



## Article

# Mental health problems among economically disadvantaged adolescents in an increasingly unequal society: A Swedish study using repeated cross-sectional data from 1995 to 2011

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## ABSTRACT

Increasing inequality in many societies highlights the importance of paying attention to differences in mental health between the economically disadvantaged adolescents and the non-disadvantaged adolescents. Also important is to understand how changing inequality in society over time influences adolescents' mental health at the population- and individual-level. The current study examined to what extent increased societal-level income inequality over time, individual-level experiences of economic disadvantage and the cross-level interaction between the two explained Swedish adolescents' mental health problems from 1995 to 2011. We used repeated cross-sectional data collected 6 times between 1995 and 2011 in Sweden. Each time, approximately 2500 students in grade 9 completed a questionnaire during the spring semester. The adolescents provided self-report data on the frequency of their experiences of unaffordability of daily leisure activities (concert, movie, sports, and dance). They also reported their psychosomatic symptoms, which was used as a measure of mental health problems. We used the household equalised disposable income Gini coefficient as an indicator of societal income inequality. A real gross domestic product (GDP) per capita was controlled for in order to rule out potential effects of economic growth in the society over time. Multilevel regression analyses were conducted in which students were nested in years of investigations. Adolescents who experienced unaffordability of daily leisure activities reported more mental health problems. Societal income inequality was not directly associated with the adolescents' mental health. However, among girls the effects of experiences of unaffordability on mental health were stronger for all but one (sports) activities, and among boys for one activity (sports) when societal-level inequality was greater. Individual-level economic disadvantage are detrimental for adolescents' mental health, both directly and interactively with societal-level economic inequality. Some suggestions for practice and future studies are made for mental health among adolescents in societies where increasing inequality is observed.

## 1. Background

Mental health problems have increased according to both self-reports and clinical observations (Bor, Dean, Najman, & Hayatbakhsh, 2014; Collishaw, 2015). Adolescents' mental health problems accompany a myriad of negative consequences both in the short and long run, and affect both individuals and the society overall (van Geelen & Hagquist, 2016; Eckersley, 2008; Mojtabai et al., 2015). Consequently, understanding adolescents' mental health problems has become an important challenge.

Two perpetual concerns are the difference in mental health problems between economically disadvantaged adolescents (hereafter, disadvantaged adolescents) and non-disadvantaged adolescents given numerous additional burdens that disadvantaged adolescents have to

contend within their daily lives as well as a widening mental health gap during adolescence continuing through adulthood (Due et al., 2011; Moor et al., 2015). Also the increasing income inequality in many societies over the past few decades leaves an imminent question about its potential impact on adolescents' mental health directly and in interaction with individual economic status. Responding to these questions would provide useful information for identifying groups in need of support as well as for evaluating how successful societal efforts to address this issue have been (Moor et al., 2015). There is however a lack of studies that contribute to uncovering how adolescents' mental health problems are influenced by individual-level economic disadvantage (Currie et al., 2008; Moor et al., 2015), societal-level economic inequality (Collishaw, 2015), and their interaction (McLaughlin, Costello, Leblanc, Sampson, & Kessler, 2012; Subramanian & Kawachi, 2004).

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The current study aimed to examine the effects of societal-level income inequality and individual-level experience of economic disadvantage on mental health problems among adolescents. Special attention was also given to a cross-level interaction, i.e., potential variations in the effects of individual-level experience of economic disadvantage on mental health problems according to changing societal-level income inequality over time. We used repeated cross-sectional data collected 6 times from 1995 to 2011 in Sweden during which time period the overall income inequality in the society increased (Atkinson & Morelli, 2014).

### 1.1. Mental health problems among economically disadvantaged vs. non-disadvantaged adolescents

Disadvantaged adolescents often report more mental health problems than their non-disadvantaged peers. Economic disadvantage has both direct and indirect effects on mental health (Dashiff, DiMicco, Myers, & Sheppard, 2009; Reiss, 2013; Yoshikawa, Aber, & Beardslee, 2012). First, disadvantaged adolescents lack the resources necessary to meet their needs. The stress and frustration that derive from such an economic strain may cause mental health problems (Hagquist, 1998). Also, they usually do not have sufficient access to benefits for favorable health (Sweet, 2011). Second, as the theory of relative deprivation suggests, it is important how disadvantaged adolescents perceive their situation relative to others (Adjaye-Gbewonyo & Kawachi, 2012). That is, it may be consequential for one's mental health to be unable to afford goods or activities that are considered to be affordable to most (Sweet, 2011). This may be particularly true for adolescents, given their strong tendency to value and conform to peer norms (Berndt, 1979). The consequences of having a disadvantaged position may thus influence adolescents' mental health by negatively affecting their social-self (e.g., self-worth and self-esteem) (Mossakowski, 2015; Wilkinson & Pickett, 2009).

Empirical evidence to support these claims is relatively well-established in the literature (e.g., Hagquist, 1998; Bremberg, 2011; Denny et al., 2016; Torikka et al., 2014; Östberg, Alfvén, & Hjern, 2006). These studies cover various aspects of the subject matter in terms of, for example, the country under investigation, the various ways to measure adolescents' economic disadvantage (e.g., objective measures of socioeconomic status/position or actual experiences of financial strains; parent-report or adolescent self-report), the outcome of interest (e.g., depression/anxiety, health complaints, and psychosomatic problems). A common conclusion from these empirical studies conducted in varying conditions is that economically disadvantaged adolescents generally report more mental health problems than non-disadvantaged adolescents do.

### 1.2. Mental health problems among adolescents living in a more equal society vs. a less equal society

Societal-level income equality also matters for adolescents' mental health problems. A key hypothesis is that people living in more equal societies report better mental health than people living in less equal societies. This may be explained by the eroded social cohesion and solidarity and increased individualism and materialism in less equal societies; in these societies, social comparison may have increasing implications for people's mental health (Aneshensel & Sucoff, 1996; Eckersley, 2006; Marmot & Wilkinson, 2001; Wilkinson, 1997; Wilkinson & Pickett, 2009). Social comparison matters for all individuals, not only for those who are on the lower end of the social strata; regardless of where they are located on the social strata, people tend to compare themselves to those who are in a higher strata than themselves (Runciman, 1966; Veblen, 1899). Also, more unequal societies are characterized by higher rates of violence and crimes and lower levels of social trust (Elgar, 2010; Walberg, McKee, Shkolnikov, Chenet, & Leon, 1998; Wilkinson & Pickett, 2009), creating social

environments that may contribute to mental health problems for all members of the society (Kawachi, Kennedy, & Wilkinson, 1999; Yoshikawa et al., 2012). Therefore, at a population level, people living in more unequal societies may experience less favorable mental health than people living in more equal societies.

In one of the most seminal works on the subject of societal-level inequality, Wilkinson and Pickett (2009) compared countries with different levels of inequality and observed that more equal societies had more favorable mental health than less equal societies. Although still at its initial stage, empirical evidence on this topic obtained from adolescent samples are increasingly available in the literature, both for physical health (Torsheim, Currie, Boyce, & Samdal, 2006) and, more recently, for mental health (Elgar et al., 2015; Holstein et al., 2009; McLaughlin et al., 2012; Ottová-Jordan et al., 2015). Regarding mental health, all but one study were based on data from the international Health Behaviours in School-aged Children (HBSC) study. These studies compared adolescents' mental health among different countries with different levels of societal income inequality. The results showed that students living in countries with higher income inequality reported higher levels of mental health problems than those living in countries with lower income inequality (Elgar et al., 2015; Holstein et al., 2009; Ottová-Jordan et al., 2015). One exception is a study conducted in the U.S. that compared different communities within the U.S. and did not reveal a relation between income inequality and mental disorders in adolescents (McLaughlin et al., 2012).

Overall, most of the currently available evidence indicates that more equal societies are home to adolescents with more favorable mental health than more unequal societies. Given the increasing inequality over time in many parts of the world (OECD, 2011), this raises concerns that adolescents may be experiencing increasingly less favorable mental health. However, the currently available evidence based on comparisons of different societies at a single point in time does not provide sufficient evidence to evaluate the validity of this concern. While a few exceptional studies (e.g., Walberg et al., 1998; Wilkinson, 1992) empirically connected the changes in societal-level income inequality over time to the corresponding changes in population health, those studies concern life expectancy among the entire adult population, leaving the specific issue of adolescent mental health problems yet unexplored. The present study responds to that research gap.

### 1.3. Interactions between individual economic disadvantage and inequality in the society

The explanations of the effects of individual-level economic disadvantage and of societal-level income inequality on mental health problems have a convergent point: social comparison. This convergent point indicates that an interaction is likely to exist between individual-level economic disadvantage and societal-level income inequality. Specifically, if social comparison is one operating mechanism leading to worse mental health, such an effect would be stronger where the gap between the advantaged and the disadvantaged is wider (i.e., in a more unequal society).

Two lines of evidence indirectly support this hypothesis. First, some studies reported an interaction between individuals' disadvantaged position and the larger societal economic context in which those individuals were situated. Denny et al. (2016) reported that students living in poverty experienced more depression when they lived in more affluent areas than when they lived in less affluent areas. Also, Elgar et al. (2015) provided the most direct support for an interaction, showing that country-level income inequality explained the difference in adolescent mental health between the disadvantaged and the advantaged across 34 countries.

The second line of proximal evidence concerns observations of an increasing gap over time in mental health problems between disadvantaged adolescents and non-disadvantaged adolescents. These studies focused on the interaction between time and individual-level

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