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THE IMPACT OF MENTAL HEALTH STIGMA IN LOW-INCOME COMMUNITIES.

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by

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A Research Paper
Submitted in Partial Fulfillment of the Requirements for the
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RESEARCH PAPER APPROVAL

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Approved by:

Jane Nichols

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TITLE: THE IMPACT OF MENTAL HEALTH STIGMA IN LOW-INCOME COMMUNITIES.

MAJOR PROFESSOR: Jane Nichols

People with a mental illness suffer from not only the disease itself but from certain stigmas that are held against them. Stigma's doesn't only add to problems to these individuals' but also its impact them in a negative way. The research focuses on the different dynamics of stigmas of how they're affecting the mental health communities in low-income communities. The two stigmas discussed in the study will be public and self-stigma. Public stigma refers to a set of negative attitudes and beliefs that motivate individuals to fear, reject, avoid, and discriminate against people with mental illness (Corrigan & Penn 2010). Self-stigma prevents people from getting the help they're needing, being internalized by their mental illness, and suffering from the perception of others. The surveys were used in the research to focus on respondents over the age of 18. The respondents are people who didn't receive mental health services in the years 2017 and 2018. The surveys show the reasons why these respondents didn't receive these services. The research was to compare the disadvantages of a person who lives in a low-income community with a severe mental illness, to a person who had lived in a better society that also suffers a severe mental illness.

ACKNOWLEDGMENTS

First and foremost, I want to thank God, my family, and friends for supporting my journey through graduate school. I am sincerely thankful for the opportunity to be completing my master's Degree here at SIU. I am forever grateful for the program for providing me with the opportunity to write and complete this research paper on the topic "The Impact of Mental Health Stigma in Low-Income Communities."

Through my journey in the Rehabilitation Administration & Service program, I have had trials and tribulations on completing my research paper promptly. Dr. Nichols has helped guide the way with quick responses and being open to help me through the course of this paper.

The different stigmas in this research have impacted those who suffer from mental health and who live in low-income communities' lives. This research shows a better understanding of where some of the issues in mental health are arising—the lack of awareness and the way people perceived it in their communities.

DEDICATION

I dedicate this research paper to God, my family, and friends. The ongoing encouragement well needed through the challenges of completing my research paper. The days I wanted to push it off, you guys kept hastened me about it and reminding me to know how close to the finish line I was. That's why I'm forever grateful for this opportunity. Being the first to achieve my master's degree in my family has been an awarding opportunity. I want to give a huge thanks to my son Taylon, who has driven me more to finish this research paper to accomplish this goal in life. Thank you to my beautiful family for all your support! Lastly, I also want to dedicate this research paper to those who suffer a mental illness. I can only imagine how hard it is to be healthy and to manage this illness that no one can seem to understand but "you."

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INTRODUCTION

Mental health stigma is defined as the “Devaluing, disgracing, and disfavoring by the general public of individuals with mental illnesses” (Abdullah 2011). People who diagnosed with a mental illness don't get recognition in their communities due to the way society perceives it. One of the top challenges amongst low-income communities is getting access to services for mental health. This investigation shows that people in low-income communities diagnosed with some sort of mental illness don't seek professional help due to denial, the lack of acceptance, and stereotypes. In figure A shows a diagram of stigma revolved around stereotypes, division vs. them, low social status discrimination, and labeling. These are critical factors on what impacts stigmas. From the publisher of Anxiety and Depression Association of America, it stated, "Low-income communities tend to have specific characterizations such as limited resources, poor houses, high crime and violence rates, and an inadequate school system, which are all associated with poor mental health outcomes." Having limited resources does result in an increasing number of those who go untreated. According to U.S. Department of Health and Human Services Office of Minority Health, “Poverty level affects mental health status. African Americans living below the poverty level, as compared to those over twice the poverty level, are twice as likely to report psychological distress."

Figure 1. Components of cycle of stigma

Why are low-income communities receiving a lack of support for mental health?

According to the U.S. Department of Health and Human Services Office of Minority Health, adult Black/African Americans are 20 percent more likely to report severe psychological distress than adult whites. The study shows the way the community perceives mental health. They were indicating that mental health has no significance in these communities itself because of the way stigmas represented. Two types of stigmas presented public and self-stigma. The research helps get to the root of why stigma plays a significant role in someone with mental health life. Self-stigma can reflect these individual's life due to them not wanting to accept their disorder because of the world around them, enabling self-esteem issues. The study explores more on how people act towards mental health due to the lack of knowledge, the social class, and their environment around them—resulting in the absence of awareness based on statistics in their

communities. Moreover, this research will help find better ways to understand the impact and help pinpoint the problems and issues.

From the article *AJMC* in 2017 by the Christiana Mattina, it stated, "A new study has found that high-income communities are more likely to have access to specialty mental health treatment resources, including office-based practices than low-income areas." Low-income communities have limited access to services for mental health. Having limited access to these resources in these communities are results in why many people in poverty don't receive treatment. "Over 4 in 10 cities in the highest income quartile had any type of specialty mental health treatment location, compared with less than a quarter of those in the lowest quartile (Mattina 2017). The article shows that wealthy communities have better access to mental health facilities, physicians, psychiatrists, etc. than those who are in low-income areas.

These barriers to accessing the care of mental health bring on increasing numbers in America. “Stigmatization can cause individual discrimination, which occurs when a stigmatized person is directly denied a resource (e.g., access to housing or a job), and structural discrimination. Which describes disadvantages stigmatized people experience at the economic, social, legal, and institutional levels” (Unite for Sight, n.d.). Insurance companies limited access to manage care, limiting sources, and payment for those in low-income areas to receive the care they're needed. Those with mental health diagnosis experience hardships of trying to cover the cost of these services. According to a survey commissioned by Cohen Veterans Network and National Council for Behavioral Health it stated, "More than half (56%) of 5,024 Americans surveyed want mental health services either for themselves or for a loved one, but about three-quarters said there are access issues, with 34% pointing to cost or inadequate insurance coverage. Accessing health coverage is a barrier for those who live in low-come areas.

In the research, many of the statistics and data are from African American low-income households. African Americans are below the poverty line in predominantly low-income communities. The data in (Figure 2) shows the U.S. poverty statistics of poverty rate here in the U.S. From Federal Safety Net, and it stated, "While the poverty rate for the population is 11.8%, the rate varies greatly by race. Blacks have the highest poverty rate at 20.8% and Non-Hispanic whites the lowest at 8.1%." African Americans and Hispanics double the number of poverties towards Whites non-Hispanics.

The research helps focus more on the communities who experience economic struggles, lack of resources, and families who don't know about mental health due to economics. Some of the studies mostly come from African American families, African American males, with some cultural differences due to most communities are black, Hispanic, and a small fraction of other races.

	All Americans In Category (Millions)	Americans In Poverty (Millions)	Poverty Rate
White, not Hispanic	194.8	15.7	8.1%
Black	42.8	8.9	20.8%
Asian	19.8	2.0	10.1%
Hispanic, any race	60.0	10.5	17.6%

Figure 2. U.S. Poverty Statistics - Race

*While the poverty rate for the population is 11.8%, the price varies significantly by race. Blacks have the highest poverty rate at 20.8% and Non-Hispanic whites, the lowest at 8.1%. The Poverty rate for Blacks and Hispanics is more than double that of non-Hispanic Whites.

How can mental health stigmas impact a household due to income?

Those who have suffers from mental health experience most stigmas from their households. Some families lack knowledge and information on mental health. Many homes experience mental health due to being at risk of childhood experiences. Individuals who experience poverty, particularly early in life or for an extended period, are at risk of a host of adverse health and developmental outcomes through their life (Simon et al. 2018)—creating an increase in the rate in mental health. Poverty plays a role in mental health due to traumatic experiences conflicting with people's livelihood. The relationship between mental illness and poverty is complicated. Poverty may intensify the experience of mental illness. Poverty may also increase the likelihood of the onset of mental illness (SAMHSA, 2016). Those who suffer poverty tend to grow into depression, suicidal, etc. Poverty is one of the most significant social determinants of health and mental health, intersecting with all other determinants, including education, local social and community conditions, race/ethnicity, gender, immigration status, health and access to health care, neighborhood factors, and the built environment (e.g., homes, buildings, streets, parks infrastructure) (Simon et al., 2018)

HEADING 2

METHODOLOGY

Study Overview

The study aimed to analyze the relationship of how low-income and mental health stigmatized in communities that suffer poverty. Through the survey, it will show statistical, and data measures on people in low-income communities are more affected with a mental illness than those who lived in better cities based on demographic characteristics. The tables come from the National Survey on Drug Use and Health. Due to lack of access to healthcare, resources, and support from funding, etc. The survey will take from the Substance Abuse and Mental Health Services Administration, also known as (SAMHSA). The researchers explain the different variations of how stigmas impact serious mental illness in low-income areas. The plan is to find data and statistical evidence that could be reliable to use to state facts. Getting more proactive with results and solutions in mental health.

It is developing more recommendations and solutions to these problems to create a better figure and light on the issues. Many of these issues will come from the reference's statistics, quotes, and charts to help show the facts and data that help develop the problems on the impact of stigmas on mental health with those suffer poverty—working towards a solution that can decrease more stigma from different generations.

Procedure

The procedural steps are to show the relationship between both surveys that’s in both tables to show that people who are minorities don't receive mental health services. The study will compare both reviews to develop a solution. Both studies used the same year 2017 and 2018 to survey the respondents. Researchers had surveyed respondents aged 18 or older who reported if

they are receiving outpatient mental health services in the past year. In both surveys, it identified different demographic characteristics from subgroups. The diverse demographic groups surveyed was non-Hispanics and Latino's, Black or African Americans, AIAN, NPHOI, Hispanics, and two or more other race.

The studied was taken at different locations such as an outpatient mental health clinic or center, office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic. There were other places, such as a doctor's office that was not part of a clinic, an outpatient medical clinic, a partial day hospital, and a day treatment program. The researcher only focused only on serious mental illness that is from DSM-IV-TR diagnostic manual, excluding individuals who non-mental illnesses. This allows the researcher to focus solely on serious mental illness.

Participants

Respondents are aged 18 or older who reported receiving outpatient mental health services in the past year. The respondents participated in the survey under their discretion. Table B respondents are those who didn't receive any mental health services in 2017 and 2018. The studies are based on various individuals who may or may not have a severe illness but specified in the tables. The respondents are from different races, socioeconomic class, gender, employed or unemployed, etc.

Measurements

Table A shows adult respondents surveyed receiving mental health services in the past year. The table details subgroups of different demographic characteristics in age group, gender, Hispanic origin and race, and current employment. The study uses the DSM-IV criteria by defining a diagnosable mental, behavioral, or emotional disorder, other than a developmental or

substance use disorder. It also shows the estimates of severe mental illness (SMI) and the estimates of any mental illness (AMI) because SMI is limited to persons with AMI that resulted in severe functional impairment (SAMHSA 2018). These mental illness estimates are based on a predictive model and are not direct measures of diagnostic status. Employment in 2017, the number of unemployed individuals amongst African Americans who had a higher unemployment rate with a severe mental illness (SMI) was 2,687, and in 2018 it was 2,829. Compared to whites decreasing in their numbers with individuals receiving mental health services in 2017=5,742 and 2018=5,418. Black or African Americans who suffer more in poverty have an increasing number in SMI of not receiving mental health services (2017=573 and 2018=625).

In table B is shows demographic characteristics of specific reasons for those who are not receiving mental health services. The subgroups are different because it's the population in total. It shows all rights behind many individuals who have a severe mental illness and them not receiving mental health services. The numbers in this measurement are relatively increasing. cause neighbors/community to have a negative opinion, health insurance does not cover any mental health services

Table 1. Received Mental Health Services in Past Year among Persons or older, by Characteristics

Table 8.17A Received Mental Health Services in Past Year among Persons Aged 18 or Older, by Past Year Level of Mental Illness and Demographic Characteristics: Numbers in Thousands, 2017 and 2018

Demographic Characteristic	Total (2017)	Total (2018)	Any Mental Illness (2017)	Any Mental Illness (2018)	Serious Mental Illness (2017)	Serious Mental Illness (2018)	Any Mental Illness Excluding Serious Mental Illness (2017)	Any Mental Illness Excluding Serious Mental Illness (2018)	No Mental Illness[1] (2017)	No Mental Illness[1] (2018)
TOTAL	36,416	37,101	19,813	20,579	7,454	7,277	12,359	13,302	16,603	16,522
AGE GROUP										
18-25	5,073	5,120	3,384	3,328	1,466	1,406	1,919	1,922	1,689	1,792
26 or Older	31,343	31,981	16,429	17,251	5,989	5,870	10,441[a]	11,381	14,913	14,730
26-49	15,695	16,113	9,595	9,950	3,687	3,753	5,908	6,198	6,100	6,163
50 or Older	15,647	15,868	6,834	7,301	2,301	2,118	4,533	5,183	8,813	8,567
GENDER										
Male	12,462	12,096	6,263	6,372	2,239	2,267	4,024	4,104	6,199	5,724
Female	23,954	25,006	13,551	14,207	5,216	5,009	8,335[a]	9,198	10,403	10,798
HISPANIC ORIGIN AND RACE										
Not Hispanic or Latino	33,086	33,573	17,860	18,330	6,756	6,453	11,104	11,877	15,226	15,243
White	28,708	29,151	15,401	15,761	5,742	5,418	9,659	10,343	13,307	13,390
Black or African American	2,525	2,555	1,448	1,468	573	625	876	844	1,077	1,087
AIAN	170	211	*	*	*	*	*	*	65	85
NHOPI	53	98	*	*	*	*	*	*	7	6
Asian	823	894	403	518	*	*	241	385	420	376
Two or More Races	806	664	457	365	*	*	246	189	349	300
Hispanic or Latino	3,330	3,528	1,953	2,249	698	823	1,255	1,425	1,377	1,279
CURRENT EMPLOYMENT										
Full-Time	15,742	16,601	7,960[a]	8,828	2,687	2,829	5,273[a]	5,999	7,782	7,773
Part-Time	5,833	5,601	3,225	3,175	1,246	1,187	1,979	1,988	2,607	2,426
Unemployed	1,666	1,471	1,075	1,034	427	467	648	567	591	437
Other[2]	13,176	13,429	7,554	7,542	3,094	2,794	4,460	4,749	5,622	5,886

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

NOTE: Mental Health Services for adults includes inpatient treatment/counseling, outpatient treatment/counseling, or use of prescription medication for problems with emotions, nerves, or mental health. Respondents with unknown mental health service information were excluded.

NOTE: Mental Illness aligns with DSM-IV criteria and is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance use disorder. Estimates of serious mental illness (SMI) are a subset of estimates of any mental illness (AMI) because SMI is limited to persons with AMI that resulted in serious functional impairment. These mental

SAMHSA, 2019. Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Table 8.17A

https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables

Table 2. Detailed reasons for Not Receiving Mental Services in Past Year among Persons Aged 18 or older for Mental Health Services in Past Year

Table 8.33A Detailed Reasons for Not Receiving Mental Health Services in Past Year among Persons Aged 18 or Older with a Perceived Unmet Need for Mental Health Services in Past Year, by Receipt of Past Year Mental Health Services: Numbers in Thousands, 2017 and 2018

Reason Did Not Receive Mental Health Services[1]	Total[2]		MENTAL HEALTH SERVICES[3]			
			Received		Not Received	
	2017	2018	2017	2018	2017	2018
TOTAL POPULATION	13,475	14,215	6,991	7,349	6,451	6,845
Could Not Afford Cost	5,465	5,411	2,742	2,587	2,705	2,815
Might Cause Neighbors/Community to Have Negative Opinion	1,453	1,467	730	665	721	801
Might Have Negative Effect on Job	1,382	1,320	660	679	722	641
Health Insurance Does Not Cover Any Mental Health Services	1,051	1,100	485	551	558	545
Health Insurance Does Not Pay Enough for Mental Health Services	2,063	2,213	1,195	1,143	867	1,065
Did Not Know Where to Go for Services	3,300	3,432	1,523	1,552	1,767	1,879
Concerned about Confidentiality	1,236	1,199	583	473	652	726
Concerned about Being Committed/Having to Take Medicine	1,537	1,731	816	888	719	841
Did Not Feel Need for Treatment at the Time	1,330	1,465	637	686	691	778
Thought Could Handle the Problem Without Treatment	3,914	3,709	1,695	1,641	2,201	2,067
Treatment Would Not Help	1,547	1,572	746	870	791	703
Did Not Have Time	2,819	2,832	1,340	1,406	1,461	1,415
Did Not Want Others to Find Out	1,156	1,053	437	381	719	671
No Transportation/Inconvenient	630	722	381	459	244	263
Some Other Reason[4]	1,213[a]	1,502	739	880	472	618

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.
NOTE: Perception of unmet need was asked of all respondents regardless of their mental health. Respondents with unknown perception of unmet need information were excluded.

* = low precision; -- = not available; da = does not apply; nc = not comparable due to methodological changes; nr = not reported due to measurement issues.

SAMHSA, 2019. Results from the 2018 National Survey on Drug Use and Health: Mental Health Detailed Tables. Table 8.33A

https://www.samhsa.gov/data/report/2018-nsduh-detailed-tables

HEADING 3

RESULTS

The results show that those who have a severe mental illness are below the poverty line. Adults aged 18 or older living below the poverty line were more likely to experience Serious Mental Disorder (SMI) than those living at and above the poverty line (7.5 percent vs. 4.1 and 3.1 percent, respectively) (SAMHSA 2018 & 2019). In contrast, the percentage of young adults with SMI was similar in each of the levels of poverty (SAMHSA 2018). The relationship between mental health and low-income is complicated. Living in poverty increases your chances of developing mental illness over time.

The results indicate that adults that are white received mental health services (Table 1) in the past year among a person over the age of 18. The table shows various subgroups of demographic characteristics. It shows the numbers where Black or African Americans and Hispanic or Latinos had fewer respondents to be surveyed. The survey shows the ratio of these minorities in the study tested at a low number.

From the table you can see (Table 2), it shows the reasons why many people didn't receive mental services. In (Table 2) displays in the column, the two highest reasons on why many people didn't receive mental health services were: Couldn’t afford the cost in 2017=2,705people; 2018=2,815 people. The second most top reason was: Thought could handle the problem without treatment in 2017= 2,201 respondents; 2018= 2,067 respondents. The third most top reason was: Did not know where to go for services in 2017=1,767 respondents; 2018=1,879 respondents.

HEADING 4

DISCUSSION

Reaching out to spread awareness to people who are in low-income communities that are either informed or uninformed that mental health isn't something that could be cured. Mental health isn't something that people just asked for in their lives. A lot of times, those who have a mental health diagnosis are hard to deal with due to people not understanding a specific diagnosis of mental health. When a person is having a mental health crisis, often people deem that person is crazy or maniac due to the stigmas that are out there. These problems are hard to deal with and hard to understand but could help others understand the impact they have on mental health.

Furthermore, the plan was to further the research on how to inform the public in low-income communities about mental health to ensure that these resources could be able for them—enabling awareness amongst professionals, family members, friends, and whomever to get the help their needing. Using statistics and connecting it to the statistics to better understand the stigmas in mental health. The top people who are suffering due to lack of services are minorities that are adults, unemployed, or employed people who live in them communities—getting to the root of the problem of understanding why people act a certain way.

HEADING 5

SUMMARY

Stigma does affect mental illness in low-income communities based on the research and survey. Stigmas affect mental health in many ways, such as the negative reasons people take from society. Understanding the barriers to mental health could help bring better results in a decrease in many stigmas. Public stigma has deprived of the way society perceives something in a negative way, such as discrimination towards mental health. Culture makes up assumptions about mental health, but many are uninformed. In this society, to become prejudice against someone who suffers from mental health. It shows that stigma has a considerable impact that affects the lives of people.

On the other hand, from the study of being informed vs. many uninformed people, it shows that some people don't understand mental health, and that could be the result of stigma. Some people's way of thinking thinks this okay because society is doing. Moreover, today people are more afraid to come forth and get the help there are needing because of the way the world categorizes them. If the world is uninformed about mental health, how can someone with depression be able to be more open and express themselves? Contributing more to these factors, such as introducing it more in schools, communities, clinics, hospitals, families, and friends, could bring a more significant impact of being informed.

In African American culture, stigma is more found. There is more of avoidance due to relatively beliefs passed through generation to generation. Psychology Today's article stated, "Stigma and judgment prevent Black/African Americans from seeking treatment for their mental illnesses. Research indicates that Black/African Americans believe that mild depression or anxiety would be considered "crazy" in their social circles. Furthermore, many believe that

discussions about mental illness would not be appropriate even among family (William 2011)."

In the study about suicidal, it shows a connection between suicidal ideations and stigmas. It shows that people who get ideations of suicide seem to reflect off society and their perceptions of making a person feel sad and depressed. Therefore, suicidal has been playing an active role in stigma. "In the face of these realities, the report identifies approaches to addressing the stigma that can help increase care-seeking among those with mental illness. These approaches operate at various levels, from promoting personal stories of recovery and enhancing support systems, to instituting public policy solutions that enhance actual systems of care. Another solution to help fights against stigmas impacting mental health is protesting, getting others more aware. Building more platforms and putting it in health classes to let others learn about the different diagnosis coping methods. Encouraging families, it's okay to talk to someone about any problems that are existing. Teaching others that the public can be discriminating, prejudice, and sadly stereotyped.

My recommendation to professionals in the field of Rehabilitation is that they should be more resourceful to communities around them. Society reflects more from professional standpoints and would probably be more interesting to hear someone knowledgeable give out advice in schools, jobs, clinics, etc. Open their doors for others that do feel afraid to be able to get the evaluations they are needing and getting evaluated. Develop more researches to figure out problematic issues and decreasing the number of people who are avoiding getting treatments. Furthermore, educate the families in the doctors off, putting more counselors in school, even add self-care workshops at jobs with professionals to conclude more original contributions. Shining better light on mental health and help create dynamics where more people to feel more open and vocal. It will help stigma stereotypes decrease and add more positivity to mental.

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