

# Mental Healthcare Resources to Prevent Weathering in Low-Income Racial Minority Groups

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## ABSTRACT

This paper explores the compounding challenges faced by racial minority communities, particularly Black and Hispanic/Latinx individuals, in accessing mental health resources in the U.S., focusing on those in low-income neighborhoods. The findings underscore the effects of systemic racism, economic disparity, and educational inequalities on these populations, exacerbating mental and physical health outcomes. A critical phenomenon known as "weathering" is highlighted, describing the physical manifestations of chronic stress linked to racism and systemic inequalities, leading to severe health complications and shorter life expectancy. The paper contends that while genetics can play a role in health outcomes, the extent of disparities between racial minorities and their white counterparts is too pronounced to be attributed solely to biological factors. Instead, societal structures, stressors, and limited access to vital mental health resources play pivotal roles. By emphasizing the vital roles of urban planners and policymakers, this research advocates for a cohesive strategy to prioritize mental health infrastructure in low-income areas, promoting overall well-being. By addressing the intricate interplay of systemic racism, poverty, and health, solutions can be forged to ameliorate the adverse impacts of weathering and advance health equity.

## **Introduction**

Unequal access to healthcare and mental health resources is a widespread issue faced by many diverse communities in the United States. Research shows that racial minority communities have experienced these inequalities more frequently, specifically Black, and Hispanic/Latinx people (Casanova-Perez, et. al, 2022). Within this scope, those living in poverty or low-income households are at a higher disadvantage regarding disparities in the healthcare system (Cohen, 2017). Access to mental health resources is severely limited in impoverished neighborhoods with high immigrant populations and large numbers of racial minorities (Cohen, 2017). Low-income racial minorities in the United States are statistically prone to higher exposure to chronic stress due to racism and inequalities in the justice system. The increased likelihood of experiencing these inequalities can make it very challenging for low-income and racial minority groups to trust the justice system and have confidence that they will be provided for and treated equally. Considering the high levels of stress and the lack of adequate mental health care resources, individuals from racial minority groups are often subject to a process called weathering (Davies 2023). Weathering is the physiological impact of chronic stress and can manifest in individuals as diseases, miscarriages, and lower life expectancy rates. Study shows that racial minorities in the United States do not have to be directly targeted or discriminated against to suffer from racism; the chronic mental stress alone can fatally "weather" an individual's body, causing a higher risk of experiencing life-threatening health outcomes (Sandoiu, 2021).

## **The Intersection of Systemic Racism and Mental Health Disparities in Low-Income Communities**

To dismantle the issue of weathering, several topics will need to be addressed: systemic racism, mental health care accessibility, health equity, and the justice system. A step to addressing institutional racism is making mental health resources readily available, specifically in low-income neighborhoods. Studies show that Black and Hispanic people are significantly more likely to live in high-poverty areas (where mental health resources are scarce) (NLIHC, 2020). Being a racial minority in the United States has many obstacles and challenges, and living in poverty amplifies the difficulties exponentially. Increasing mental health resources in these areas is crucial to prevent mental and physical stress and improve health outcomes. Individuals and families in low-income neighborhoods face extensive difficulties when it comes to accessing treatment for mental illness. Frequently, resources are incredibly scarce, making them immensely difficult or nearly impossible to access. In addition, many face struggles with consistency and reliable treatment plans (Hodgkinson, et. al, 2017). On top of this, language barriers and systemic racism cause further complications in the healthcare system due to complications regarding communication with healthcare professionals and racial bias or prejudice.

Many of these complications can be avoided if policymakers and urban planners place higher importance on mental health resources. If low-income communities have more mental health care options in close vicinity, accessibility and awareness can be greatly improved among the local population. This issue is widespread throughout the U.S. and deserves immediate attention and action. By reducing the inequities experienced by racial minorities, the country can slowly move toward equality. Taking smaller steps is critical to dismantling systemic racism in healthcare and other industries.

### Barriers to Socioeconomic Mobility for People of Color in the U.S.

As mentioned, people of color are statistically much more likely to live in high-poverty or low-income neighborhoods (NLIHC, 2020). Not only is an individual four to six times more likely to be born into poverty if they are Black or Hispanic, but it is exponentially more challenging for people of color to move up the income ladder (Reeves & Guyot, 2018). They face various obstacles, challenges, and setbacks on many levels. Firstly, educational inequalities are highly prevalent in the U.S., primarily impacting Black Americans. Educational discrimination has existed in the United States as long as schools have been invented– it is just presented and applied differently today than it was in earlier centuries. Part of the reason why some of these discriminatory issues are so deeply rooted and difficult to dismantle is because they date back to colonial times, the origins of the country. Although segregation in schools was eliminated in the Supreme Court case “Brown vs Board of Education” (History.com editors, 2023), educational inequalities still exist. Schools in areas/neighborhoods with high Black populations often get much fewer instructional resources compared to other schools. In addition, within schools, low-income students often have less access to sufficient books and educational materials (Darling-Hammond, 1998). Combinations of these inequalities make it significantly more difficult for low-income people of color to access higher education. In addition, a large portion of people of color (POC) in the U.S. are immigrants. Immigrants often face difficulties in obtaining jobs due to language barriers and distrust of foreign degrees because many employers in the U.S. are skeptical about the legitimacy and quality of degrees gained from unfamiliar education systems (Maurer, 2020). These obstacles place racial minorities at a disadvantage in the U.S. and increase their chances of being born into and staying in highly impoverished neighborhoods.

### Mental Health Access Disparities in Low-Income and Marginalized Communities

In addition to insufficient education, inadequate healthcare facilities, and the lack of basic amenities such as internet and stable housing, people in low-income areas often do not have access to mental healthcare treatment due to the distance, price, and quality of the limited available facilities. Research has shown that people living in impoverished neighborhoods often report that they are unable to access mental health care treatment because facilities are too far away (Hodgkinson, et. al, 2017). Those who are able to travel longer distances have trouble maintaining a treatment or program. Out of all children living in poverty, less than 15% of those in need can access mental health resources (Hodgkinson, et. al, 2017). Low-income neighborhoods are also significantly less likely to have Wi-Fi coverage and internet access, limiting access to online mental health support such as crisis lines. In addition, rural neighborhoods with limited mental health care resources have suicide rates that are, on average, twice as high as urban neighborhoods (RHI Hub, 2022). Studies have also shown that Black and

Hispanic children are less likely to utilize available mental health care resources than White children, even after controlling for income and other factors (Hodgkinson, et. al, 2017), demonstrating that discrimination and bias contribute to these inequalities. Access to mental health resources is crucial as studies have shown that the availability and utilization of mental health treatment can significantly improve mental health outcomes—psychotherapy alone has a 75% success rate (APA, 2012).

## **Impact of Chronic Stress and Mental Health Disparities in Minority Communities**

Any area that lacks accessible mental health care resources needs urgent attention and action. However, low-income racial minority neighborhoods are specifically at a higher risk than other rural neighborhoods due to a phenomenon called weathering. Weathering is a process where chronic stress impacts the body physically— it can manifest in many life-threatening forms, such as diseases, high miscarriage rates, and low life expectancy (Davies, 2023). Being a racial minority in the United States and living in poverty are two of the most significant stressors that can cause weathering (Davies, 2023). In addition, people of this demographic are the people who have the least access to mental health care. Being prone to stress while living without reliable mental health care resources such as therapy means that people in these areas are most likely to suffer from the impacts of weathering and go without mental or physical health treatment. The phenomenon of weathering shows that individuals do not need to be direct victims of targeted discrimination to be negatively impacted by it; belonging to a group that is often targeted with hate crimes, oppressed, or discriminated against is stressful enough to have extensive physical and mental impacts (Sandoiu, 2021). For example, the murder of George Floyd and the BLM movement can be used to show that periods of heightened racism and police brutality can negatively impact the physical health of African Americans (Sandoiu, 2021). Findings from this study suggest that weathering can only be eliminated once systemic racism, discrimination, poverty, and many other social issues are addressed. The impacts of weathering can be reduced by increasing the availability of mental health treatment— starting with neighborhoods that need it the most. Increasing mental health care resources is a preventative solution to weathering that addresses the issues of poor mental and physical health.

It is important to note that while genetics play a role in health, scientific evidence indicates that genetics does not explain weathering. The extent of the disparities in health outcomes between POC and white people in the U.S. are too extreme to be explained by inherited biological factors (Davies, 2023). Doctors have concluded that chronic stress can have extensive impacts on the body— tension in muscles, complications in oxygen flow, inflammation in the circulatory system, and much more (APA, 2023). Therefore, it is logical that groups who live in stress inducing circumstances and environments are more likely to suffer from the physical impacts of chronic stress and repeated acute stress.

## **Strategizing Urban Development to Address Mental Health Needs in Minority Communities**

It is evident that racial minorities— specifically Black and Hispanic individuals— who live in low-income or impoverished neighborhoods have the least access to mental health care resources. However, due to impacts such as weathering, these groups are significantly more likely to need these resources to prevent negative impacts on their physical and mental health. Urban planners and policymakers have the capacity to address these issues. Past research has shown that urban planners can have a high impact on community mental health— not just through the institution of mental health care facilities, but the development of other spaces which can also have positive impacts on mental well-being (greenspaces, good exercise facilities, safety, available transport, etc.) (UDMH, n.d.). Since urban planners can have such a vast impact on community health, it is extremely important for them to focus on these low-income areas and place a higher importance on developing mental health resources. In addition, policymakers should also focus on the depth of these issues, and consider how racism, poverty, and physical/mental health are all related rather than considering them as separate social issues. If urban planners and policymakers work together to take steps towards solving this prevalent, deeply rooted problem, the negative impacts of weathering can be significantly reduced for Black and Hispanic individuals living in poverty and improve both mental and physical health for those living in these areas.

### **Conclusion**

In synthesizing the evidence and findings presented in this study, it is abundantly clear that systemic inequalities, particularly those stemming from racial and economic disparities, have profound implications for the health and well-being of marginalized communities in the United States. The alarming phenomenon of weathering, which epitomizes the physical toll of chronic stress on individuals, serves as a poignant testament to the urgent need for societal change. Reducing the incidence and impacts of weathering necessitates a multi-pronged approach. Prioritizing mental health access in impoverished neighborhoods is crucial, but addressing the root causes—systemic racism, educational disparities, economic inequities, and more—will be paramount for fostering true and lasting change. Urban planners and policymakers possess a profound capacity to reshape the landscape of health and well-being, especially in vulnerable communities. We can pave a path towards a more equitable, healthy, and just society by championing comprehensive, holistic, and intersectional strategies that confront these deeply ingrained societal issues. The evidence is irrefutable; now is the time for action and advocacy, ensuring every individual, regardless of race or economic status, has the opportunity to lead a healthy and fulfilling life.

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### **References**

- Agerbo, E., Nordentoft, M., & Mortensen, P. B. (2001). Risk of suicide in relation to income level in people admitted to hospital with mental illness: Nested case-control study. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC26575/>
- American Psychiatric Association. (n.d.). Mental health disparities: Diverse populations. Accessed September 1, 2023, from <https://www.psychiatry.org/psychiatrists/diversity/education/mental-health-facts>
- American Psychological Association. (2023, March 8). Stress effects on the body. <https://www.apa.org/topics/stress/body>
- Casanova-Perez, R., Johnson-Agbakwu, C., Zhang, L., & DeFilippis, E. (2022). Broken down by bias: Healthcare biases experienced by BIPOC and LGBTQ+ patients. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8861755/>
- Cohen, D. (2017, May 19). Poor communities have fewer options for mental health care. *Psychiatric News*. <https://psychnews.psychiatryonline.org/doi/full/10.1176/appi.pn.2017.5a10>
- Darling-Hammond, L. (1998, March 1). Unequal opportunity: Race and education. Brookings. <https://www.brookings.edu/articles/unequal-opportunity-race-and-education/>
- Davies, D. (2023, March 28). How poverty and racism 'weather' the body, accelerating aging and disease. NPR. <https://www.npr.org/sections/health-shots/2023/03/28/1166404485/weathering-arline-geronimus-poverty-racism-stress-health>
- Geronimus, A. T. (2023, April 19). [Personal interview].
- History.com Editors. (2023, January 11). Brown v. Board of Education. History.com. <https://www.history.com/topics/black-history/brown-v-board-of-education-of-topeka>
- Hodgkinson, S., Godoy, L., Beers, L. S., & Lewin, A. (2017). Improving mental health access for low-income children and families in the primary care setting. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5192088/>
- Maurer, R. (2020, October 16). Removing employment barriers for immigrant workers. Society for Human Resource Management. <https://www.shrm.org/resourcesandtools/hr-topics/talent-acquisition/pages/removing-employment-barriers-immigrant-workers.aspx>
- NLIHC. (2020, June 8). Reports detail expansion of neighborhood poverty. <https://nlihc.org/resource/reports-detail-expansion-neighborhood-poverty>
- Reeves, R. V., & Guyot, K. (2018, March 22). The inheritance of black poverty: It's all about the men. Brookings. <https://www.brookings.edu/articles/the-inheritance-of-black-poverty-its-all-about-the-men/>
- Rural Health Information Hub (RHI Hub). (2022, May 9). Suicide in rural areas. <https://www.ruralhealthinfo.org/toolkits/suicide/1/rural>
- Sandoiu, A. (2021, February 26). 'Weathering': What are the health effects of stress and discrimination? *Medical News Today*. <https://www.medicalnewstoday.com/articles/weathering-what-are-the-health-effects-of-stress-and-discrimination>
- Urban Design/Mental Health. (n.d.). How urban design can impact mental health. Accessed September 1, 2023, from <https://www.urbandesignmentalhealth.com/how-urban-design-can-impact-mental-health.html>
- Zablotsky, B., & Terlizzi, E. P. (2020, September). Mental health treatment among children aged 5–17 years: United States, 2019. Centers for Disease Control and Prevention. <https://www.cdc.gov/nchs/products/databriefs/db381.htm>