

Social Justice and Health Disparities

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PBH 602 Module 8

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Understanding the interplay of social justice and health disparities is crucial, especially when addressing the health disparity of negative mental health in students within the low socioeconomic communities in the United States. This is geared towards the investigation into the inequities faced by this demographic and the factors that contribute to them in a disproportionate way. Specifically focusing on mental health, a major health issue, the disparities that are prevalent in access to mental health care, prevalence of mental health disorders, and outcomes among socioeconomically disadvantaged populations. By critically examining the root of the causes of these disparities and social injustices escalating them, there is necessary implementation of intervention that promotes health equity. Ultimately striving towards a more just and equitable health care system for all.

Health Issue

The health issue that had previously been mentioned is poor mental health among those of low socioeconomic standing. . It is shown that “strong evidence that they need first and foremost to use a whole school approach. This shapes the social contexts which promote mental health, and which provide a backdrop of measures to prevent mental health disorder” (Weare 2005). This still holds true today. This covers all students and does not isolate those that have mental health disorders. There needs to be inclusion of strategies that are used for educating and coping with lulls in mental health and how to get through in a positive manner. Those of lower socioeconomic status are impacted at a greater rate than those in good standing. This means the students in that class are less likely to have the available resources to emotional stability and coping skills in social settings. It is stated that “evidence indicating that the parental socioeconomic status is highly influential in determining the child's physical and mental health and future outcomes including his/her academic achievements and education, as well as the

parameters of his/her physical abilities, cognitive function and fundamental neurobiology affecting brain development.” (Vukojević 2017). The resources that are available to growing students are so incredibly important to their mental health and, simply put, their long-term success in society.

Let’s look at the statistics of the issue. First, looking into the incidence. Incidence is “the number of newly diagnosed cases of a disease” (New York..). In regard to students that are living in a household of poor socioeconomic standing 2021 child poverty was at 16.1% of the American population (USAFacts). In perspective “children living below 100% of the federal poverty level, more than 1 in 5 (22%) had a mental, behavioral, or developmental disorder” (CDCP n.d.) Also, “People with incomes below the poverty line reported feelings of worry, nervousness, or anxiety at higher rates than average: 19.4% of people living below the poverty line, compared to 12.7% of Americans generally, according to 2022 data from the Centers for Disease Control and Prevention” (USAFacts). In addition to the poor mental health among struggling American “According to Census Bureau data, family childcare costs increased by 25% between 2015 and 2020”(USAFacts). This places a heavy weight on families. Next, we will take a look at the prevalence. Prevalence is “a measure of disease that allows us to determine a person's likelihood of having a disease” (New York...). The prevalence ratio of families living at more than 200%-399% below the poverty line and 100%-199% below the poverty line, respectively, and are having mental health issues to not having mental health issue had a p-value of “0.488 and .409” with values under 0.05 having no relevance. This was only at the age of 2-8 years old. (CDCP 2018) Although, there was not a significant difference between the families 399% below to 100% below the poverty level there is somewhere between a p-value of 0.49 and 0.41 of children from the small age range of 2-8 that are affected by mental health issues. This small, very specific,

group (children ages 2-8 with mental health issues living within 399% to 100% below the poverty line) has been negatively affected by poor mental health because of their correlated socioeconomic status. Now switching to morbidity. Morbidity “is another term for illness” (New York...). This often shows the illness (poor mental health) within a population. In this case the population is those at low socioeconomic standing. The morbidity “Mental health challenges were the leading cause of disability and poor life outcomes in young people...20% of children ages 3 to 17 in the United States having a mental, emotional, developmental, or behavioral disorder...2013-2019 data showed that nearly 10% of children ages 3-17 years were diagnosed with attention deficit disorder or anxiety” (National Academies of Sciences, Engineering, and Medicine. 2019). This is to keep in mind that 1 in every 5 of these students are A household that lacks education or has limited education is likely to live in poverty. As a result, children who do not receive adequate nurturing may face stress and depression, leading to long-term impacts on their mental health. Parents facing resource limitations may have grown up in poverty themselves and may be dealing with untreated stress, depression, and trauma. Consequently, these parents might struggle to create a supportive environment for their children. (Nyagwencha 2022). Mortality rate (measure of deaths) for youth and young adults “ages 10-24 years account for 15% of all suicides. The suicide rate for this group is (11.0 per 100,000” (CDCP Disparities in Suicide Rates). As high as 75% of suicides are within low- and middle-income populations (Lemmi 2016). It was also calculated that “Americans with the lowest incomes and high morbidity are much less likely to receive services for mental health problems” (atz 1997). This is saying that the greater the prevalence of mental health disorders does not mean that there are greater resources for those students/people in need of those services.

Scope and Factors

One determinate can be that their home life is unable to offer the support that is needed for a growing adolescent. The article states: “even though women with low socioeconomic status have higher risk for PPD, they are not routinely screened. Thus, a troubling pattern emerges—women with greater risk for adverse mental health outcomes also have less access to necessary behavioral health support” (Klawetter 2018). This has a ripple effect on the child and into their educational career. This being the case, it does not set a solid foundation for success of the students in a low socioeconomic status with their mental health. Students and kids are “two to three more times likely to develop mental health conditions than those who are economically stable, according to a 2021 Surgeon General Report” (USAFacts). The question is: why is this the case? A Canadian Journal of Psychiatry the result was that “preliminary epidemiological data suggest that service-related variables may be determinants of outcome of mental illnesses” (Saraceno). The main point being that there is a lack of mental health resources in these communities. In addition to the services not being readily available, they are not affordable. It is a great economic burden on those families that are in need and will not be able to get the help because of their socio-economic status. An example would be that “mean total cost per episode for publicly funded outpatient services for youth mental health issues was \$2,673, and the average number of service encounters per episode was 14.34. The average cost of various service types per episode was \$1,079 for psychotherapy, \$683 for assessment, \$227 for collateral services, \$161 for case management, and \$186 for medication support” (National Academy of Sciences). These prices can be unmanageable for those living below the poverty line and that is why “70% to 80% of children with mental health disorders go without care” (National Academy of Sciences). Another factor could be that “childhood experiences include living in poverty or living within families struggling to meet basic physical

needs, including food and shelter, which can leave children with feelings of anxiety and sadness” (Zare). This is an emotionally tense environment that children are placed in at a young age. This turmoil is also likely to come from the adults in their life and how they were raised in a similar atmosphere. It had been shown that “Poor parental mental health has been linked with mood/anxiety disorders and depression in young children” (Zare). It can have lasting damage to their mental health if these stressors are not properly tended to, thus starting the cycle over again. This is why this is such an important issue to address.

Historic Injustice

An example of a social justice issue within the mental health of students in low socioeconomic status is that they are overlooked when they are given resources from mental health. This is an area that isn’t talked about as much in that environment. It is also a need to “alter traditional counseling session delivery formats, practices, and roles to account for clients’ life experiences and contextual factors that influence mental health care in rural, impoverished communities. Approaches that counselors use to engage in social justice advocacy with and on behalf of rural, impoverished clients are discussed” (Marshall-Lee 2020). This is so that these resources are given to those that need it and are made available for those who are willing to learn about it. Within this unjust system those “Individuals do not experience mental health issues in a vacuum. The social and economic context are important factors that contribute to one’s physical and mental health” (National Academy of Sciences). This is not an issue that is faced independently, but as a community that is of low economic status because of the lack of resources or the inability to pay expenses towards those mental health programs.

Intervention

It has been previously noted that there is poor mental health among students and children living in communities that are economically struggling. Moving forward, creating a better life for those students will involve integration of this intervention proposal. One piece of the proposal includes more practice in schools at a young age to be able to engrave these mentally positive practices into their routine, so that they can take these skills with them later in life. That mental health is a subject that is becoming more eligible to talk about in society will aid in the ability to spread the awareness of variations of intervention and skills that are necessary for effective communication and the skills for coping with elevated emotion. It is shown to help by “appreciating clients' worldviews and life experiences, (2) counseling relationships influencing service delivery, (3) engaging in individual and systems advocacy, and (4) utilizing professional support” (Marshall-Lee 2020). It means more to be creating an individualized approach that deals with the issues that low socioeconomic have. These low socioeconomic status (SES) students often face multiple determinants that contribute to poor mental health outcomes, additionally mentioning stress and adversity within their economic hardships, unstable living conditions, and increased likelihood of exposure to violence negatively impacts those students. To properly address the mental health disparity among students in low socioeconomic status, an intervention must be put in place that focuses on access to mental health services through education, reducing stress levels, and enhancing social support systems and networks. The goals of this intervention are to increase the culturally competent mental health services for low SES students in schools. Reduce stress levels among SES students through targeted interventions and support systems. Lastly, to strengthen social support networks and foster a sense of community among the students who are struggling with this burden. Some specific strategies to reaching those goals include establishing mental health resources centers in schools. They would provide

free or low-cost counseling services, support groups, and educational workshops on mental health topics. Next, schools could hold stress management programs that include mindfulness training, yoga classes, and stress reduction workshops that work on awareness. Lastly is the integration of support groups. Peer support groups and mentorship programs would create a safe space for students to share their experiences, build relationships, and offer emotional support.

Though all these ideas have a great appeal there are limitations of the proposed intervention. The first could be limited funding and resources for implementing and sustaining the intervention. Schools would have to bring in additional resources and possibly pay additional support personnel to bring this plan to action. Another issue is the stigma and cultural barriers surrounding mental health and beliefs about seeking help that may deter students of low SES from accessing these services, or just access barriers in general.

Overall, addressing mental health disparity among students in low socioeconomic status will require a multifaceted approach that addresses the underlying determinants of poor mental health outcomes while also providing targeted interventions and support services to meet unique needs of this population.

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