AN EXAMINATION OF THE CORRELATION BETWEEN SOCIOECONOMIC STATUS AND MENTAL HEALTH

Pooja Tyagi[*]

Bintu Singh Ranga[**]

Socioeconomic status, mental health both are the most important determinant of an individual's wellbeing. The relationship between socioeconomic status and mental health has received the most attention in recent years. Many types of research done on this topic, this study also try to find out the relationship between socioeconomic status and mental health. In these survey 450 respondents selected from different parts of society both male and female are includes and income level is divided into three type's high income, middle income, and low-income level. All respondents are between thirty to fifty years. All primary data collected through a questionnaire. This study tests several hypotheses about the underlying causal structure of the positive relationship between socioeconomic status and mental health. Demographic information and happiness index (verma &verma) used in this survey for collecting information. This survey reveals that economic status positively affects the mental health. Most of the peoples have a quality life with the strong economic condition but some exemption also finds out that are happier than other with the weak economic condition. Around 69.6% respondents think money brings depression, stress, and angry behavior.

Keywords- Mental health literacy, Socio-economic status, Social class

[*] **Department of Psychology, Maharishi Dayanand university, Rohtak Haryana**

[**] **Department of Economics, Kurukshetra University, kurukshetra**

Introduction:-

Relationships between Socioeconomic status and mental health are discussed in this paper. Socioeconomic status includes household income, parental education level and occupation, type of family structure, and perceived social status. According to American Psychological Association, "Socioeconomic status is the social standing or class of an individual or group. Examinations of socioeconomic status often reveal inequities in access to resources, plus issues related to privilege, power and control".

The measurement and conceptualization socioeconomic status were greatly affected by 3 major historical sociological traditions: Marxist, Weberian, and Functionalist (Berkman & Kawachi, 2000). The Marxist tradition is view types depends on the attitude to the means of production, specifically separating people into 2 types: the bourgeoisie, the capitalists who have the means production; and the proletariat, much larger labor segments of society (Berkman & Kawachi, 2000). The Weberian tradition established less attention to structural relations of capitalism, and more on groups of people who were created by the system (Berkman & Kawachi, 2000). In this view, was examined by social classes as groups of people with shared beliefs, values, circumstances, and chances of life (Berkman & Kawachi, 2000). The Functionalist tradition is built on the ideas of Marxist and Weberian, but authorized the social stratification of people into types that are seen as more or less value to the progress of society is the usual way (Berkman & Kawachi, 2000). The Marxist tradition is highly critical of capitalism, Functionalist high supportive and Weberian traditions somewhere in between. The idea of a Weberian "chance of life" has led to the use of indicators such as education, occupation, and income measurement socioeconomic status (Berkman & Kawachi, 2000).

Socioeconomic status is classified by BG Parsad this classification is widely used to determine the socioeconomic status of study subjects in health studies in India. Parsad classified it on the basis of income. He divided it into five sections. Socioeconomic classification is an important predictor of the health status of an individual or family. Change the constants in the cost of goods and services in the country due to inflation make it necessary to constantly update the income-based socioeconomic scales. Therefore, in the present exercise, the BG Prasad scale widely used to determine socioeconomic status in studies of health has been updated for the most recent CPI

(IW) for January 2014. State-specific CPI (IW) needs to be used by researchers in community studies health-related to determine the socioeconomic status of the study questions accurately.

Socioeconomic class	Per capita monthly income	
	Modified BG Parsad SES1961	Revised income categories for all India (IW) 2014
Upper class	100 and above	5357 and above
Middle class	50-99	2652-5356
Lower class	30-49	1570-2651
Lower middle class	15-29	812-1567
Lowe class	<15	<811

AICPI(IW) all India (base2001) = 237^{10} , [#]CPI(IW) Delhi (Base 2001) = 215^{10} , SES-socioeconomic condition

Mental health is not merely the absence of mental disorders or symptoms but also a resource supporting overall well-being and productivity. Mental health includes our emotional, psychological, and social well-being. It affects how we think, feel and act as we cope with life. It also helps determine how we handle stress, relate to others, and make choices

According to the World Health Organization, however, mental health is "a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community." To make things a bit clear, some experts tried to come up with different terms to explain the difference between the healths of `mental' health `mental conditions'. Was proposed that different people emphasize phrases such as health `good mental' health `positive mental', wellbeing `mental', wellbeing `thematically', and even happiness, ` what mental health is about wellness rather than illness. While some say it is helpful, others argue that using more words to describe the same thing just adds to the confusion. The concept of mental health most frequently viewed as the opposite of mental illness, and in the field of mental health studies and in the General public (Keyes, 2005). If any person does not have any diagnostic for any specific mental

illness than, Is he mentally healthy? To investigate determinants of mental health-related quality of life may nominate a field of research by approaching the concept of mental health different, focusing on the determinants that promote positive mental health-related rating quality of life as well as those that predict negative ratings of mental health-related the quality of life.

As a result, others tried to explain the difference by to talk about a continuum where mental health is at one end of the spectrum is represented by feeling good and to act in the best way - while mental health conditions (or mental illness) on the other - after it presents symptoms that affect thoughts, feelings, or behavior of people.

Socioeconomic status and mental health both are the major factor in this research. This study mainly focused on the relationship between these factors. This study tries to find out how one factor affects the other positively or negatively. All research work is done on the bases of primary data. All data collected through questionnaire. Total 150 respondents are selected for this survey from different socioeconomic status.

Literature review

Among the first to identify an inverse correlation between socioeconomic status and mental illness were Faris and Dunham found a disproportionate rate of mental illness in the worst parts of Chicago (Faris and Dunham, 1939). After World War 2 a landmark study Hollingshead and Redlich examined rates of psychiatric disability in New Haven, Connecticut. They found that 1% of their mental health cases were in the upper class, while this type consists of 3.1% of the population; in contrast, 36.8% of mental health was broken from the lowest type, yet the group consisting of 17.8% of the population (Hollinghshead and Redlich, 1958). Reverse the correlation was then assigned to disproportionate numbers mental patient in the lowest 2 types, rather than differences between the other 3 groups (Mishler and Scotch 1965).

Within a few years of researchers in Midtown Manhattan supported the conclusion of the New Haven data, and processed and untreated cases. Not like Hollingshead and Redlich, researcher

Midtown calculated the rates of degradation, rated those strata SES, and found that 47.3% of the lowest strata of society mentally corrupted, in contrast with 12.5% of the highest strata.

Furthermore, rates of treatment were positively associated with SES, thus confounding the negative correlation type (Srole, et al., 1978). A more recent study reported SES to be single significantly correlate prevalence of mental illness in 2 Florida counties, with prevalence in the lowest dass 5 times higher than the highest type (test tube, 1979).

A total of 21 studies conducted throughout the world between 1950 and 1980 reported rates of psychiatric disorders according to the type. While 10 of the 15 non-United studies regulations (USA) found the highest rates in the lowest class, 5 of 6 studies The United States received the same finding. In studies USA the lowest the type had 2.37 times the rate as in the highest, on average. Across all studies there was an average rate of psychopathology in the lowest strata 2.73 times it was found in the highest type (Dohrenwend, et al., 1980).

Explanation for the Association of SES-MI includes insufficient material, service, and interpersonal support available to those in the lower strata type. Previous studies in New Haven and Midtown Manhattan roads showed this to be case. Combined census of the treatment of public and private hospitals positively correlated with SES, 202, 422, 664 people per 100,000 of the upper, middle, and lower hospitalized strata, respectively. The opposite was the case with the services outpatient, 1501, 756 396 and tariffs for use funds outpatient mental health (Srole, et al., 1978). Higher types of roads used, possible preventatively, less intensive services, while lower types are not used the service until they are adjudged as to require hospitalization. Recent the study, however, show that the disparity disappears. Use rasmotrenie Kulka in 1957 and 1976, found that or education or occupation was able to determine the difference in the use of various types of outpatient services in 1976, in contrast until 1956 (Kulka, et al., 1979). These differences unable to attribute the diffusion of outpatient services lower types in recent years due to such policies as the act community mental health in 1963.

The most notable studies demonstrate this gradient SES-health will be a historic the Whitehall study (Marmot, Shipley, & rose, 1984). The study compared the rates of mortality among different "types" of British civil servants. Types used in the analysis were "unskilled labour",

"clerical workers," "professionals," "executives," and "administrators". Results showed a relative risk of death conforming to social class one belonged to, so that those at the bottom had the highest risk. Furthermore, differences existed across all groups in consistent pattern: the lower one's socioeconomic status, the higher their risk of mortality. All issues were office-based civil servants and the relative homogeneity across these groups did find increased mortality rates based on lower socioeconomic status shocking. This evidence suggests that the influence of socioeconomic status on health only exists for those that fall under the poverty threshold, but enough people on each socioeconomic level.

Two compatible models provide a framework for understanding the Association between socioeconomic-status and psychopathology. Social stress models (e.g., Faris & Dunham, 1939; Silver, 2000; Silver et al., 2002) posit that lower socioeconomic-status is associated with pathogenic combination of increased exposure to stressful life events and low levels of social support. This combination results in poor adaptation, which finds expression in psychopathological symptoms and poor functioning. In contrast, social selection models suggest that psychopathology leads to lower socioeconomic-status by complicate attempts to achieve and maintain employment, education, and other factors that clash socioeconomic advancement in the basis (Dunham, 1965)

Das et al. (2007) examine the correlates of mental health in 5 developing countries, finding that was the old, women, widowed, and in poor physical health consistently relate to poorer mental health outcomes. However, their evidence on the relationship between socio-economic status (SES) and mental health are found that education positively, to communicate with better mental health in most (but not all) of the countries they study. Witoelar et al. (2009) analyze data from the fourth wave of the Indonesian family life survey and find that education is protective against depression among Indonesians aged 45 old but, controlling for education, they did not find any Association between per capita expenditure and mental health for this group. Browse more small communities 11 based study in 6 low-and medium-sized finds countries income negative Association between education and common mental disorders in all but one study (Patel and Kleinman 2003).

These all previous studies find outs that socioeconomic status and mental health have positive relations. Most of the studies are based on socioeconomic status and mental illness and they got the inverse relationship.

RESEARCH OBJECTIVES

- To study the relationship between socioeconomic status and mental health
- To study the impact of SEC on mental health
- To explore the SES and MH

RESEARCH METHODOLOGY

Source of Data

The present study is based on primary data which was collected using questionnaire method.

Sample Size

Total 450 respondents are selected for this survey. Theses respondents are belong to all the section of society. Lower class, middle class and upper class all section are included.

Data Collection

Data were collected through questionnaires from respondents. Questionnaire included all types of question mainly respondents medical history related, personal life, weekend spending and hobbies. Both open and closed ended questions were included in the questionnaire to obtain answers to the tasks set in the study.

Sample Unit

The study was conducted in Chandigarh. Were studied three groups, i.e., lower class, middle class and upper class.

DATA ANALYSIS AND INTERPRETATION

Total 450 respondents completed the survey. Descriptive statistics in table 1 below. The sample was 32.7 percent woman with an average age of 42 years and the medium size family. The highest level of education the sample was as follows: 6.2 percent are illiterate, 38.2 percent was

high school, 47.7 percent were graduates of College, and 11.9 percent attended professional school. The majority were 79 percent are employed and 21 percent are unemployed. Blow poverty line is only 28.6 percent respondents. The results of the analysis by clustering resulted in 3 levels of socioeconomic status: higher SES (31.3%), middle SES (51.2%), and low SES (19.5%).

Table no1 Demographic of the survey respondents   **(n=450**)

Variables		Percentage
Gender	Male	67.3
	Female	32.7
Level of education	Illiterate	6.2
	High school	38.2
	Graduate	43.7
	Professional	11.9
Work status	Employed	79
	Unemployed	21
Annual household income	Upper class	19.3
	Middle class	51.2
	Lower class	29.5
Ownership Of home	Owns	79.6
	rent	20.4
Material status	Married	69.9
	Unmarried	25.5
	Divorced	5.5
BPL	Yes	28.6
	No	71.4

The relationship between socioeconomic status and mental health-related quality of life are taken in this sample. The association between these two variables was found to be

significant, χ2 (2) = 80.16, p = .000, with a higher proportion of low SES individuals reporting poor mental health-related quality of life than middle or high SES individuals (refer to chart). Results are summarized in Table 2. A test of the logistic regression model of mental health quality of life regressed on socioeconomic status yielded statistically significant results, χ2 (2) = 74.72, p = .000. Those in low socioeconomic status had 4.01 times greater odds of reporting poor mental health quality of life than those of high socioeconomic status (p = .000). The middle socioeconomic status group, on the other hand, had an odds ratio not significantly different than that of the higher SES group (OR = 1.19, p = .387). Thus, socioeconomic status was associated 37 with poor mental health-related quality of life for those in the lower SES group compared to the high SES group, but not for the middle SES group compared to high.

Table 2 Results of Chi-square Test and Descriptive Statistics for Mental Health- Related Quality of Life by Socioeconomic status

Life by Socioeconomic status	Mental Health-Related Quality of Life(percent)	
	Poor	Good
Higher SES	14.2	46.7
Middle SES	34.6	32.1
Lower SES	51.2	21.2

Quality of Life According to SES
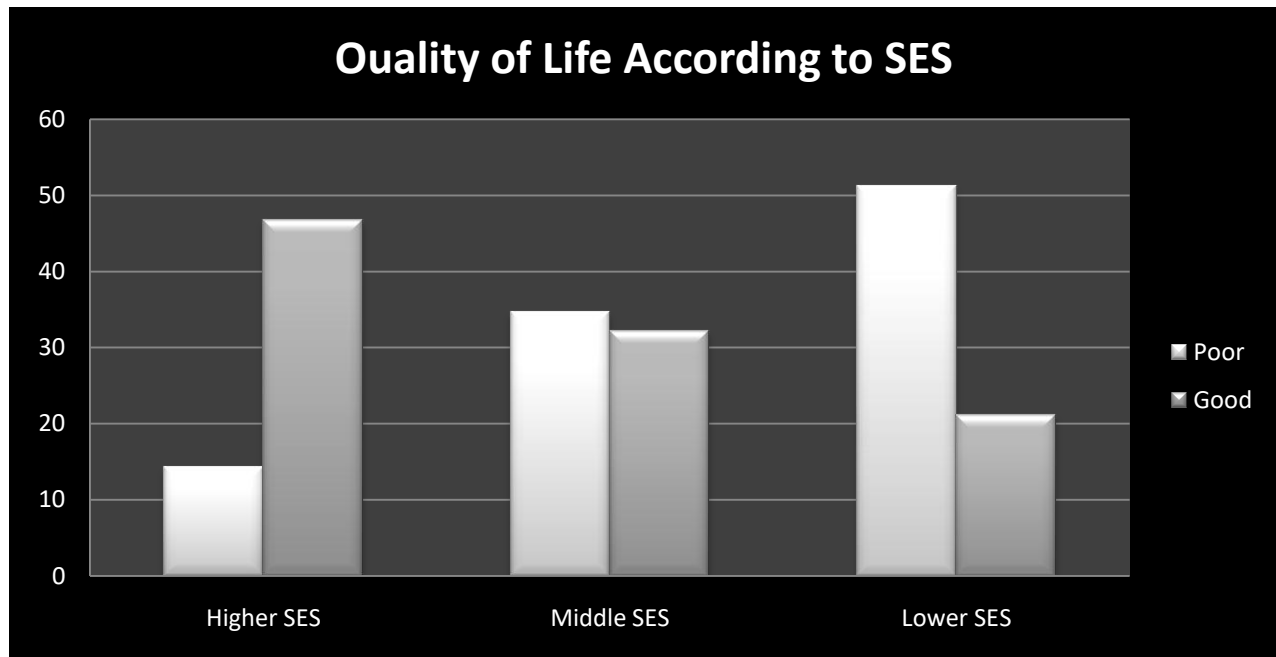
Above diagram and table are showing the relationship between SES and mental health. Both are positively related to each other it's clearly shown by this diagram.

Conclusion

This study is bases on finding the relationship between socioeconomic status and mental health. The low socio-economic condition associated with approximately 4 times higher odds to report poor mental health-related quality of life compared to high socio-economic status. However, there would be this ratio when compared to individuals means SES high SES individuals coincides with some previous research suggesting that is not an option between medium and high SES was associated with differential quality of mental health and the difference between low and high SES (Costello et al. 2003; Hudson, 2005,). These results show that it is not necessarily small differences in the gradient of socio-economic conditions associated with poor mental health, quality of life, and more and more significant differences in the socio-economic situation. These results underscore the need to further explore the contextual factors of the area in fewer search results to the communities, as they are noticeably and significantly associated with mental quality of life health in the communities in the study. The results demonstrate the strong connection between low SES and report poor mental quality of life health.

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