposed to adverse living environments and are less able to access good quality health care.
- These stressful living conditions place people at higher risk of developing a mental disorder.
- People who develop a mental disorder may not be able to work because of their illness. Others, because of discrimination, may be systematically denied work opportunities or may lose their existing job.





- Lack of employment drives people deeper into poverty and people are unable to pay for the treatment that they need. In other cases a great deal of money is spent on ineffective and inappropriate mental health care, which means that people not only end up out of pocket but also fail to get better.
- Supportive community networks help to protect against the adverse effects of illness and poverty. But for people with mental disorders social support systems often disintegrate as the stigma and discrimination that they face leads to their marginalisation, social exclusion and human rights violations.
- All these factors further worsen their condition and perpetuate the negative cycle between poverty and mental ill health.

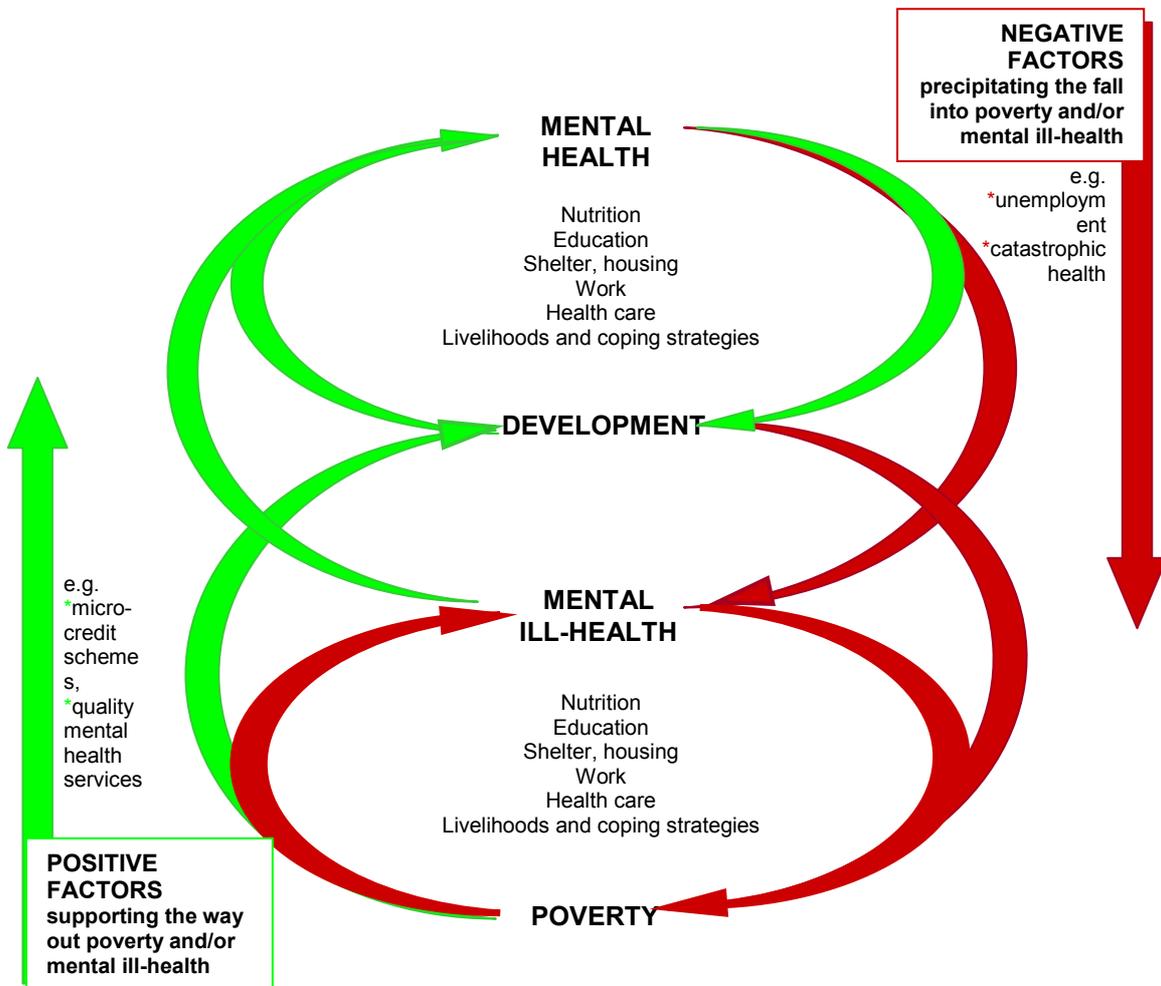


Figure 1: The Cycles and factors linking Mental Health & Development and Mental Ill-Health & Poverty

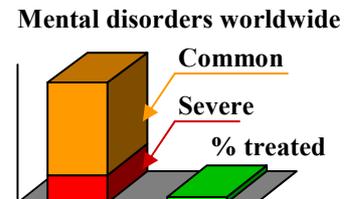




Most countries fail to devote sufficient resources to improving mental health

Global data indicates that:

- Only 2% of national health budgets is dedicated to mental health⁷.
- 31% of countries have no specified mental health budget at all⁷.
- Although cheap and effective mental health treatments exist, it is estimated that **76 to 85% of people with serious mental disorders do not receive treatment** in developing countries⁸.



- **69% of the beds** for mental health care are to be found **large psychiatric asylums** which are associated with a wide range of human rights violations, instead of general hospitals and community settings⁷.

Mental health needs to be addressed in international and national health, development or poverty reduction agendas

- ➔ In addition to being a burden in its own right, mental health is also co-morbid with other health problems, including both infectious and chronic diseases, and must therefore be addressed in order to achieve optimal health outcomes and to meet development goals.
- ➔ The Millennium Development Goals (MDGs) currently overlook mental health. But addressing mental health issues will reinforce several of the MDGs:
 - **MDG 1: Eradicate extreme poverty** - Providing treatment for people with mental disorders will enable them to get a job, reduce their health care costs and help to create the conditions necessary for them to rise out of poverty⁹.
 - **MDG 4: Reduce Child Mortality** - Childhood failure to thrive is strongly associated with child mortality. Babies of depressed mothers are 5 times more likely to be underweight or stunted than babies of non depressed mothers¹⁰. Addressing the mental health of women of child-bearing age is therefore a crucial aspect of reducing child mortality⁹.
 - **MDG 5: Improve maternal health** - Addressing depression in women of child-bearing age is also an essential part of improving maternal health. A high number of women suffer from depression during pregnancy and after childbirth which can have a profound affect on their lives¹¹. Indeed, today, suicide is one of the leading causes of maternal death in developing countries. It is also possible that depression results in increased maternal mortality, through adversely affecting physical health as well as through suicide⁹.





- **MDG 6: Combat HIV/AIDS, Malaria, and other diseases:** People living with infectious diseases such as HIV/AIDS are much more likely to suffer from depression^{9,12}. According to published evidence, people with depression are less likely to adhere to medical treatment. Therefore programmes designed to combat HIV/AIDS must address mental health if health outcomes are to be improved.

➔ People with mental disorders need to be targeted for poverty reduction and development programs to help bring them out of poverty and to promote development, e.g. through micro-credit schemes or employment programs.

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