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A Critical Review of Mental Health Inequalities from Socio-ecological Lens

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Abstract: This article critically evaluates the factors contributing to mental health inequalities through the lens of the social-ecological framework. By exploring interactions across individual, interpersonal, community, societal, and environmental levels, this research highlights how marginalized groups are disproportionately affected by mental health disparities. The study analyzes contemporary issues and trends, emphasizing the complex interplay among factors such as gender, race, socioeconomic status, interpersonal relationships, community cohesion, structural discrimination, cultural contexts, and environmental stressors. A case study examining the impact of the COVID-19 pandemic further demonstrates the significance of these interwoven factors. The study concludes by outlining implications for mental health research and practice, advocating for community-centered, culturally sensitive, strength-based approaches, and systemic transformations to dismantle underlying structures of inequality. Ultimately, the study aims to inform evidence-based interventions, policy changes, and equitable resource distribution, thus promoting both individual healing and broader social justice.

Keywords: Mental health inequalities, Social-ecological framework, Marginalized groups, Intersectionality, Systemic discrimination

1. Introduction

According to the World Health Organization [1], mental health can be defined as 'the capacity of individuals to successfully manage life's challenges, reach their potential, learn effectively and create, and thrive in their community'. However, various factors like gender [2], race [3], economic status [4], and social context [5] interact to explain mental health status and therefore create mental health disparities and needs that some marginalized groups experience more. For example, the mental health status, mental health service utilization, treatment, and attainment of good mental health vary within population groups [6]. Therefore, addressing these inequalities is important in creating a just and equitable world where all people can thrive.

It is crucial to understand and analyze mental health inequalities to inform mental health counseling practices and research facilities, which are beneficial for both individual healing and societal change. It is not surprising that people from low-income, socially and ethnically marginalized backgrounds are more likely to experience mental health challenges [7,8]. Therefore, identifying high-risk groups, developing targeted interventions for them through understanding what contributes to mental health inequalities [7,8] is important. Additionally, such research can also inform

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policymaking, improve mental health services, and promote equitable resource distribution [8]-10]. It also helps address the intergenerational impact of breaking the cycle of poverty and mental health problems and create better living conditions for future generations [8].

The purpose of this essay is to critically evaluate factors that explain mental health inequalities, issues, and trends in the present-day society focusing on the role of individuals in society relationships and assessing strengths and weaknesses of each approach together with their implementation. Understanding the root causes and patterns of mental health inequalities is essential for shaping inclusive and culturally competent mental health frameworks. This knowledge not only enhances the quality and accessibility of mental health services but also promotes social justice by ensuring that support systems are responsive to the unique needs of diverse communities. Furthermore, such research contributes to building resilient societies where every individual has the opportunity to achieve mental well-being, regardless of their background or circumstances.

2. Theoretical Framework

The social-ecological framework stresses the impact of multiple interlocking levels on well-being [11]. Specifically, they fall into five levels: individual level, such as race, ethnicity, gender identity and age; interpersonal level, such as relationships with family and friends; community level, such as schools, religious institutions and community spaces; societal level, including laws, policies, and cultural norms; and environmental level, such as natural environment and large-scale historical trends. With the social-ecological framework, the paper can assess mental health inequalities by looking at impacts of various levels on a person's mental health outcomes. The interplay across these factors is also worth investigating to get a holistic view of current issues of mental health inequalities.

2.1. Individual Level

Factors related to individual identities, such as gender, race, disability, or socioeconomic status and the intersection of different identities are all associated with mental health inequalities. Mental health outcomes manifest differently in different genders. For instance, women tend to suffer more from internalizing disorders such as anxiety and depression, while men tend to have externalizing mental health issues such as substance abuse and behavioral disorders [2,4,12,13]. With men, gender-based violence and social discrimination against women increase vulnerability to post-traumatic stress, anxiety, and depression [13]. These findings emphasize gender inequality as a societal issue and its link to mental health disparities.

Mental health inequalities are also related to socio-economic status (SES). SES can be defined as 'a composite measure of socio-economic factors such as income, education level and occupational status, and represents a profile of an individual or group's socio-economic position' [14]. There is evidence that low SES is associated with a greater prevalence of mental health problems. People with a low SES background tend to have psychiatric disorders like substance abuse disorders, behavioral disorders and ADHD [4,8,15], possibly due to barriers to accessing mental health services and economic stressors. Therefore, mental health researchers and advocates should examine the ways of building more available and more affordable mental health services for low SES population, such as community-based interventions.

Another contributor of mental health inequalities that has been studied more widely is race. Black Caribbeans, Black Africans and Black British are more likely to receive a diagnosis of serious mental illness than members of other racial minority groups [16]. However, this over-pathologization is a direct result of the systemic racism deeply rooted in society and historical discrimination against racially minority groups. These groups also have more frequent contact with law enforcement in the criminal justice system, which leads to higher rates of forced treatment and psychiatric

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hospitalizations [16,17]. Such repeated exposure to racism can cause long-term harm to racially minority individuals as research has shown a positive correlation between exposure to racism and psychological distress [16]. One solution to this is to improve cultural sensitivity and anti-racism awareness among mental health providers, healthcare workers, and law enforcement through implementing training programs addressing racism and cultural sensitivity.

2.2. Interpersonal Factors

Interpersonal factors, in addition to individual factors, play a role in creating mental health inequalities. The relationships individuals have, i.e., social networks, can serve to buffer the harmful effects on health arising from poor social circumstances or lack of social status [5]. In addition, parental support can serve as a protective factor against mental health risks and increase quality of life among transgender adolescents [18]. However, one's intersectional identities can alter the buffering effect of parental support, hence altering levels of mental health inequalities. For example, Abreu et al. [19] found that LGBTQ youth of color reported less parental support compared to their white counterparts, transgender and genderqueer participants reported less support than cisgender peers, causing mental health inequalities between white youth and youth of color. Additionally, parental support for Latinx LGBTQ youth had less impact on their depressive symptoms compared to non-Latinx youth [19]. These findings suggest that while social networks can be beneficial in buffering psychological stress, one's overall mental health outcomes still vary by race, ethnicity, gender, and sexual orientation. Therefore, practitioners must be sensitive to one's cultural backgrounds and use tailored evidence-based interventions when working with people with intersectional marginalized identities.

2.3. Community Level

At the community level, mental health inequalities are shaped by rural-urban disparities but can be improved by schools and workplaces. Riva et al. [20] argued that the overall mental health of rural residents may be better than that of urban residents, but mental health inequalities are more pronounced in rural areas. Problems such as limited employment opportunities and unequal resource distribution in underserved rural areas exacerbate these inequalities. However, strong community cohesion and social support from the community have positive effects on one's mental health [20]. So, organizations in rural areas can help improve community health by finding an opportunity to join local hospitals and mental health services, combining human resources, conducting health events, and offering training opportunities to educate community members.

2.4. Societal Level

At the societal level, institutional discrimination, cultural norms and public policy together may protect or harm the well-being of different populations. Khan [21] suggested that mental health inequalities are caused fundamentally by multifactorial discrimination. Multiple forms of discrimination based upon one's identity (race, gender, religion, sexual orientation, etc.) are defined as multifactorial discrimination. Together this discrimination can lead to mental health inequalities by increasing stressors, e.g., stressful life events, and decreasing protective factors, e.g., self-esteem and a sense of control [21]. For this reason, it is necessary to examine how one's multiple identities intersect and contribute to the creation of mental health inequalities. As Shim and Compton [22] also found, structural discrimination is a powerful source of negative mental health outcomes. Similarly, culture can influence mental health inequalities. For instance, in traditional Chinese culture, the continuity of bloodlines is emphasized, and this is a unique stressor for LGBTQ people living in China. Fulfillment of filial piety to parents and staying "mianzi" (reputation) can also induce an

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elevated level of internalized homophobia and minority stress [23]. But culture can also be a protective factor for mental health. Enhancing an individual's self-esteem and sense of belonging in a culture can provide mental health protection. For example, cultural activities and traditions help to build social support and psychological resilience [22]. Consequently, mental health researchers and practitioners must be critical and they should consider one's diverse cultural context when working with culturally diverse clients to address mental health inequalities, both from a risk and protective perspective.

2.5. Environmental Factors

Finally, broader environmental factors, like natural disasters, and historic events, also affect the inequalities in mental health. Studies show that the impact of climate-related events on mental health outcomes can be either direct [24] or indirect [25]. It has been shown that people living in low-income countries are easier to be affected by climate change, hence have a higher rate of psychological distress and mental health disorders like depression and anxiety [26]. Natural disasters, such as floods, fire, and extreme weather can cause trauma and other long-term mental health issues [27]. These environmental disasters can worsen socio-economic conditions, especially among vulnerable populations, such as poverty, unemployment, and housing instability, hence they indirectly increase mental health inequalities. As such, the government should offer institutional support to deal with these problems. Failure to act can increase feelings of helplessness and psychological distress and damage the psychological well-being of individuals [24]. For example, historical events, such as the economic recession and COVID-19, are notable examples of how environmental factors interact with others to influence mental health inequalities. Frasquilho et al. [28] argued that historical events have a profound impact on mental health inequalities, mainly through economic, social policy, cultural, and intergenerational transmission. These events have an effect that can be passed down the generations. They can often result in generational trauma, in addition to causing further mental health challenges for people living in affected communities [8]. Therefore, researchers should conduct empirical research on how various marginalized groups are affected by historical events, disasters, and sociopolitical events, like the COVID pandemic.

3. Case Study

A case of how marginalized groups were disproportionately impacted by COVID-19 will be examined, focusing on how various individual and social factors contribute to mental health inequalities through the lens of a socio-ecological framework. This framework will help us to understand not only how people from different social and cultural backgrounds experience the global pandemic in unique ways, but also how mental health inequalities manifest at multiple levels within society during such a stressful time [29].

The COVID-19 pandemic has disproportionately affected marginalized populations in the US, intensifying existing physical and mental health inequalities. According to the Louisiana Office of Public Health [30], 70% of deaths caused by the coronavirus were Black people, even though Black people only made up 32% of the state population. Marginalized groups, such as Blacks and Hispanics, experienced higher exposure to the virus as these individuals were more likely to be essential workers who worked on the frontlines such as grocery stores, public transportation, and hospital facilities [31], this means they were less likely to work at home or afford time off if they got sick due to their financial instability. A study that examined racial and ethnic disparities among essential workers during the pandemic showed that Black and Hispanic essential workers disproportionately report higher levels of psychological stress related to anxiety and depression [32]. In addition, pre-existing

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health conditions, along with the historical health disparities by race and SES, make marginalized groups more vulnerable to COVID-19 and mental health problems [33].

The research by Jaspal and Breakwell in 2022 [34] looked at how socio-economic differences affect mental health, loneliness, and social networks. It also gave a better understanding of how personal, social, and community factors interact during the COVID-19 pandemic. This study first shows that people with lower income and those with chronic health issues tend to have a weaker social network and more loneliness, which limits their capacity to cope with novel stresses associated with the pandemic. In addition, COVID 19 restrictions, which include mandatory stay-at-home orders and social distancing – have created heavy feelings of loneliness and isolation [35]. The second key finding of Jaspal and Breakwell [34] is the link between neighborhood identification – connection and sense of community within one's neighborhood – to health outcomes. While people with health and income disparities are less likely to participate in their community, a weaker sense of neighborhood identification is the result. For example, lack of social support at an interpersonal level further intensifies strong feelings of isolation experienced within the community, causing worse mental health outcomes. This study demonstrates that community-based interventions that promote community engagement and social networks are critical for addressing mental health inequities among those with low income and chronic health conditions.

COVID has helped fuel racism and violence against Asian communities around the world, raising concerns about the mental health of this population at a societal level. The study found that during post-pandemic time, Asians and Asian Americans living in the US suffered higher racial discrimination in the form of hate crimes, microaggressions, and vicarious discrimination. These negative experiences are associated with four mental and physical health outcomes: anxiety, depression, physical symptoms, and sleep difficulties [35,36].

4. Implications for Mental Health Research and Practices

While existing studies have discussed how individual, interpersonal, community, societal, and environmental factors affect mental health inequalities, there are areas that still need to be further explored.

First, there is a lack of research that explores the impact of these factors as a system. Most studies have focused on the impact of individual levels on mental health disparities while research on exploring community factors and the effectiveness of community-based interventions is scarce. Therefore, future research should focus on designing community-based interventions that remove community barriers to foster community resilience and systemic change.

Second, most studies focus on populations in developed countries such as US, Canada and European countries, while limited research has focused on developing or low-income countries where the mental health stigma is prevalent and access to mental health care is more challenging. Therefore, future studies should take an international lens and explore mental health inequalities in non-Western, low- and middle-income countries. This can help mental health researchers to practice new ways of engaging for the collective good and extending advocacy to global communities in the vision of a better world.

Third, most studies on mental health inequalities are cross-sectional. More longitudinal research needs to be conducted to examine how the interplay of different factors will affect mental health inequalities over time. For example, although some studies have taken an intersectionality approach in analyzing the mental health challenges faced by people with multiple marginalized identities, the life course approach, which emphasizes the long-lasting impact of early life events on one's mental health across life stages, is less commonly used by researchers. The life course approach emphasizes the diversity in individuals' lives over historical time, and from the perspective of development highlights the role of social psychological, and structural factors [37]. However, the life course

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approach is difficult to apply in empirical research because longitudinal follow-up data and a large number of variables involving multiple interactions must be handled. To study mental health inequalities, address underlying causes and instigate systemic change, researchers should combine a number of strategies, and critically assess the strengths and weaknesses of each.

Last but not least, the pathologization of mental health issues has dominated current studies, downplaying the social and cultural contexts of one's lived experiences. Practitioners and researchers should move away from a deficit-based mentality and instead focus on individual strengths and resilience. Future research should question the narrative of adversity of marginalized communities and adopt strength-based approaches to investigate how their social and cultural context can function as a protective factor to their well-being. These approaches focus on the strengths and potential of individuals and reduce stereotypes of marginalized groups, but their limitations need to be considered when applied. For example, in the universal strengths approach, insufficient attention to systemic marginalized identities or inequalities can lead to a lack of understanding of the needs of specific groups.

5. Conclusion

Nowadays, mental health inequalities are on the rise, affecting the quality of life and social participation of diverse groups. The social-ecological framework offers a way to understand the complexity of how layers of individual, interpersonal, social, and societal influences contribute to mental health inequalities. It shifts the public narrative about mental health from individual responsibilities to societal and environmental responsibilities.

Therefore, mental health researchers and practitioners play a significant role in addressing mental health inequalities. Researchers should delve into mental health issues in diverse cultural and social contexts to develop evidence-based and culturally responsive interventions. At the same time, practitioners should work to help individuals heal and advocate for collective social change, reducing institutional racism and building systems of support for them. Researchers must take an integrated approach that is community-centered, strength-based, and culturally sensitive to dismantle the systemic oppression that mental health inequalities are rooted in.

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