Economic Inequality and Mental Health: Systematic Review with ☸SAIMSARA.

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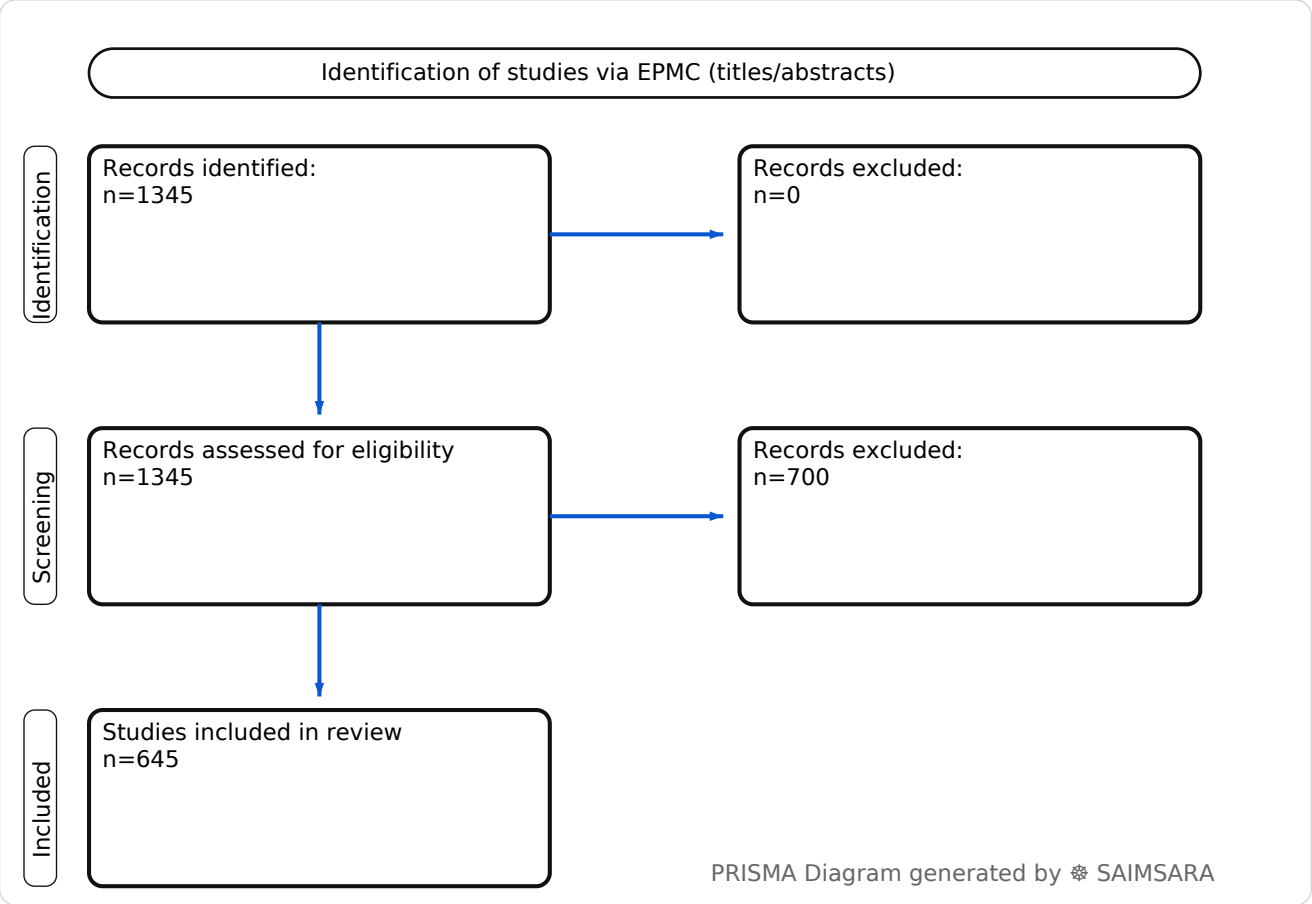

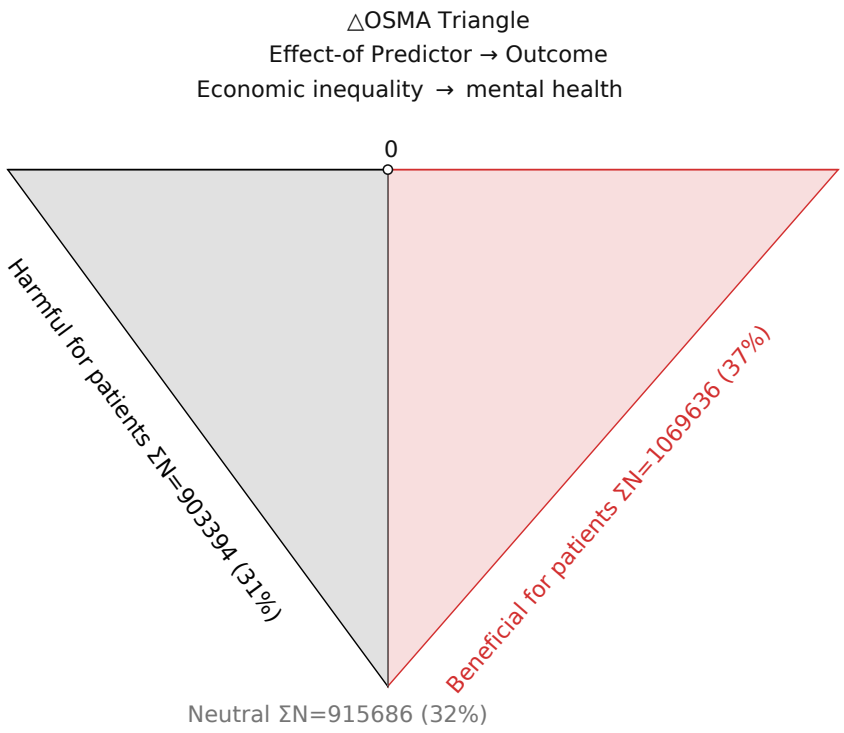

△OSMA Triangle generated by ☸SAIMSARA

Outcome-Sentiment Meta-Analysis (OSMA): *(LLM-only)*

Frame: Effect-of Predictor → Outcome • *Source*: Europe PMC

Outcome: mental health Typical timepoints: 2-y, 11-y. Reported metrics: %, CI, p.

Common endpoints: Common endpoints: qol, mortality, admission.

Predictor: Economic inequality — exposure/predictor. Typical comparator: vulnerable cisgender women, those with higher educational, the standard of care, those in less deprived areas….

- **1) Beneficial for patients** — mental health with Economic inequality — [9], [25], [29], [33], [44], [72], [82], [83], [85], [94], [116], [133], [147], [157], [159], [176], [179], [180], [181], [183], [184], [185], [186], [191], [192], [193], [194], [195], [196], [197], [214], [223], [243], [267], [268], [272], [275], [309], [330], [352], [362], [386], [398], [407], [421], [422], [429], [433], [442], [489], [492], [516], [538], [555], [567], [568], [571], [578], [585], [587], [589], [623], [634], [639], [642] — ΣN=1069636
- **2) Harmful for patients** — mental health with Economic inequality — [1], [2], [3], [4], [6], [10], [11], [12], [13], [14], [15], [16], [17], [18], [19], [23], [24], [28], [31], [32], [35], [36], [37], [38], [39], [41], [43], [46], [47], [48], [49], [50], [58], [59], [62], [65], [67], [70], [75], [77], [79], [86], [87], [88], [89], [92], [95], [96], [100], [103], [107], [109], [112], [113], [118], [121], [122], [131], [136], [141], [142], [146], [148],

[150], [154], [162], [169], [170], [171], [173], [174], [175], [188], [198], [205], [207], [213], [215], [216], [217], [219], [221], [227], [228], [229], [230], [231], [233], [234], [238], [239], [240], [241], [244], [245], [248], [249], [250], [252], [255], [257], [258], [259], [260], [261], [264], [265], [269], [270], [271], [273], [274], [277], [278], [281], [282], [283], [285], [286], [287], [288], [289], [290], [291], [292], [293], [294], [295], [296], [298], [299], [300], [306], [314], [315], [320], [321], [322], [323], [324], [325], [326], [327], [328], [331], [333], [334], [335], [336], [337], [338], [343], [345], [346], [348], [349], [350], [354], [357], [359], [360], [361], [364], [365], [366], [368], [370], [371], [372], [373], [374], [379], [383], [384], [387], [389], [391], [392], [393], [394], [397], [400], [405], [409], [414], [416], [423], [425], [426], [428], [431], [432], [434], [444], [445], [446], [448], [450], [458], [460], [461], [462], [466], [468], [475], [476], [478], [479], [480], [481], [482], [483], [484], [485], [486], [487], [488], [490], [493], [494], [495], [496], [497], [498], [499], [500], [507], [513], [514], [518], [520], [522], [523], [524], [546], [549], [552], [553], [554], [557], [558], [559], [560], [561], [562], [563], [564], [565], [566], [569], [570], [572], [573], [574], [576], [580], [581], [582], [586], [588], [590], [591], [592], [595], [596], [597], [598], [599], [600], [601], [605], [606], [608], [609], [612], [613], [616], [618], [619], [622], [625], [626], [627], [630], [631], [632], [633], [635], [636], [637], [638], [640], [641], [643], [644], [645] — ΣN=903394

- **3) No clear effect** — mental health with Economic inequality — [5], [7], [8], [20], [21], [22], [26], [27], [30], [34], [40], [42], [45], [51], [52], [53], [54], [55], [56], [57], [60], [61], [63], [64], [66], [68], [69], [71], [73], [74], [76], [78], [80], [81], [84], [90], [91], [93], [97], [98], [99], [101], [102], [104], [105], [106], [108], [110], [111], [114], [115], [117], [119], [120], [123], [124], [125], [126], [127], [128], [129], [130], [132], [134], [135], [137], [138], [139], [140], [143], [144], [145], [149], [151], [152], [153], [155], [156], [158], [160], [161], [163], [164], [165], [166], [167], [168], [172], [177], [178], [182], [187], [189], [190], [199], [200], [201], [202], [203], [204], [206], [208], [209], [210], [211], [212], [218], [220], [222], [224], [225], [226], [232], [235], [236], [237], [242], [246], [247], [251], [253], [254], [256], [262], [263], [266], [276], [279], [280], [284], [297], [301], [302], [303], [304], [305], [307], [308], [310], [311], [312], [313], [316], [317], [318], [319], [329], [332], [339], [340], [341], [342], [344], [347], [351], [353], [355], [356], [358], [363], [367], [369], [375], [376], [377], [378], [380], [381], [382], [385], [388], [390], [395], [396], [399], [401], [402], [403], [404], [406], [408], [410], [411], [412], [413], [415], [417], [418], [419], [420], [424], [427], [430], [435], [436], [437], [438], [439], [440], [441], [443], [447], [449], [451], [452], [453], [454], [455], [456], [457], [459], [463], [464], [465], [467], [469], [470], [471], [472], [473], [474], [477], [491], [501], [502], [503], [504], [505], [506], [508], [509], [510], [511], [512], [515], [517], [519], [521], [525], [526], [527], [528], [529], [530], [531],

[532], [533], [534], [535], [536], [537], [539], [540], [541], [542], [543], [544], [545], [547], [548], [550], [551], [556], [575], [577], [579], [583], [584], [593], [594], [602], [603], [604], [607], [610], [611], [614], [615], [617], [620], [621], [624], [628], [629] — ΣN=915686

1) Introduction

Economic inequality profoundly influences the mental health landscape across diverse populations and settings. The complex interplay between socioeconomic status (SES), income disparities, and psychological well-being is increasingly recognized as a critical public health concern. This paper synthesizes current research demonstrating how economic disadvantage, both objective and perceived, contributes to a spectrum of adverse mental health outcomes, including anxiety, depression, and suicidality. It further explores how these effects are exacerbated by systemic factors, global crises, and disproportionately impact vulnerable populations, while also examining the role of mediating factors and the efficacy of interventions.

2) Aim

To systematically review and synthesize the current evidence on the relationship between economic inequality and mental health outcomes, identifying key themes, quantitative associations, and implications for clinical practice and future research.

3) Methods

Systematic review with multilayer AI research agent: keyword normalization, retrieval & structuring, and paper synthesis (see SAIMSARA About section for details).

- **Bias:** Qualitatively inferred from study design fields. The majority of studies are cross-sectional, which limits the ability to infer causality or directionality. Mixed-methods and cohort studies, while more robust, are less frequent. Reporting of study type directionality was often not specified, further limiting causal inference.

4) Results

4.1 Study characteristics

The included studies predominantly employed cross-sectional designs, with a notable number also utilizing mixed-methods approaches and a smaller proportion of cohort studies and randomized controlled trials (RCTs). Populations were highly diverse, spanning general adults, children,

adolescents, and older adults across industrialized nations, low- and middle-income countries (LMICs), and regions affected by conflict or natural disasters. Specific vulnerable groups, including transgender women, racial and ethnic minorities, migrants, people with disabilities, and those experiencing intimate partner violence (IPV), were frequently studied. Follow-up periods in longitudinal studies ranged from three months to over two decades.

4.2 Main numerical result aligned to the query

Economic hardship and inequality are consistently associated with increased risks of various mental health issues. Across studies, the odds or risk ratios (OR/aOR/RR/PR) for mental health problems (including anxiety, depression, psychological distress, and suicide ideation) associated with economic hardship or inequality ranged from 1.36 to 24.39. The median odds/risk ratio was approximately 2.20. For example, transgender participants experienced significantly higher odds of severe anxiety and depression symptoms (aOR: 2.28) compared to vulnerable cisgender women [1]. Young adults with a high perception of economic inequality were 1.82 times more likely to experience depressive symptoms and 1.87 times more likely to experience suicide ideation [6]. Individuals in the poorest economic class had significantly higher odds of mental disorder suspicion (AOR: 4.23) [16]. Debt manageability problems were associated with significantly higher odds of anxiety (AOR: 2.28 to 11.18) and depression (AOR: 2.80 to 16.21) [295].

4.3 Topic synthesis

- **Direct Impact of Economic Hardship on Mental Health:** Low socioeconomic status (SES), poverty, and income inequality significantly influence mental health and psychosocial functioning [2, 4, 10, 549]. Economic hardship is consistently linked to psychological distress, depression, and anxiety, with a median odds/risk ratio of approximately 2.20 (range 1.36-24.39) across various mental health outcomes [1, 6, 16, 72, 122, 136, 142, 148, 295, 458]. For instance, a 0.1-unit increase in economic segregation was associated with a 0.64% rise in poor mental health prevalence among the lowest income quartile groups [3].
- **Exacerbation by Crises and Systemic Factors:** Global crises, particularly the COVID-19 pandemic, have exacerbated existing mental health issues, financial insecurity, and unemployment, deepening pre-existing inequalities [11, 32, 49, 206, 261, 364]. Economic recessions are significantly associated with increased depressive symptoms, self-harm, and suicide [306, 493, 518]. Armed conflict and natural disasters also impose financial burdens and livelihood uncertainty, leading to significant mental health challenges [27, 43, 58, 359, 394].
- **Disproportionate Burden on Vulnerable Populations:** Children and adolescents are particularly vulnerable, with their mental health significantly influenced by family SES, poverty, and income inequality [2, 10, 17, 142, 146, 205]. Women frequently experience

higher rates of anxiety and depression, with economic marginalization and gender-based violence (GBV) intensifying health disparities [1, 24, 57, 174, 175, 196, 212, 232, 274, 314, 326, 373, 383, 391, 406]. Older adults, racialized communities, migrants, and people with disabilities also face compounded disadvantages, including limited access to resources and increased mental health risks [8, 12, 16, 49, 70, 79, 87, 124, 134, 185, 215, 217, 277, 336, 344, 354, 397, 408, 521, 530, 548, 586].

- **Role of Perceived Inequality and Social Capital:** Perceived economic inequality negatively affects self-rated health and mental well-being, even when controlling for objective income [14, 6, 15, 121, 146, 236]. Social capital, including social trust and participation, can act as a buffering mechanism against daily stress in economically unequal environments, mitigating mental health deterioration [35, 82, 283, 313, 352, 396, 417].
- **Barriers to Mental Healthcare Access and Resources:** Socioeconomic disparities lead to unequal healthcare access and a lack of adequate mental health resources in low-income areas [28, 36, 38, 73, 149, 165, 278, 316, 374, 464, 496, 501, 575, 598, 636]. Clinicians themselves may face economic precarity and financial strain, negatively impacting treatment delivery [173, 202]. Mental health problems also represent a significant economic burden, contributing to catastrophic health expenditures and disability insurance claims [63, 178, 374, 380].
- **Interventions for Economic Stability and Mental Well-being:** Policies that mitigate economic stress, such as government subsidies, cash transfer programs, and employment support, are effective in reducing the burden of mental health issues and disparities, particularly for vulnerable populations [13, 83, 94, 147, 172, 176, 197, 224, 267, 275, 330, 386, 407, 415, 422, 452, 585, 623]. Physical activity interventions can also alleviate depressive symptoms in adolescents from lower economic levels [9].

5) Discussion

5.1 Principal finding

The central finding of this review is that economic hardship and inequality are consistently and significantly associated with adverse mental health outcomes, with the odds or risk ratios for various mental health problems ranging from 1.36 to 24.39 across diverse populations and contexts [1, 6, 16, 72, 122, 136, 142, 148, 295, 458, 513, 586]. This underscores a pervasive and robust link between economic disadvantage and deteriorating mental well-being.

5.2 Clinical implications

- **Screening for Economic Stressors:** Clinicians should routinely screen patients for economic hardship, financial strain, and perceived inequality, as these are strong predictors

of mental health issues [11, 32, 39, 60, 65, 72, 118, 139, 141, 179, 184, 195, 203, 213, 216, 228, 241, 252, 255, 258, 260, 261, 263, 281, 283, 285, 289, 291, 293, 295, 298, 306, 308, 315, 322, 323, 327, 328, 333, 335, 341, 345, 348, 351, 359, 364, 366, 372, 376, 379, 383, 388, 391, 394, 402, 405, 406, 416, 417, 419, 421, 425, 426, 427, 431, 450, 509, 512, 518, 520, 522, 549, 559, 636].

- **Integrated Care Models:** Mental health interventions should be integrated with social and economic support services, such as financial counseling, employment assistance, and housing support, to address the root causes of distress [13, 83, 94, 147, 172, 176, 192, 197, 224, 267, 275, 330, 386, 407, 415, 422, 452, 585, 623].
- **Targeted Support for Vulnerable Groups:** Specific attention is needed for populations disproportionately affected, including transgender women [1], racialized communities [49, 142], older adults [70], and those experiencing intimate partner violence [24, 92, 148], tailoring interventions to their unique socioeconomic and cultural contexts.
- **Promoting Social Capital:** Interventions that foster social support, community trust, and social participation can buffer the negative mental health impacts of economic inequality [35, 82, 283, 313, 352, 396, 417].
- **Advocacy for Policy Change:** Clinicians should advocate for broader policy changes, such as guaranteed income programs and stronger social safety nets, to reduce economic inequality and its detrimental effects on mental health at a systemic level [83, 94, 197, 330, 397, 533].

5.3 Research implications / key gaps

- **Longitudinal Causal Pathways:** Future cohort studies are needed to definitively establish the causal pathways and bidirectional relationships between specific economic indicators (e.g., wealth accumulation, debt, employment stability) and mental health trajectories across the lifespan, particularly in diverse global contexts [34, 367, 392].
- **Intervention Efficacy and Cost-Effectiveness:** More randomized controlled trials (RCTs) are required to evaluate the long-term efficacy and cost-effectiveness of integrated socioeconomic and mental health interventions, especially cash transfer programs and employment support, for various vulnerable populations [81, 83, 108, 109, 167, 172, 191, 192, 197, 224, 275, 330, 340, 401, 407, 415, 422, 585, 623].
- **Mechanisms of Perceived Inequality:** Research should explore the psychological and social mechanisms through which perceived economic inequality translates into adverse mental health outcomes, including its impact on self-esteem, social comparison, and institutional trust, using mixed-methods designs [6, 14, 15, 121, 146, 236, 349, 368].

- **Context-Specific Vulnerabilities:** Studies are needed to understand how specific local socioeconomic and cultural contexts, including urban versus rural settings, conflict zones, and differing welfare state models, modulate the relationship between economic inequality and mental health, to inform tailored interventions [27, 28, 55, 58, 71, 73, 137, 185, 210, 219, 226, 230, 248, 279, 284, 289, 303, 319, 320, 331, 335, 336, 343, 347, 351, 357, 359, 361, 376, 378, 379, 394, 414, 416, 430, 459, 485, 521, 525, 567, 627, 638, 640].
- **Impact of Automation and Future Economic Shifts:** Prospective research should investigate the mental health implications of emerging economic shifts, such as increased automation and artificial intelligence (AI), on labor markets and income stability, particularly for younger adults [37, 88].

5.4 Limitations

- **Cross-Sectional Designs** — The prevalence of cross-sectional studies limits the ability to establish causality or the directionality of the relationship between economic inequality and mental health.
- **Heterogeneity of Measures** — Diverse metrics and definitions of economic inequality and mental health outcomes across studies hinder direct quantitative comparisons and meta-analysis.
- **Geographical and Cultural Specificity** — Findings from specific regions or cultural contexts may not be generalizable globally, given the variability in social safety nets and cultural interpretations of mental health.
- **Self-Report Bias** — Reliance on self-reported mental health and economic status in many studies may introduce reporting biases.
- **Limited Follow-up** — Many studies lacked long-term follow-up, making it difficult to assess the enduring impacts of economic inequality or the sustained effects of interventions.

5.5 Future directions

- **Longitudinal Cohort Studies** — Conduct multi-decade cohort studies tracking economic trajectories and mental health from childhood to adulthood to establish causality.
- **Intervention Mechanism Research** — Investigate the specific psychological and social mechanisms through which economic interventions improve mental health outcomes.
- **Standardized Outcome Measures** — Develop and apply standardized, validated measures for both economic inequality and mental health in future research to enable robust comparisons.

- **Global Comparative Studies** — Implement large-scale, harmonized studies across diverse countries to understand contextual factors and generalizability of findings.
- **Policy Impact Assessment** — Evaluate the mental health impacts of specific economic policies (e.g., minimum wage changes, social welfare reforms) using quasi-experimental designs.

6) Conclusion

Economic hardship and inequality are consistently and significantly associated with adverse mental health outcomes, with the odds or risk ratios for various mental health problems ranging from 1.36 to 24.39 across diverse populations and contexts [1, 6, 16, 72, 122, 136, 142, 148, 295, 458, 513, 586]. This robust association is observed globally, affecting various age groups and particularly vulnerable populations. The primary limitation affecting the certainty of these findings is the predominance of cross-sectional study designs, which restricts causal inference. A crucial next step is to conduct more longitudinal cohort studies that track economic trajectories and mental health over time to establish definitive causal pathways and inform effective, integrated policy interventions.

References

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Figure 1. Publication-year distribution of included originals

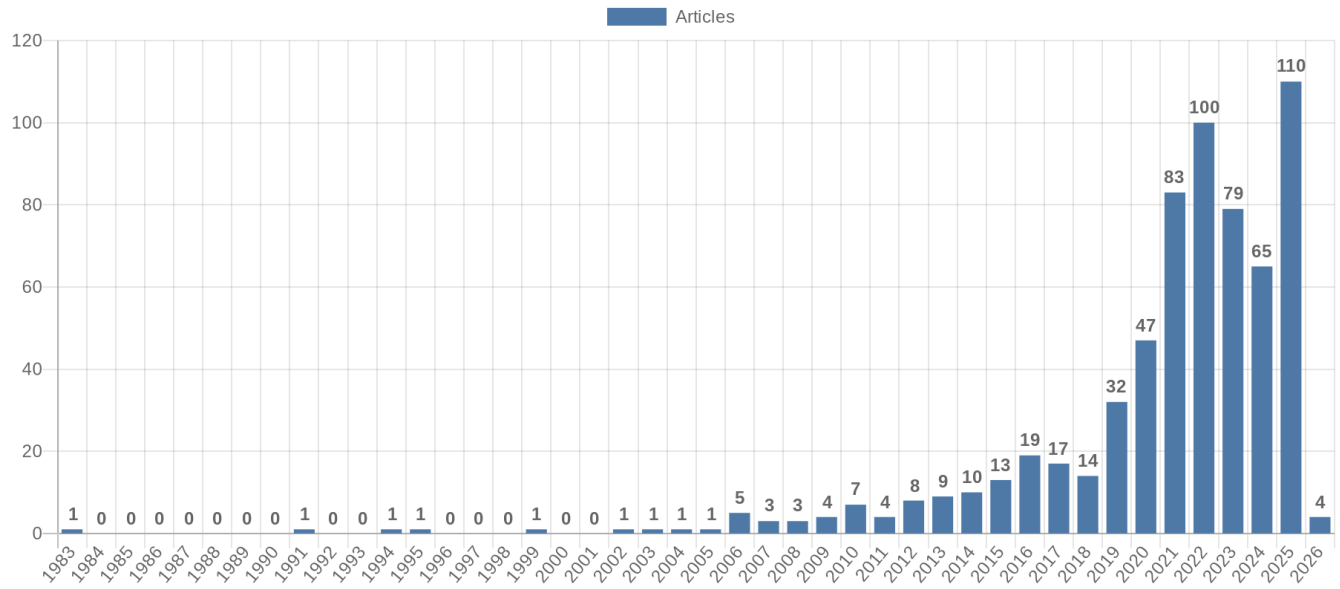

Figure 2. Study-design distribution of included originals

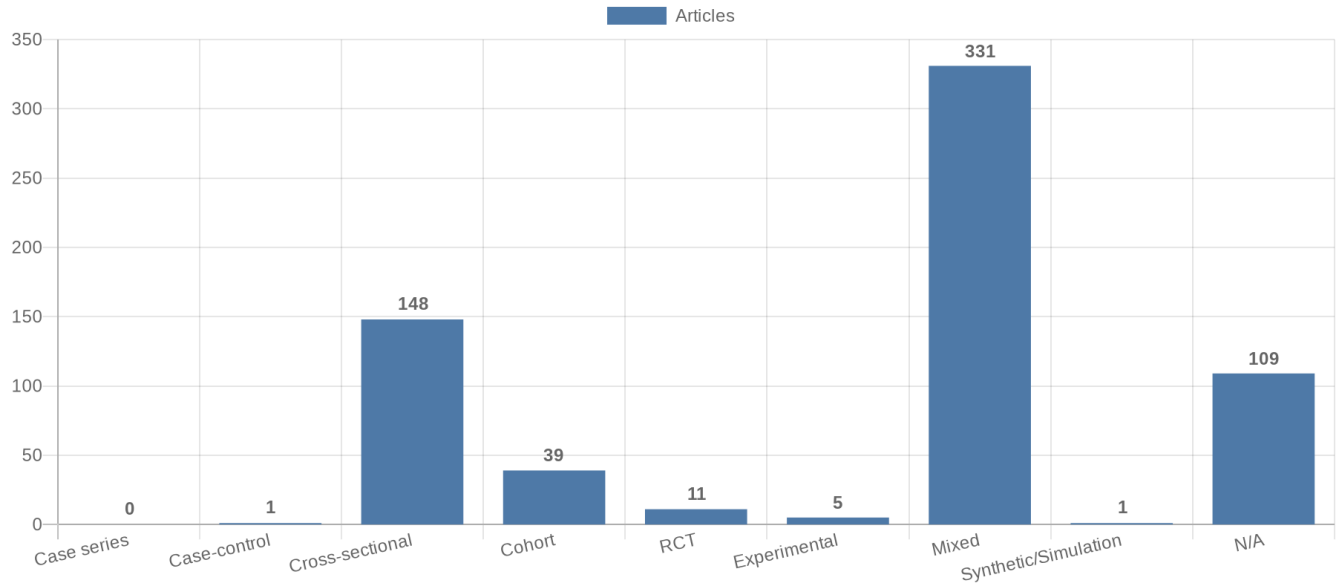

Figure 3. Study-type (directionality) distribution of included originals

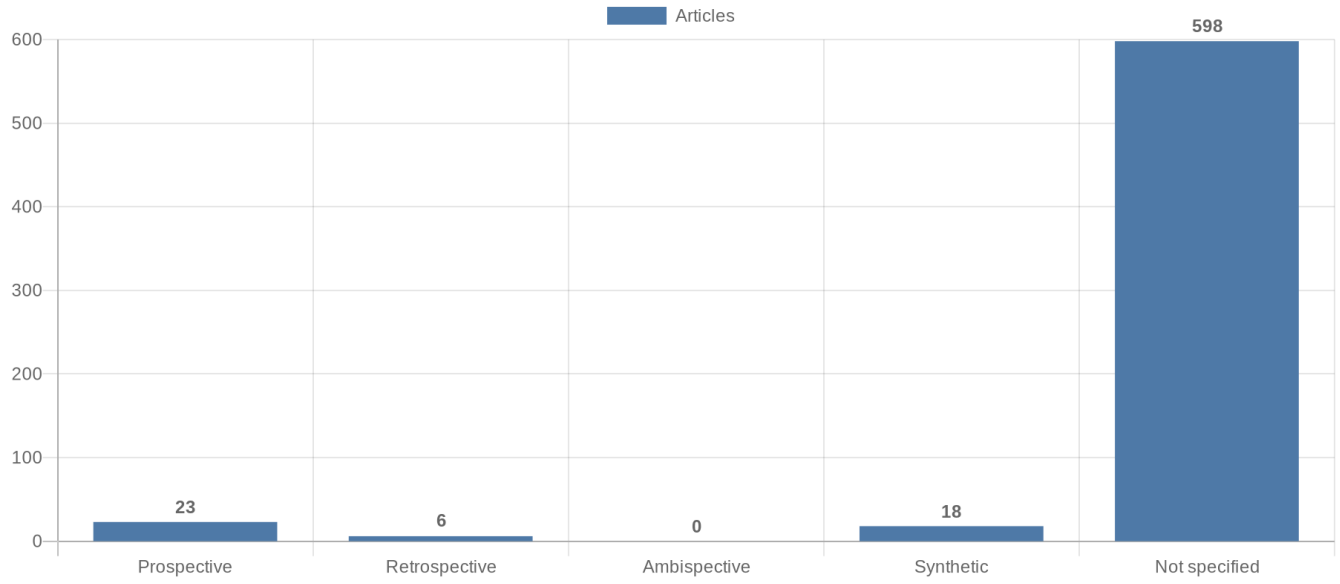

Figure 4. Main extracted research topics

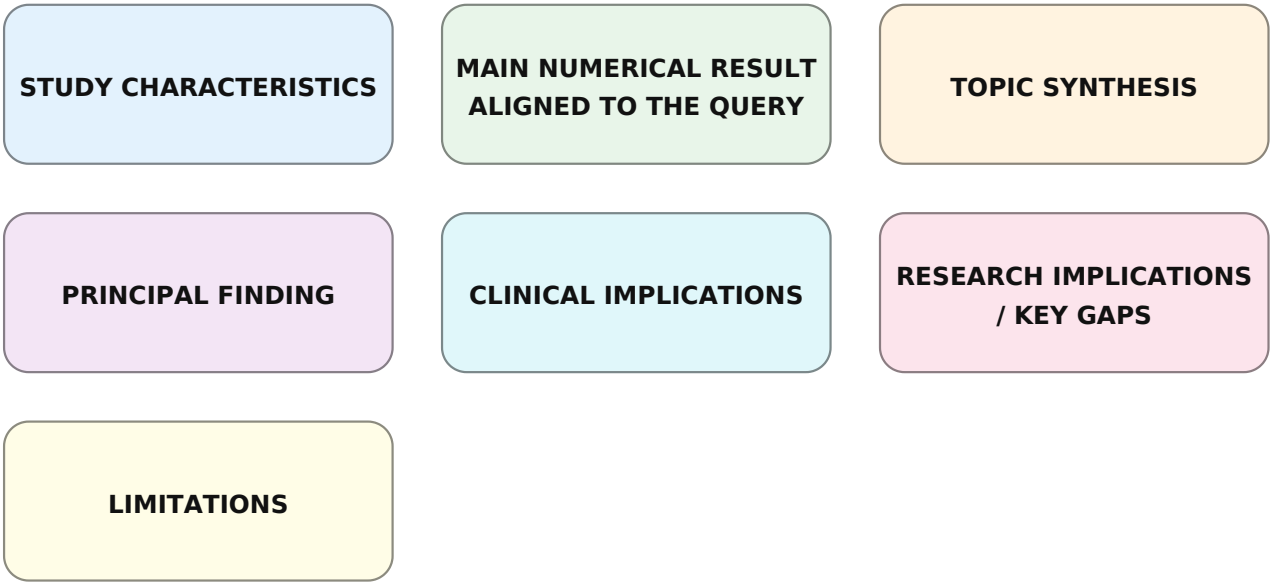

Figure 5. Limitations of current studies (topics)

Figure 6. Future research directions (topics)