

RELATIONSHIP BETWEEN FINANCIAL STABILITY AND THE NEED FOR MENTAL AND BEHAVIORAL HEALTH CARE

by Kadel Coakley

Mental health is by nature a complex topic, and as we realize the impact that the state of mental health has on our population it has become an increasingly vital topic in the public consciousness. As mental health care has advanced, we have been able to create pharmaceuticals that enable those with formerly debilitating mental illnesses to live an enriching and healthy life. Researchers have developed evidence-supported treatments with powerful positive outcomes attainable simply through making an appointment with a practitioner.¹

Unfortunately, as far as we have come, the world of mental and behavioral health care also reflects the inequities we see throughout society. As effective as treatments are, it's a complex environment, and seeking and succeeding in treatment can be challenging. No matter how great a treatment may be, you need adequate access in order to be able to properly utilize any form of treatment. Ideally, we would be able to use preventive measures to decrease the risk for and the impacts of mental and behavioral health concerns.¹

METHODS

This research was conducted using data from the State Innovation Model (SIM) Evaluation Survey. The SIM survey was administered by the state of Iowa to 2,472 respondents and sought to gain insight into the Iowa healthcare delivery system. The independent variable in my research uses this question from the survey, "Which of the following best describes your financial situation? Do you see yourself as..." The answers available were "Very financially secure," "Somewhat financially secure," "Not very financially secure," down to "Not at all financially secure." This question had 2,412 respondents.

Because I want to research the link between financial security and the need for mental healthcare, I need to make sure I have a statically representative data set when it comes to measuring financial security. For this reason, due to the number of respondents in each category I collapsed the responses of "Not at all financially secure" and "Not very financially secure" together. By increasing the number of options for each value that is studied, because some responses had disproportionately lower levels of respondents, we can equalize the number of responses to each value.

The dependent variable in my research uses the following question, "In the last 12 months, did you get any treatment or counseling for a mental or emotional health problem?" The possible answers were either "Yes" or "No." This question ultimately had 2,468 respondents.

RESULTS

Mental and emotional health problems don't occur in a vacuum.² My research shows that financial stability has a correlational relationship to the need for treatment or counseling for a mental or emotional health problem.

From those who were categorized as very financially secure only 5% had a need for treatment. For those who were categorized as somewhat financially secure about 8% had a need for treatment. Where the potential interaction of financial security with mental health becomes most apparent is that 23% of those in the lowest category of financial security had a need for treatment.

Table 1: The Relationship between Financial Security and the Need for Mental Health Care

(% Need for Treatment)	Level of Financial Security		
	Very Secure	Somewhat Secure	Not Secure
	5%	8%	23%

LIMITATIONS

The data analysis focused simply on the bivariate relationship between the two variables of financial security and need for mental health care. I would like to note that there was ultimately no hypothesis testing done on the final bivariate model. It is also of note that this was a correlational analysis, not a causal analysis.

By the nature of the sensitivity of the subject, researching topics related to mental health struggles are particularly susceptible to the social desirability bias, meaning it may be difficult for some to open up and answer yes.³

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CONCLUSIONS

Ultimately, the data demonstrates that a lower level of financial security implies a higher need for mental health care. The reason for the significant disparity present in the data isn't entirely answered by my analysis. However extensive literature review (see, e.g., Flett, G.L., Hewitt, P.L., Blankstein, K.R. et al. 1995 and Mills 2015) suggests that the additional challenges and stressors that come with lower financial security contributes to the diathesis-stress model. The American Psychological Association describes the diathesis-stress model as "the theory that mental and physical disorders develop from a genetic or biological predisposition for that illness (diathesis) combined with stressful conditions that play a precipitating or facilitating role."⁴

More practically, meaning that the stressors of your environment, like living in poverty, and impactful life events, like losing your job, can be a vehicle for the development of mental and emotional health problems.²

Sources

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PRACTICAL IMPLICATIONS

As impactful and disruptive as mental and emotional health problems can already be, the literature is clear that it has extensive further complications. Complications that are not only costly to those suffering from the illness but also society itself. Those suffering from an anxiety disorder have almost twice the average rate of medical costs, higher risk of cardiovascular disease and other medical conditions.^{5,6,7} The effects extend beyond the physical healthcare impacts and have destructive lifestyle and societal impacts, such as low productivity and large amounts of unemployment and work impairment.^{6,8}

All these factors and vulnerabilities likely only worsen the entire situation, as lower job stability and higher healthcare costs would put someone at risk of having lower financial security. This is consistent with the implication that the cycle of poverty is not only systemic, but also perpetuated by the medical consequences of the cycle itself.⁹

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