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Effect of Poverty on Mental Health

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Abstract: Poverty is the inability of an individual having choices and opportunities, a violation of human dignity. It means lack or inadequate of basic capacity to participate effectively in society. It means not having enough for food, clothing and shelter, not having a education or access to health centre. Inadequate land for agricultural practices, no jobs as source of income, Poverty also means insecurity, powerlessness and exclusion of individuals, households and communities. Mental health is the successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and providing the ability to adapt to change and cope with adversity. The term mental illness refers collectively to all diagnosable mental disorders, health conditions characterized by alterations in thinking, mood, or behavior associated with distress or impaired functioning. Poverty, poor health and underdevelopment are inextricably linked in Nigeria. Morbidity and mortality are recorded on large scale due to level of poverty. The basic causes are potential resources of individual, government and inconsistent government policies, economic structure, political and ideological superstructure. It is recommended that vulnerable groups and low income earners should be educated nutritionally on how to have access to optimal and adequate nutrient at all times even at low cost and to keep their environment habitable. Also preparation of meal should be done aseptically to eradicate malnutrition, physical and mental under-development. Also government should provide welfare homes where malnourished children should be given adequate diet for proper functioning of the body. Subsidy should be provided to pay hospital and drug bills, in order to discontinue the poverty and poor health circle, for sustainable developmental framework.

Keywords: Poverty, mental health, Nigeria, Food, Shelter

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I. INTRODUCTION

For all individuals, mental, physical and social healths are vital and interwoven strands of life. As our understanding of this relationship grows, it becomes ever more apparent that mental health is crucial to the overall well-being of individuals, societies and countries. Indeed, mental health can be defined as a state of well-being enabling individuals to realize their abilities, to cope with the normal stresses of life, work productively and fruitfully, and make a contribution to their communities. Unfortunately, in most parts of the world, mental health and mental disorders are not accorded anywhere near the same degree of importance as physical health. Rather, they have been largely ignored or neglected. This publication aims to guide on the discovery poverty and mental health, in the magnitude and burdens of mental disorders, and in understanding what can be done to promote mental health in the world and to alleviate the burdens and avoid deaths due to mental disorders. Effective treatments and interventions that are also cost-effective are now readily available. Therefore, it is time to overcome barriers and work together in a joint effort to narrow the gap between what needs to be done and what is actually being done, between the burden of mental disorders and the resources being used to address this problem. Closing the gap is a clear obligation not only for the World Health Organization, but also for governments, aid and development agencies, foundations, research institutions and the business community

II. METHODOLOGY

A qualitative method of data analysis was used in this study. Information were drawn from secondary sources and analyzed for identification of effect of poverty on mental health problems, most data were gotten from, journals, summit, and textbooks to establish the relationship between poverty and mental health as well as evaluate the impact of poverty and low income on health status.

The magnitude of mental disorders
Today, about 450 million people suffer from a mental or behavioural disorder. According to WHO's Global Burden of Disease 2001
Four of the six leading causes of years lived with disability are due to neuropsychiatric disorders (depression, alcohol-use disorders, schizophrenia and bipolar disorder).
More than 150 million persons suffer from depression at any point in time,

- Nearly 1 million commit suicide every year
- About 25 million suffer from schizophrenia;
- 38 million suffer from epilepsy; and
- More than 90 million suffer from an alcohol- or drug-use disorder.

The number of individuals with disorders is likely to increase further in view of the ageing of the population, worsening social problems and civil unrest.

Causes of mental illness
There are many factors in percentages that predispose individual to mental illness which includes:
NCDs 1%
Malaria 3%
Childhood diseases 3%
Other CD causes 6%
Injuries 12%
Congenital abnormalities 2%
Neuropsychiatric disorders 13%
HIV/AIDS 6%
Tuberculosis 2%
Diarrhoeal diseases 4%
Sense organ disorders 3%
Cardiovascular diseases 10%
Diseases of the genitourinary system 1%
Respiratory diseases 4%
Digestive diseases 3%
Musculoskeletal diseases 2%
Respiratory infections 6%
Maternal conditions 2%
Perinatal conditions 7%
Nutritional deficiencies 2%
Malignant neoplasms 5%
Diabetes 1%
Source: WHO, 2002

Mental and behavioural problems as risk factors for morbidity and mortality
It is becoming increasingly clear that mental functioning is fundamentally interconnected with physical and social functioning and health outcomes. For example, depression is a risk factor for cancer and heart diseases. And mental disorders such as depression, anxiety and substance use disorders in patients who also suffer from physical disorders may result in poor compliance and failure to adhere to their treatment schedules. Furthermore, a number of behaviours such as smoking and sexual activities have been linked to the development of physical disorders such as carcinoma and HIV/AIDS.

Among the 10 leading risk factors for the global burden of disease measured in DALYs, as identified in the World Health Report 2002, three were mental/behavioural (unsafe sex, tobacco use, alcohol use) and three others were significantly affected by mental/behavioural factors (overweight, blood pressure and cholesterol).

Prevalence of major depression in patients with physical illnesses

Hypertension	29%
Myocardialinfarction	22%
Epilepsy	30%

Stroke	31%
Diabetes	27%
Cancer	33%
HIV/AIDS	44%
Tuberculosis	46%
Generalpopulation	10%

Source: WHO, 2003

The economic burden of mental disorders

Given the prevalence of mental health and substance-dependence problems in adults and children, the emotional, but also financial, burden on individuals, their families and society as a whole is enormous, as noted earlier. The economic impacts of mental illness include its effects on personal income, the ability of the persons with mental disorders or their caregivers to gauge the measurable economic burden of mental illness. An important characteristic of mental disorders is that mortality is relatively low, onset often occurs at a young age, and the indirect costs derived from lost or reduced productivity in the workplace are high. Work and make productive contributions to the national economy, as well as the utilization of treatment and support services. (Knapp, 2003)

Side effects of mental disorders

A recent study from Harvard Medical School examined the impact of psychiatric disorders on work loss days (absence from work) among major occupational groups in the United States (Kessler & Frank, 1997). The average number of work loss days attributable to psychiatric disorders was 6 days per month per 100 workers; and the number of work cutback days (getting less done than usual) was 31 days per month per 100 workers. Although the effects on work loss were not significantly different across occupations, the effects on work cutback were greater among professional workers. Work loss and cutback were found to be more prevalent among those with comorbid disorders than among those with single disorders. The study presents an annualized national projection of over 4 million work loss days and 20 million work cutback days in the United States.

Excessive alcohol consumption and impaired health of the family

Excessive alcohol consumption lead to Financial problems More money is spent on alcohol, Less income, more loans Sickness, absenteeism, job loss Minor convictions Accidents and injuries Gambling. Less food, less education Poor living conditions Wife and children have to work less health care Social stigma.

Health of family members is at stake Malnutrition Infections like TB, worm infestation stunted development of children

Mental disorders and poverty

Since mental disorders generate costs in terms of long-term treatment and lost productivity, it can be argued that such disorders contribute significantly to poverty. At the same time, insecurity, low educational levels, inadequate housing and malnutrition have all been recognized as contributing to common mental disorders. There is scientific evidence that depression is 1.5 to 2 times more prevalent among the low-income groups of a population. Poverty could therefore be considered a significant contributor to mental disorders, and vice-versa. The two are thus linked in a vicious circle and affect several dimensions of individual and social development:

Education

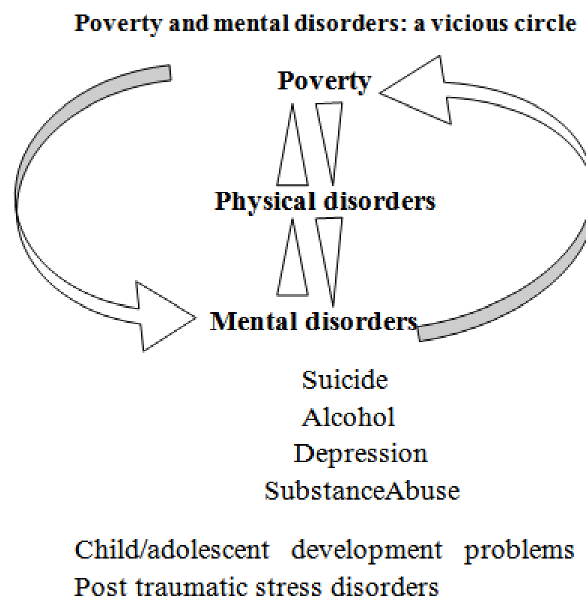
Studies have shown a significant relationship between the prevalence of common mental disorders and low educational levels (Patel & Kleinman, 2003). Moreover, a low educational level prevents access to most professional jobs, increases vulnerability and insecurity and contributes to a persistently low social capital. Illiteracy and illness therefore lock in poverty.

Violence and trauma

In communities afflicted by poverty, violence and abuse are not unusual. They affect general mental well-being, and can induce mental disorders in the most vulnerable.

Work

Unemployed persons and those who fail to gain employment have more depressive symptoms than individuals who find a job (Bolton & Oakley, 1987; Kessler & al., 1989; Simon et al., 2000). Moreover, employed persons who have lost their jobs are twice as likely to be depressed as persons who retain their jobs (Dooley et al., 1994).



Promoting mental health; preventing and managing mental ill health

In order to reduce the increasing burden of mental disorders and avoid years lived with disability or death, priority should be given to prevention and promotion in the field of mental health. Preventive and promotional strategies can be used by clinicians to target individual patients, and by public health programme planners to target large population groups. Within the spectrum of mental health interventions, prevention and promotion have become realistic and evidence based, supported by a fast growing body of knowledge from fields as divergent as developmental psychopathology, psychobiology, prevention, and health promotion sciences (WHO, 2002). Prevention and promotion programmes have also been shown to result in considerable economic savings to society (Rutz et al., 1992). Integrating prevention and promotion programmes for mental health within overall public health strategies will help to avoid deaths reduce the stigma attached to the persons with mental disorders and improve the social and economic environment. Health promotion is the process of enabling people to gain increasing control over their health and improve it (WHO, 1986). It is therefore related to improving the quality of life and the potential for good health, rather than only an amelioration of symptoms (Secker, 1998). Psychosocial factors influence a number of health behaviours (e.g. proper diet, adequate exercise, and avoiding cigarettes, drugs, excessive alcohol and risky sexual practices) that have a wide-ranging impact in the domain of health (WHO, 2002). A growing body of cross-cultural evidence indicates that various psychological, social and behavioural factors can protect health and support positive mental health. Such protection facilitates resistance (resilience) to disease, minimizes and delays the emergence of disabilities and promotes more rapid recovery from illness (WHO, 2002). The following studies are illustrative. Breast-feeding (advocated by the joint WHO/UNICEF Baby-Friendly Hospital Initiative, Naylor, 2001) improves bonding and attachment between infants and mothers, and significantly improves child development. Promotive interventions in schools improve selfesteem, life skills, pro-social behaviour, scholastic performance and the overall climate. Among various psychosocial factors linked to protection and promotion in adults are secure attachment; an optimistic outlook on life, with a sense of purpose and direction; effective strategies for coping with challenge; perceived control over life outcomes; emotionally rewarding social relationships; expression of positive emotion; and social integration. Conclusion and recommendations Besides advocacy, policy assistance and knowledge transfer, mhGAP formulates in some detail the active role that information and research ought to play in the multidimensional efforts required to change the current mental health gap at country level. WHO is developing several projects and activities to promote this strategy at country level, including a research fellowship programme targeting developing countries. A project on the cost-effectiveness of mental health strategies is being implemented in selected countries to generate real estimates on the costs and benefits of mental health interventions. These estimates will then be used to enhance mental health services at country level.

Prevention of childhood mental problem

Mother & child care adequate care during pregnancy and around childbirth prevents brain and mental disorders. Early childhood social stimulation also ensures better psychosocial development and prevents emotional and

conduct disorders. *School based programmes* Psychosocial interventions by teachers and counselors can prevent depression, aggressive behaviours and substance abuse among students.

Prevention of alcohol-related problems

Higher taxation Higher taxes on alcoholic beverages uniformly bring down the consumption levels, leading to substantial reduction in alcohol-related problems. Brief interventions Models of brief interventions applied within primary health care settings have proved to be effective for most people with alcohol-related problems (25% reduction in alcohol consumption).

Depression

Early identification of people suffering from depressive disorders We know that even in high-income countries almost 50% of those suffering from depression are not identified. Early identification means more effective treatment and avoidance of disability and death by suicide. Care in primary health services Depressive disorders can be effectively treated, in most instances, with common and inexpensive medicines and simple psychosocial interventions. This is possible within primary health services with the provision of some basic training and appropriate medicines.

Mental retardation

Iodinization of salt Using iodized salt is the single most effective prevention activity in areas deficient in iodine. Millions of children can escape long-lasting intellectual deficits by this most inexpensive public health measure. *Training to parents* Parents can help children with mental retardation to achieve their full potential for development. Simple training to parents can go a long way in ensuring the best environment for children with mental retardation.

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