



A Mental Health in Context of Socio-Economic Status and Inhabitation

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ABSTRACT

The present study was conducted on 150 male school children with the objective to examine the influence of (i) SES (ii) inhabitation and (iii) interaction effect of SES and inhabitation on their mental health. It was hypothesized that (i) Subjects of high SES compared to either the middle or low SES and those of middle SES as compared to low SES would demonstrate better mental health. (ii) The urban subjects compared to the rural would manifest sound mental health and (iii) The mental health measures for the different classes of respondents would differ in rural / urban conditions. For the purpose, SES Scale by RL Bhardwaj, MMHSI by Kumar and Thakur along with PDS were used to measure the variables namely SES and mental health and to seek the necessary information respectively. The obtained data were analysed using ANOVA. All the hypothesis were retained. It was found that mental health is a function of SES, inhabitation and interaction between the two. It was concluded that high SES and urban groups both excelled over their counterpart in terms of having comparatively sound mental health. Further, SES and urban / rural inhabitation, apart from their independent effect have joint interaction effect on mental health.

KEY WORDS

Mental Health, Inhabitation, Socio-Economic.

INTRODUCTION

Mental health is a multifaceted issue influenced by a range of factors, both biological and environmental. Among the most significant of these environmental factors are socioeconomic status (SES)

and the conditions of one's habitation, which can shape the psychological well-being of individuals and communities in profound ways. The relationship between mental health, SES, and living environments is complex and bidirectional: not only does a person's socioeconomic standing affect their mental health, but mental health problems can also contribute to a cycle of poverty and poor living conditions. Understanding these dynamics is crucial for developing effective interventions and policies to address mental health disparities.

Socioeconomic status is commonly measured by factors such as income, education, and occupation, which collectively determine an individual's or a group's access to resources, opportunities, and social mobility. People from lower socioeconomic backgrounds often experience higher levels of stress due to financial instability, limited access to healthcare, poor educational opportunities, and unstable employment conditions. These stressors have been shown to contribute to the development of various mental health conditions, including anxiety, depression, substance abuse, and more severe psychological disorders.

At the biological level, the chronic stress associated with low SES can affect the brain's structure and function, impairing an individual's ability to cope with stress and increasing vulnerability to mental health problems. Research has shown that living in poverty can alter brain development in children, affecting cognitive and emotional functioning. Moreover, individuals from lower SES backgrounds are less likely to seek mental health care due to the cost of treatment, stigma, and lack of access to mental health services in their communities. This lack of access compounds the mental health disparities, leaving vulnerable populations without the necessary support and treatment they need.

Additionally, the social determinants of health, which include factors like access to healthy food, housing, and education, are often skewed in favor of wealthier individuals, further exacerbating the mental health gap. People in higher SES brackets are more likely to live in environments that promote mental wellness, with access to resources such as mental health professionals, safe spaces, and community support networks. They also have the financial means to afford treatments and therapies that could mitigate the impacts of mental health challenges.

The conditions of one's habitation, or the environment in which a person lives, are equally critical in determining mental health outcomes. Housing is a fundamental determinant of well-being, and poor living conditions such as overcrowding, exposure to pollution, inadequate sanitation, or lack of green spaces can contribute significantly to mental health problems. Living in areas with high levels of violence or crime, for example, is linked to increased rates of post-traumatic stress disorder (PTSD), anxiety, and depression.

For individuals living in marginalized or disadvantaged neighborhoods, the constant exposure to environmental stressors—such as noise, pollution, and crime can result in chronic stress, which over time can wear down an individual's resilience and coping mechanisms. This is especially true for children who grow up in such environments, as early childhood experiences are critical for emotional and cognitive development. In addition, the stigma associated with living in disadvantaged areas can contribute to feelings of social exclusion, low self-esteem, and isolation, all of which negatively impact mental health.

Urbanization, another aspect of habitation, also plays a significant role in mental health. While urban areas tend to provide more access to services and opportunities, they can also be associated with high levels of social fragmentation, noise, and pollution. On the other hand, rural areas, despite being quieter and less polluted, often face challenges such as social isolation, limited access to healthcare, and fewer job opportunities, which can have negative consequences for mental well-being.

The intersection between SES and habitation is crucial to understanding how these factors jointly influence mental health. People from lower socioeconomic backgrounds are more likely to live in disadvantaged areas with fewer resources and poorer living conditions, creating a feedback loop that compounds the negative effects on mental health. Poverty and poor habitation are inextricably linked, as individuals in low-income neighborhoods often struggle to access safe housing, clean environments, or community support networks.

This intersection highlights the need for policies and interventions that not only focus on improving mental health services but also address the broader social determinants of health.

Addressing mental health disparities requires a holistic approach that takes into account the intricate relationship between socioeconomic status, environmental conditions, and individual well-being. Policymakers and mental health professionals must collaborate to create interventions that not only provide access to mental health care but also work to improve the living conditions and economic stability of disadvantaged communities. By doing so, we can break the cycle of poverty and poor mental health, ultimately promoting a more equitable society.

Review of Literature

A study by Shonkoff et al.¹⁰ (2012) explores the link between socioeconomic status (SES) and mental health outcomes, particularly focusing on childhood adversity. The research highlights that children from lower SES backgrounds are more likely to experience stressful environmental conditions such as violence, neglect, and inadequate housing. These early adversities significantly increase the risk of mental health issues, including depression and anxiety, later in life. The authors argue for early interventions that address the root causes of these disparities, including poverty, housing instability, and lack of access to healthcare. Marmot⁸ (2005) provided a comprehensive review of how social determinants, including income, education, and housing, affect mental health. Marmot's research emphasizes the strong relationship between lower SES and higher rates of mental health disorders, with an explicit focus on the psychological stress caused by inadequate living conditions. The review stresses that poor housing and limited social mobility contribute to a "stress cascade" that adversely impacts mental well-being. Diez Roux et al.¹ (2001) conducted a review on the impact of neighborhood environments on mental health, focusing on factors like crime, environmental pollution, and availability of green spaces. Their findings indicate that individuals living in high-crime or polluted neighborhoods report higher levels of stress, anxiety, and depression. The review underscores the importance of creating safer and more supportive neighborhoods as a way to mitigate mental health disparities in urban settings. In a systematic review, Evans² (2003) examined how housing quality affects mental health. Evans finds that poor housing conditions such as overcrowding, exposure to environmental hazards, and lack of amenities—are strongly associated with mental health problems like depression, anxiety, and stress. The research suggests that improving housing quality is crucial for improving mental health outcomes, particularly for those from lower-income backgrounds. Hammen⁴ (2005) reviewed the relationship between poverty, stress, and mental health, noting that individuals from low-income families are more vulnerable to stressors such as financial insecurity, housing instability, and unemployment. These stressors contribute significantly to mental health issues such as depression and anxiety. Hammen's review highlights that social support networks and community cohesion can serve as protective factors against the mental health effects of poverty. A comparative study by Lynch et al.⁷ (2015) investigated how urban and rural living environments affect mental health, with a focus on socioeconomic disparities. Their research reveals that while urban areas offer better access to mental health services, they also pose challenges such as noise pollution, overcrowding, and social fragmentation, which contribute to mental health problems. In contrast, rural areas, while offering more tranquility, often suffer from social isolation and limited access to mental health resources, particularly for individuals from low SES backgrounds. Patel et al.⁹ (2007) explored the global burden of mental health disorders, emphasizing the disproportionate impact of mental illness on individuals from low SES backgrounds. The authors identify the interplay between socioeconomic factors such as income inequality, poor housing, and limited education in contributing to mental health disparities. Their research calls for policies that address both the economic and psychological needs of vulnerable populations. Kawachi et al.⁵ (1999) reviewed the role of neighborhood social cohesion in protecting mental health in disadvantaged areas. Their findings suggest that communities with high levels of social trust and mutual support experience lower rates of mental health issues, even in the face of socioeconomic adversity. They argue that fostering social cohesion can mitigate the negative mental

health effects of living in low-SES neighborhoods. Kushel et al.⁶ (2006) focused on the connection between housing instability and mental health outcomes. The review underscores that individuals who face housing instability—such as eviction, overcrowding, or homelessness—are at a significantly higher risk for developing mental health disorders. These individuals often face barriers to accessing mental health care, exacerbating their psychological distress. The study highlights the need for integrated housing and mental health services. Wilkinson & Pickett¹¹ (2006) conducted a meta-analysis on the effects of income inequality on mental health across different societies. Their findings show that countries with higher income inequality tend to have worse overall mental health outcomes, particularly in terms of depression and anxiety. The authors argue that reducing income inequality and improving access to basic resources, including housing and healthcare, would have a significant impact on improving mental health outcomes. A study by Gonzalez et al.³ (2011) reviewed the barriers to accessing mental health services in low-income areas. The research identifies several key barriers, including financial constraints, lack of health insurance, and stigma surrounding mental illness. Additionally, the authors discuss potential interventions to address these barriers, such as community-based mental health programs and policy reforms aimed at improving access to affordable healthcare.

The reviewed literature consistently points to the intricate relationship between socioeconomic status, living conditions, and mental health. It is clear that individuals in lower SES brackets and poor living environments are more likely to experience mental health challenges. These challenges are compounded by limited access to resources, social isolation, and a lack of supportive communities. As such, addressing mental health disparities requires multifaceted approaches, including improving living conditions, providing better access to healthcare, and reducing social inequalities. By understanding and addressing the connections between SES, habitation, and mental health, policymakers can develop more effective interventions that foster mental well-being across all social strata.

Objectives

The study intends

- i. to examine the influence of SES on mental health.
- ii. to examine the influence of inhabitation on mental health.

Hypothesis

H₁ Socio-economic status would have significant influence on mental health.

H₂ Urban-rural inhabitation would have significant influence on mental health.

Method of Study

Sample Used

The sample comprised of 150 male school children respondents selected from among student population of Patna district using incidental-cum-purposive sampling technique. The subjects were proportionally selected to represent high (N = 50), middle (N = 50) and low (N = 50) SES groups. Further, they were selected equally from urban (N = 75) and rural (N = 75) settings. Other than the conditions required they were matched so far as practicable.

Design

Between group design was used.

Tools Used

- i. A PDS was used to seek the necessary information about the respondents.
- ii. Socio-Economic Status Scale by R.L. Bhardwaj was used to measure SES/ class of the respondents.
- iii. Mithila Mental Health Status Inventory (MMHSI) by Kumar and Thakur was used to measure mental health of the respondents.

Results

Table 01: Mean, SD and t-value showing influence of SES on mental health amongst respondents

SES	N	Mental Health		t-value	df	P
		Mean	SD			
High (a)	50	168.45	5.44	$t_{ab} = 6.60$	98	<.01
Middle (b)	50	176.11	6.12	$t_{bc} = 11.17$	98	<.01
Low (c)	50	190.35	5.93	$t_{ac} = 19.21$	98	<.01

It is clear from the result table that SES has significant influence on mental health. The mental health of respondents belonging to high SES group (Mean = 168.45) was found superior to the respondents of middle SES group (Mean = 176.11) and t-value obtained was found significant ($t_{ab} = 6.60$; $df = 98$; $p < .01$) Further respondents of middle SES group (Mean = 176.11) was found superior to the respondents of low SES group (Mean = 190.35) and t-value was found significant ($t_{bc} = 11.17$; $df = 98$; $p < .01$) Finally, the respondents belonging to high SES group (Mean = 168.45) was found superior to the respondents of low SES group (Mean = 190.35) and t-value was found significant ($t = 19.21$; $df = 98$; $p < .01$) Thus, hypothesis no. (01) was accepted.

Interpretation: Children belonging to high socio-economic status (SES) groups manifest comparatively sound mental health because they generally have greater access to resources that support psychological well-being. High SES families can provide quality education, nutritious food, safe living environments, and timely healthcare, which reduce stress and promote resilience. Moreover, these children often receive enriched socialization opportunities, extracurricular engagement, and parental support, which enhance self-esteem and coping skills. In contrast, middle and low SES groups may face financial constraints, social stressors, and limited access to developmental resources, increasing vulnerability to stress, anxiety, and poor adjustment factors that negatively affect mental health.

Table 02: Mean, SD and t-value showing influence of inhabitation on mental health amongst respondents

Inhabitation	N	Mental Health		t-value	df	P
		Mean	SD			
Urban	75	170.82	6.42	14.20	148	<.01
Rural	75	185.16	5.96			

The results displayed by table-02 clearly revealed that urban respondents (Mean = 170.82) excelled over rural respondents (Mean = 185.16) in terms of mental health and t-value was found significant ($t = 14.20$; $df = 148$; $p < .01$) This hypothesis no. (02) was accepted.

Interpretation: Children belonging to urban inhabitation groups manifest comparatively sound mental health because urban settings generally provide greater access to educational, healthcare, and recreational facilities that nurture overall development. Urban children are more likely to benefit from exposure to diverse social networks, modern infrastructure, and supportive community services, which enhance coping abilities and self-confidence. Opportunities for extracurricular activities, awareness programs, and professional counseling are also more readily available, helping them manage stress effectively. In contrast, rural children often face limited access to quality healthcare, educational resources, and psychological support, along with socio-economic constraints, which can contribute to poorer mental health outcomes.

CONCLUSIONS

- (i) High socio-economic status group of students excel in manifesting sound mental health over middle as well as low socio-economic status group.

- (ii) Urban inhabitation is conducive to sound mental health as compared to rural inhabitation. In other words, adolescents belonging to urban inhabitation manifest sound mental health as compared to adolescents belonging to rural inhabitation.

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