



## Policy brief 1

# Breaking the vicious cycle of mental ill-health and poverty

Mental Health and Poverty Project

**The purpose of the Mental Health and Poverty Project is to develop, implement and evaluate mental health policy in poor countries, in order to provide new knowledge regarding comprehensive multi-sectoral approaches to breaking the negative cycle of poverty and mental ill-health.**

## Breaking the vicious cycle of mental ill-health and poverty



### The Mental Health and Poverty Project (MHaPP)

There is growing recognition that mental health is a crucial public health and development issue in South Africa. Neuropsychiatric conditions rank 3<sup>rd</sup> in their contribution to the burden of disease in SA<sup>1</sup> and 16.5% of South Africans report having suffered from mental disorders in the last year.<sup>2</sup> The Mental Health and Poverty Project, a ground-breaking research consortium, aims to provide vital evidence on what policies are needed to break the vicious cycle of poverty and mental ill-health and to ensure that the poorest communities have access to mental health care.

### The vicious cycle of mental ill-health and poverty in low- and middle-income countries

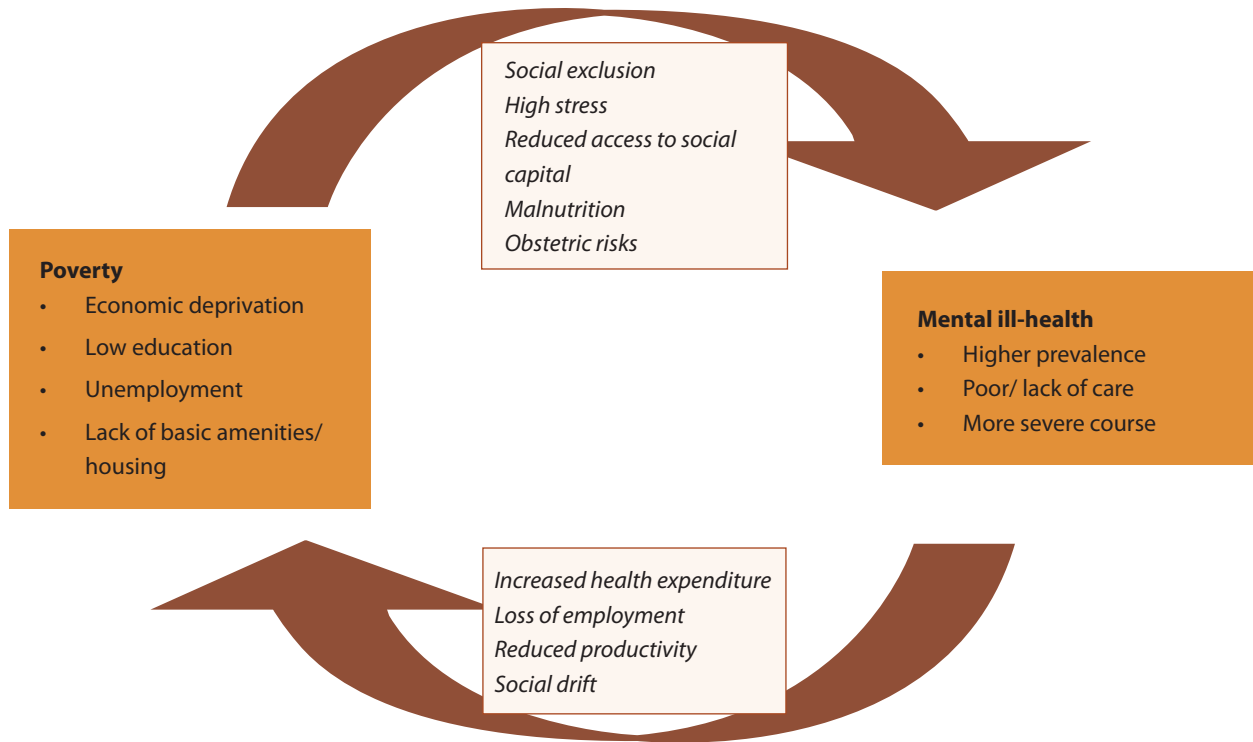
There is emerging evidence from low- and middle-income countries that mental ill-health is strongly associated with poverty and social deprivation.<sup>3-5</sup> Factors that are associated with

living in poverty, such as low socio-economic status, exposure to stressful life events (such as crime and violence), inadequate housing, unemployment and social conflict, are linked to mental ill-health. Poverty is also associated with exclusion, isolation, feelings of disempowerment, helplessness and hopelessness, which can lead to chronic insecurity and social mistrust, affecting people's mental well being. As the mental well being of individuals is eroded by poverty, the available energies within communities to contribute to nation-building are reduced.

In turn, mental ill-health can lead to poverty: people with mental disability may be impoverished by increased health expenditure, loss of employment, reduced productivity and the exclusionary impact of stigma. Figure 1 outlines the vicious cycle of poverty and mental ill-health.

This cycle of poverty and mental ill-health is exacerbated in SA by the history of violence, exclusion and racial discrimination under apartheid and colonialism. Current growing trends of economic inequality, unemployment and poverty in SA are also worrying from a mental health perspective, as national levels of economic inequality have been shown to be associated with higher rates

**Figure 1: The vicious cycle of poverty and mental ill-health**



of mental disorder.<sup>6</sup> To date, the link between poverty and mental ill-health is not sufficiently addressed in mental health policies and programmes in SA. Mental health concerns are generally poorly integrated into the policies of other sectors, and people with mental disability are often not included in poverty-alleviation initiatives, even where this is articulated for people with other disabilities. Findings of the MHaPP aim to inform better collaboration between mental health and development professionals and decision makers.

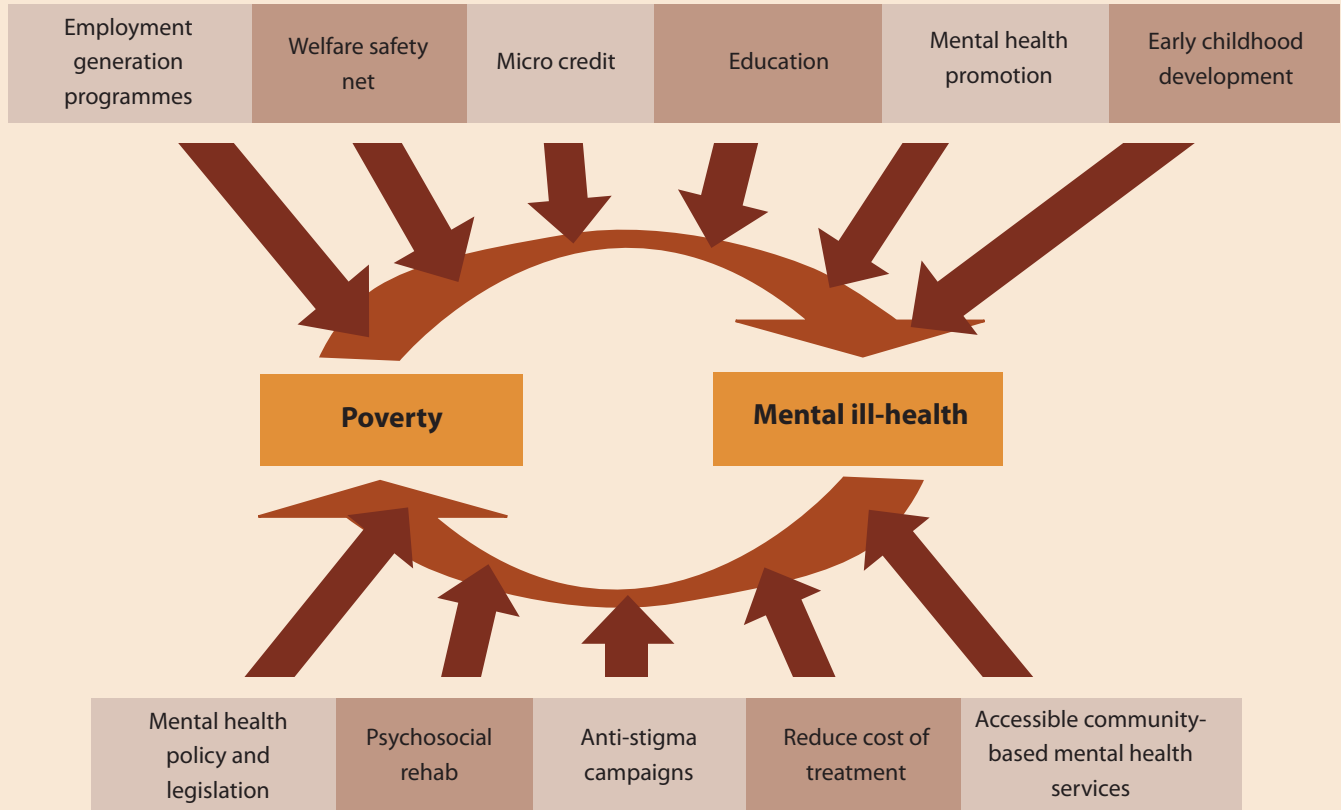
## **Targeted interventions to break the cycle of poverty and mental ill-health**

A number of possible interventions exist that could target and assist in breaking the cycle of poverty and mental ill-health, and these are illustrated in Figure 2.

## **Recommendations**

- The interventions listed in Figure 2 need to be delivered in a coordinated manner, and should be informed by good evidence.
- The relationship between poverty and mental health, and evidence for cost-effective interventions should be brought to the attention of policy makers.
- New mental health policy should link with existing poverty-alleviation and development strategies adopted by government. In turn, mental health professionals must lobby for the inclusion of mental health objectives in development policies and plans whenever relevant.
- The mental health impact of poverty-alleviation programmes should be assessed. For example, the impact of child support grants, pensions and employment programmes on the mental health of recipients should be assessed.
- The recovery and inclusion of people with mental disability in general community life should be promoted in order to reduce social exclusion and poverty.
- Mental health care users should be targeted for inclusion in employment creation programmes and support should be provided to community-based income-generation projects for people with mental disorders.
- For mental health care users whose participation in income-generation opportunities is limited by the impact of their psychosocial difficulties, there should be access to social grants and other state-supported poverty-alleviation initiatives.

**Figure 2: Targeted interventions aimed at breaking the vicious cycle**



## References

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### November 2008

The Mental Health and Poverty Project is led by the University of Cape Town, and the partners include the Human Sciences Research Council, the University of KwaZulu-Natal, the University of Leeds, and the World Health Organization. The MHaPP is funded by the Department for International Development.

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