



BY ADRIANA RAMOS-YAMAMOTO

Californians and Mental Health: What We Know About Poverty and Race

As California works to improve access to behavioral health services (mental health and substance use), policymakers should keep in mind the various socioeconomic factors that can contribute to the development of mental health conditions for children, youth, and adults. Research suggests that low levels of household income and mental health conditions are related.¹ In addition, experiencing racism and discrimination negatively impacts mental health for multiple racial/ethnic groups, especially for children and adolescents.² Left unaddressed, chronic stress due to experiencing poverty and/or racism can affect a child’s development and can lead to behavioral problems.³

In California, nearly 1 in 6 adults experience mental illness and 1 in 25 experience a serious mental illness.⁴

Serious mental illness is more common among Californians with low incomes. In 2015 – the most recent year for which these data are available – about 1 in 11 adults with incomes below the federal poverty line (FPL) had a serious mental illness. The 2015 FPL was \$12,331 for a single person and \$24,036 for a family of four.

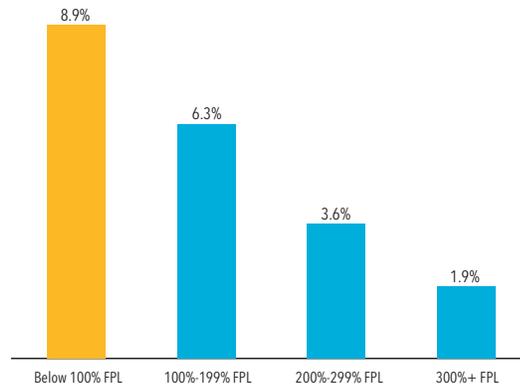
Native American adults experienced the highest rates of serious mental illness in 2015, followed by Black, multiracial, and Latinx adults. White, Pacific Islander, and Asian adults experienced lower rates of serious mental illness.

KEY TERMS

Mental illness is defined as a mental, behavioral, or emotional disorder that can vary in impact, ranging from no impairment to mild, moderate, and even severe impairment. **Serious mental illness** is defined as a mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities.⁵

Serious Mental Illness Is More Common Among Adults Living in Poverty

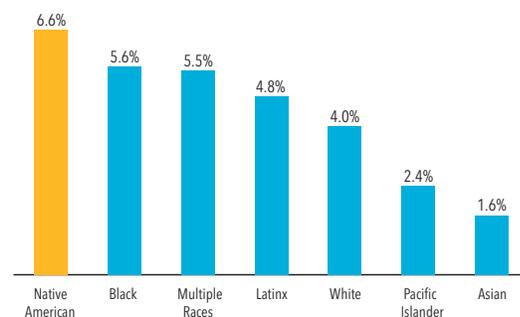
Serious Mental Illness Among Californians Age 18 and Older by Income, 2015



FPL = Federal Poverty Line
Source: Data provided by Charles Holzer and Hoang Nguyen

Serious Mental Illness Among Adults Is Highest for Native Americans

Serious Mental Illness Among Californians Age 18 and Older by Race/Ethnicity, 2015



Source: Data provided by Charles Holzer and Hoang Nguyen

Nearly 1 in 13 California children and youth experience a serious emotional disturbance.

Serious emotional disturbance is most common among children and youth in families with the lowest incomes. In 2015, an estimated 1 in 10 children and youth in families living in poverty experienced a serious emotional disturbance.

Black, Latinx, Native American, and Pacific Islander children experienced the highest rates of serious emotional disturbance (at or near 8%), while rates for multiracial, Asian, and white children were just under 7%.

KEY TERMS

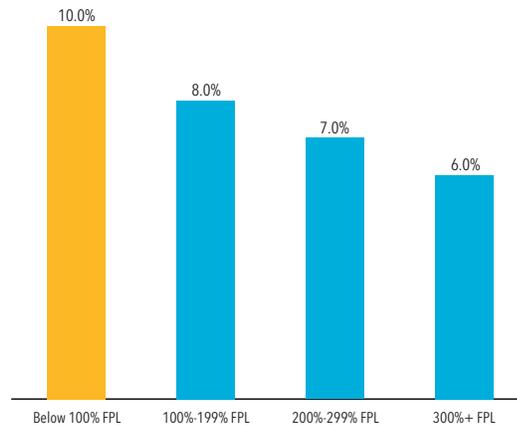
Serious emotional disturbance applies to children and youth age 17 and under who have, or during the past year have had, a diagnosable mental, behavioral, or emotional disorder resulting in functional impairment that substantially interferes with or limits functioning in family, school, or community activities.⁶

A greater understanding of the socioeconomic factors can help advance policies that address the racial discrimination and economic disparities many California families face and lead to improved behavioral health outcomes.

Support for this work is provided by the California Health Care Foundation.

Serious Emotional Disturbance Is Most Common Among Children and Youth in Families Living in Poverty

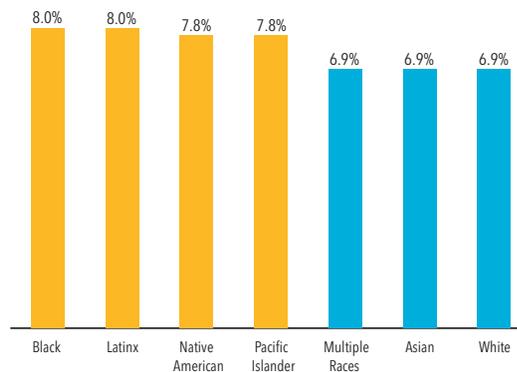
Serious Emotional Disturbance Among Californians Under Age 18 by Income, 2015



FPL = Federal Poverty Line
Source: Data provided by Charles Holzer and Hoang Nguyen

Serious Emotional Disturbance Is Highest for Black, Latinx Native American, and Pacific Islander Children and Youth

Serious Emotional Disturbance Among Californians Under Age 18 by Race/Ethnicity, 2015



Source: Data provided by Charles Holzer and Hoang Nguyen

This Fact Sheet is part of a series on mental health in California. More information can be found in our in-depth guide: *Mental Health in California: Understanding Prevalence, System Connections, Service Delivery, and Funding*. Learn more at calbudgetcenter.org.

¹ Jitender Sareen, et al., "Relationship Between Household Income and Mental Disorders," *Archives of General Psychiatry* 68 (April 2011), pp. 419-427.

² Anissa I. Vines, Julia B. Ward, and Kristin Z. Black, "Perceived Racial/Ethnic Discrimination and Mental Health: a Review and Future Directions for Social Epidemiology," *Current Epidemiology Reports* 4 (June 2017), pp. 156-165. See also, Aprile D. Benner et al., "Racial/Ethnic Discrimination and Well-Being During Adolescence: A Meta-Analytic Review," *American Psychologist* 73 (2018), pp. 855-883.

³ Harvard University Center on the Developing Child, *ACEs and Toxic Stress* (n.d.). See also American Academy of Pediatrics, *American Academy of Pediatrics Recommends Pediatricians Screen for Poverty at Check-ups and Help Eliminate its Toxic Health Effects* (March 9, 2016).

⁴ The prevalence estimates for mental illness and serious emotional disturbance were developed by Dr. Charles Holzer and Dr. Hoang Nguyen using a sociodemographic risk model. For a description of the methodology used to develop these estimates, see page 53 in *Mental Health in California: For Too Many, Care Not There*.

⁵ National Institute of Mental Health, *Mental Illness* (February 2019).

⁶ Substance Abuse and Mental Health Services Administration, *DSM-5 Changes: Implications for Child Serious Emotional Disturbance* (June 2016).