



Review Article

Impact of Socioeconomics Status on Mental Health Outcomes: A Public Health Perspective

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ABSTRACT

One of the major global public health problems continues to be mental health. Moreover, one of the most important risk factor for mental health is SES. Low SES is associated with mental disorders such as depression, anxiety and substance abuse in individuals of all ages (adult and children). Through this review we will explore the relationship between socioeconomic status (SES) and mental health. It will be about the impact of social and economic variables on mental health. Such social and economic factors include income, education, employment, housing etc. Chronic stress as a result of finances, job and housing insecurity has become a major way through which poor mental health develops. Furthermore, limited access to resources and social support due to educational disadvantage and community-level deprivation increases mental health problems. The review further describes how social class inequalities compound limited access to quality mental health services. Lower socio-economic consumers face issues such as affordability, stigma, fragmented care, etc. in accessing good quality mental healthcare. From the public's health perspective, they should focus not just on clinical 'downstream' interventions but also on 'upstream' social determinants, such as poverty, education and job creation. (31 words) The policies aimed at improving access to mental health services and bolstering social support must be part of public health strategies to diminish the influence of socioeconomic factors on mental health. Through this review, we aim to enhance the knowledge, through which the need for systemic change for mental health equity will become evident.

Keywords: Chronic stress, Community deprivation, Mental health disparities, Socioeconomic status, Social determinants.



INTRODUCTION

Good mental health is having the capacity to think and rationalize as well as to feel emotions, act, and deal with day-to-day stressors [1]. It is intrinsic to people's well-being. However, in people, mental health problems pose the biggest public health threat in the world [2]. Such conditions include value-degrading disorders, diseases, and disabilities along with the mental problems of depression, anxiety, and substance abuse, severe lunacy like schizophrenia and others; they encompass all age demographics and all societies; affecting hundreds of millions of people [3]. While there are biological and psychological factors to consider in the development of the mental health issues, there is a growing body of evidence stressing the great effects of the social and economic surroundings [4]. Out of the myriad of social and economic factors, socioeconomic status (SES) has been positively and undoubtedly determined to be the most influential and omnipresent [5].

Aspects such as income level, education, employment, job stability, and housing serve as components that help define what each individual's socioeconomic status will encompass [6]. Those elements will determine an individual's or community's access and ability to acquire various resources, opportunities, and assistance throughout their life [7]. People and areas that are identified as having low socioeconomic status experience and are subjected to a greater level and number of stressors [8]. Some of the stressors in this scenario include finances, employment, housing, food, social isolation, and the lack of education and health resources [9]. The combination of these stressors and the length of exposure to them will face people with mental health challenges [10]. On the other hand, people with higher socioeconomic status will have more access to stable conditions like employment, and social resources, and will receive mental health care in a timely manner [11]. These conditions are associated with the positive outcome of mental health [12].

REVIEW

Socioeconomic Status as a Determinant of Mental Health

Socioeconomic status (SES) is considered one of the most important social determinants of mental health, as it determines the risk of mental health disorder development and the trajectory and outcome of such disorders [22]. Considerable research in epidemiology has documented the relationship between low socioeconomic status and the presence of numerous mental disorders, such as depression, anxiety disorders, substance use disorders, and serious mental illnesses [23]. This relationship has been documented in numerous studies, demonstrating the role of socioeconomic conditions in mental health on a manifestation cross-brain model. From a public health standpoint, SES determines the population level of risk one is exposed to and the level of protective resources one is able to access [24]. (Table 1)

The link between socio-economic status and mental health, while being a concern at the individual level, is also a concern at the population level because of the inequities and the socio-economic patterns at the population level [13]. Mental illnesses do not impact people uniformly at the population level; rather, they tend to affect people from more socio-economically challenged backgrounds [14]. This effect is counter to the disorganized circles of poverty, poor health and social isolation [15]. Poor mental health results in poor educational and job opportunities. It also leads to decreased productivity, and increased healthcare costs, all of which pose more socio-economic challenges [16]. This interdependent relationship highlights the need to consider socio-economic factors in the context of mental health and mental illness in all of their manifestations [17]. More and more people are recognizing the social determinants of mental health; however, and in response to the social determinants of mental health, many health systems tend to still focus on the clinical and individual level and on their interventional strategies, without the socio-economic factors [18]. This focus on socio-economic factors is not in line with the principles of public health which focus on prevention and promotion of health and health equity [19]. It is precisely the social determinants of health that impact socio-economic status and mental health in a population and across their life stages, and in contextualized cultures, that are the key to effective policy development, intervention strategies, and health resource allocation [20]. From the view of public health, the aim of this review article is to explore the consequences of socioeconomic status on mental health in greater detail [21]. We integrate the available evidence on the mechanisms connecting socioeconomic disadvantage to mental health disorders, analyze varying degrees of inequality and the mental health vulnerability, and consider the public health consequences. This review highlights the importance of socioeconomic status and aims to contribute to greater complexity and to more.

Table 1: Socioeconomic status shapes mental health risk, outcomes, and inequalities

Aspect	Description
Definition of SES	Socioeconomic status is a key social determinant influencing mental health risk, disease progression, and outcomes.
Mental Health Disorders Associated with Low SES	Depression, anxiety disorders, substance use disorders, and serious mental illnesses.
Evidence Base	Epidemiological studies consistently demonstrate a strong association between low SES and higher prevalence of mental disorders.
Mechanism of Influence	Socioeconomic conditions affect mental health through complex biological, psychological, and social pathways.
Public Health Perspective	SES determines population-level exposure to risk factors and access to protective resources.
Impact on Outcomes	Influences onset, severity, course, and recovery from mental health disorders.

Pathways Linking Socioeconomic Disadvantage to Mental Health Outcomes

Several, and often overlapping, mechanisms account for the way in which socioeconomic disadvantage most negatively impacts mental health. One of the most important mechanisms is chronic stress. Financial difficulties, lack of a job, uncertainty about one's job, and lack of stable housing all induce stress, which in the short and/or long term can lead to a dysregulation of the neuroendocrine and psychological stress systems [25]. Increased exposure to such chronic stressors can lead to development of a number of anxiety and mood disorders, as well as unhealthy coping mechanisms such as substance use. Relationships are complex and interdependent, and so is social stratification, whereby education is perhaps one of the most influential mediating factors in determining individual social position and step in the social hierarchy [26]. All other things being equal, the lower the educational attainment, the lower the employment levels, as well as the income and the level of health literacy. All these factors individually and collectively work to attenuate one's mental health. Educational attainment, and as such literacy level, governs access to information, as well as the acquisition of problem-solving abilities, and social network linkages, all of which contribute to the enhancement of one's mental health. The lack of education is therefore the educational disadvantage which operates in a mono-directional manner to narrow the scope of one's mental health Passport and to amplify the risk of one's mental dysfunction and the lack of potential to address the above mentioned mental health challenges [27]. The mental health of individuals as a family also reflects the community mental health in which the family is the part of, and the community also reflects the section of society in which the community is part of. The health of the community and society is also referred to as the mental health of the community and society within the framework of social paradigms [28].

The lack of access to community mental health and at the same time under the deprivation of all the above mentioned basic services results in the individual and community dwelling deprivation of social and community health within the above mentioned framework [29]. The negative impact on most mental health issues across the entire lifetime course is seen and is negative across all lifetime ranges [30]. The impact of the individual social disadvantage is seen most in the early stage of the individual's life as most social affects, and most of these factors can be cumulative and can work together, doing so to the most negative of impacts to mental health work and social functioning. The most social factors within this problem can include, psychosocial stress, low income, and the poverty level of the community around the childhood home of the individual. The social stratification of the community is the most negative of impacts across the social course, which can encompass social and mental improves across the lifetime of the individual [31]. Throughout adulthood, low level of employment, high unemployment, and negative working conditions tend to be linked to depression and anxiety, as well as psychological strain. Decreased work productivity and decreased job security, as well as mental illness and socio-economic disadvantage, create a reciprocating cycle. Among the older adults, low socio-economic status is correlated with depression and decreased mental well-being and is focused on social detachment, restricted finances, and insufficient healthcare access [32] (Table 2).

Table 2: Table showing socioeconomic disadvantage pathways drive mental health inequalities

Pathway	Key Factors	Mental Health Impact
Chronic Stress	Poverty, unemployment, job insecurity, unstable housing	Anxiety, mood disorders, substance use
Educational Disadvantage	Low education, poor health literacy, limited social networks	Psychological distress, reduced coping capacity
Community and Social Deprivation	Limited community resources and mental health services	Poor individual and community mental health
Life-Course Socioeconomic Disadvantage	Childhood poverty, adverse working conditions, older-age isolation	Persistent depression, anxiety, reduced well-being
SES-Mental Illness Cycle	Mental illness affecting employment and income	Reinforced socioeconomic and mental health inequalities

Social Class and Access to Mental Healthcare

Social class inequities have a compounding effect on the both access to mental health services, and the level of care provided [33]. People suffer the consequences of poor mental health, and belong to the lower SES categories, care is unaffordable, they have no insurance, there is no mental health provider, they lack transportation, and stigma is a problem [34]. Moreover, and at the same level of disadvantage, help seeking behavior is deprived [35]. Even when there is access to these mental health services, there still exists disparities, especially for socio-economically

disadvantaged people, around the quality of, and the ongoing nature of that care [36]. Quasi-self-contained care arrangements, inadequate follow-up, and care fragmentation is more prevalent among socio-economically disadvantaged people, who also endure more of the consequent health problems. Basic inequities are a call for more innovative and responsive health care and public health systems to more strategically and efficiently deploy their activities for greater social good [37] (Table 3).

Table 3: Table showing social class limits mental healthcare access, quality, and continuity.

Aspect	Description
Social Class Inequities	Lower socioeconomic status compounds barriers to mental healthcare access and quality.
Financial Barriers	Unaffordable care, lack of insurance coverage.
Structural Barriers	Shortage of mental health providers and transportation difficulties.
Social and Cultural Barriers	Stigma and poor help-seeking behavior.
Quality of Care Disparities	Inadequate follow-up, fragmented and discontinuous care.
Public Health Implications	Need for innovative, equitable, and responsive mental health systems.

Public Health Perspective and Policy Implications

From a public health standpoint, responding to socioeconomic status-related mental health challenges requires more than just clinical treatment [38]. Upstream interventions, such as poverty mitigation, educational attainment, job creation, and social protection policies, improve population mental health. To improve mental health, it is necessary to integrate mental health consideration into social and economic policies [39]. Integrating primary care with mental health services,

strengthening social support, improving socioeconomically disadvantaged communities' housing and neighborhood environments, and social and community mobilization are community-based interventions that are effective in tackling mental health challenges [40]. Focused mental health promotion and prevention programs can reduce obstacles, improve mental health, and strengthen positive coping mechanisms in targeted at-risk groups [41] (Table 4).

Table 4: Table showing public health strategies address socioeconomic mental health disparities.

Public Health Approach	Key Strategies	Expected Impact on Mental Health
Upstream Interventions	Poverty reduction, education, employment generation, social protection	Improved population mental health and reduced inequalities
Policy Integration	Incorporating mental health into social and economic policies	Sustainable and equitable mental health outcomes
Health System Integration	Linking primary care with mental health services	Improved access and early intervention
Community-Based Interventions	Social support strengthening, improved housing and neighborhoods, community mobilization	Enhanced community resilience and well-being
Promotion and Prevention Programs	Targeted mental health promotion and prevention for at-risk groups	Reduced barriers and improved coping mechanisms

DISCUSSION

This review is concerned with the interwoven social, economic, and environmental facets of socioeconomic status and inequality and the resulting detriment that flows to the mental health of the disadvantaged. Each of these facets collects over a lifetime to create disequilibrium with mental well-being [42]. Exposure to chronic stress over a lifetime is the final result of the combination of all these variables and all of these variables are the result of socioeconomic status and inequality [43]. Each of these variables represents a social determinant of health [44]. A combination of despair and disequilibrium with mental well-being create the gap in mental health equity. It is evident that that economic structure and care systems need to be transformed [45]. Upstream change is the key to sustained change. Population mental health, social change, and social protection all need to be interwoven with one another to create a sustained impact on mental well-being on the population [46]. There are also numerous inequities with mental health that need to be addressed, especially with disadvantaged groups. Health systems need to also be interwoven to be more equitable in population mental health. Lastly, from the standpoint of public health, the best and most effective way to reduce the imbalance in mental health and to boost overall mental well-being in the population is to combine all of these [47].

CONCLUSION

The continuum of socioeconomic standing is yet again evident here in how it determines on which tier of the socioeconomic ladder people will experience their mental illness; the risk of acquiring it, the intensity of their symptoms, and how long it will be around for. The longer a family is in a situation of poverty or economic disadvantage, the more they will be exposed to mental illness. The Income/wealth disadvantage causes a variety of psychosocial factors which lead to a poorer mental health situation. The evidence shows there is a far greater need for response and assistance than the clinical medical realm alone, and for this reason it is essential to attempt to eliminate the psychosocial aspects of poverty. To achieve this goal there needs to be mental health of the social and economic policies. Providing community and regulatory health support for available mental health care is essential. The socioeconomic mental primary focus will lessen the critical mass suffering from a mental disease and promote a functioning mental health to a larger degree.

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REFERENCES

1. Gautam S, Jain A, Chaudhary J, Gautam M, Gaur M, Grover S. Concept of mental health and mental well-being, its determinants and coping strategies. *Indian J Psychiatry*. 2024 Jan;66(Suppl 2):S231-S244. doi: 10.4103/indianjpsychiatry.indianjpsychiatry_707_23.
2. Magomedova A, Fatima G. Mental Health and Well-Being in the Modern Era: A Comprehensive Review of Challenges and Interventions. *Cureus*. 2025 Jan 19;17(1):e77683. doi: 10.7759/cureus.77683.
3. Krieger N. Who and what is a "population"? Historical debates, current controversies, and implications for understanding "population health" and rectifying health inequities. *Milbank Q*. 2012 Dec;90(4):634-81. doi: 10.1111/j.1468-0009.2012.00678.x.
4. Kirkbride JB, Anglin DM, Colman I, Dykxhoorn J, Jones PB, Patalay P, Pitman A, Sonesson E, Steare T, Wright T, Griffiths SL. The social determinants of mental health and disorder: evidence, prevention and recommendations. *World Psychiatry*. 2024 Feb;23(1):58-90. doi: 10.1002/wps.21160.
5. Nutakor JA, Zhou L, Larnyo E, Addai-Danso S, Tripura D. Socioeconomic Status and Quality of Life: An Assessment of the Mediating Effect of Social Capital. *Healthcare (Basel)*. 2023 Mar 3;11(5):749. doi: 10.3390/healthcare11050749.
6. Manstead ASR. The psychology of social class: How socioeconomic status impacts thought, feelings, and behaviour. *Br J Soc Psychol*. 2018 Apr;57(2):267-291. doi: 10.1111/bjso.12251. Epub 2018 Feb 28.
7. McMaughan DJ, Oloruntoba O, Smith ML. Socioeconomic Status and Access to Healthcare: Interrelated Drivers for Healthy Aging. *Front Public Health*. 2020 Jun 18;8:231. doi: 10.3389/fpubh.2020.00231.
8. Reiss F, Meyrose AK, Otto C, Lampert T, Klasen F, Ravens-Sieberer U. Socioeconomic status, stressful life situations and mental health problems in children and adolescents: Results of the German BELLA cohort-study. *PLoS One*. 2019 Mar 13;14(3):e0213700. doi: 10.1371/journal.pone.0213700.
9. Brandt L, Liu S, Heim C, Heinz A. The effects of social isolation stress and discrimination on mental health. *Transl Psychiatry*. 2022 Sep 21;12(1):398. doi: 10.1038/s41398-022-02178-4.
10. Reuben A, Manczak EM, Cabrera LY, Alegria M, Bucher ML, Freeman EC, Miller GW, Solomon GM, Perry MJ. The Interplay of Environmental Exposures and Mental Health: Setting an Agenda. *Environ Health Perspect*. 2022 Feb;130(2):25001. doi: 10.1289/EHP9889. Epub 2022 Feb 16.
11. Das A, Sarkhel S, Brahma A, Akula V. Development of mental health human resources for mental well-being. *Indian J Psychiatry*. 2024 Jan;66(Suppl 2):S391-S402. doi: 10.4103/indianjpsychiatry.indianjpsychiatry_639_23. Epub 2024 Jan 24.
12. Steptoe A, Dockray S, Wardle J. Positive affect and psychobiological processes relevant to health. *J Pers*. 2009 Dec;77(6):1747-76. doi: 10.1111/j.1467-6494.2009.00599.x. Epub 2009 Sep 30.
13. Salem M, Robenson J. The Impact of Socioeconomic Factors on Mental Health: A Conceptual Framework. *Cureus*. 2025 Jul 18;17(7):e88244. doi: 10.7759/cureus.88244.
14. Kim JY, Florez M, Botto E, Belgrave X, Grace C, Getz K. The influence of socioeconomic status on individual attitudes and experience with clinical trials. *Commun Med (Lond)*. 2024 Sep 5;4(1):172. doi: 10.1038/s43856-024-00586-9.
15. Knifton L, Inglis G. Poverty and mental health: policy, practice and research implications. *BJPsych Bull*. 2020 Oct;44(5):193-196. doi: 10.1192/bjb.2020.78.
16. Zajacova A, Lawrence EM. The Relationship Between Education and Health: Reducing Disparities Through a Contextual Approach. *Annu Rev Public Health*. 2018 Apr 1;39:273-289. doi: 10.1146/annurev-publhealth-031816-044628. Epub 2018 Jan 12.
17. Hawkins C, Bwanika JM, Ibanda M. Socio-economic factors associated with mental health disorders in Fort Portal, western Uganda. *S Afr J Psychiatr*. 2020 Jul 7;26:1391. doi: 10.4102/sajpsychiatry.v26i0.1391.
18. Alegria M, NeMoyer A, Falgàs Bagué I, Wang Y, Alvarez K. Social Determinants of Mental Health: Where We Are and Where We Need to Go. *Curr Psychiatry Rep*. 2018 Sep 17;20(11):95. doi: 10.1007/s11920-018-0969-9.
19. Griffith DM, Satterfield D, Gilbert KL. Promoting Health Equity Through the Power of Place, Perspective, and Partnership. *Prev Chronic Dis*. 2023 Jul 27;20:E66. doi: 10.5888/pcd20.230160.
20. Magnan S. Social Determinants of Health 201 for Health Care: Plan, Do, Study, Act. *NAM Perspect*. 2021 Jun 21;2021:10.31478/202106c. doi: 10.31478/202106c.
21. Jafari E, Pirmoradi M, Mohebbi E, Kamal MA, Hosseinkhani Z, Meshkini M. The Impact of Socioeconomic Inequality on Mental Health among Adolescents in Qazvin, Iran: Blinder-Oaxaca Decomposition Method. *Med J Islam Repub Iran*. 2023 May 6;37:48. doi: 10.47176/mjiri.37.48.
22. Deferio JJ, Breiting S, Khullar D, Sheth A, Pathak J. Social determinants of health in mental health care and research: a case for greater inclusion. *J Am Med Inform Assoc*. 2019 Aug 1;26(8-9):895-899. doi: 10.1093/jamia/ocz049.
23. National Institutes of Health (US); Biological Sciences Curriculum Study. NIH Curriculum Supplement Series [Internet]. Bethesda (MD): National Institutes of Health (US); 2007. Information about Mental Illness and the Brain. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK20369/>
24. Rakesh D, Flournoy JC, McLaughlin KA. Associations between socioeconomic status and mental health trajectories during early adolescence: Findings from the Adolescent Brain Cognitive Development study. *JCPP Adv*. 2025 Feb 25;5(4):e70001. doi: 10.1002/jcv2.70001.

25. Kirkbride JB, Anglin DM, Colman I, Dykxhoorn J, Jones PB, Patalay P, Pitman A, Sonesson E, Steare T, Wright T, Griffiths SL. The social determinants of mental health and disorder: evidence, prevention and recommendations. *World Psychiatry*. 2024 Feb;23(1):58-90. doi: 10.1002/wps.21160.
26. Bhattacharyya KK, Prasad RP, Acharya S, Bhattacharyya S, Fauth E. Do Chronic Stressors Impact the Association Between Substance Use and Well-Being: Findings from the Midlife in the United States Study. *Sage Open Aging*. 2025 Nov 13;11:30495334251390797. doi: 10.1177/30495334251390797.
27. Kondiroli F, Sunder N. Mental health effects of education. *Health Econ*. 2022 Oct;31 Suppl 2(Suppl 2):22-39. doi: 10.1002/hec.4565. Epub 2022 Jul 7.
28. Thornicroft G, Deb T, Henderson C. Community mental health care worldwide: current status and further developments. *World Psychiatry*. 2016 Oct;15(3):276-286. doi: 10.1002/wps.20349.
29. Zelenina A, Shalnova S, Maksimov S, Drapkina O. Classification of Deprivation Indices That Applied to Detect Health Inequality: A Scoping Review. *Int J Environ Res Public Health*. 2022 Aug 15;19(16):10063. doi: 10.3390/ijerph191610063.
30. Nurius PS, Prince DM, Rocha A. Cumulative Disadvantage and Youth Well-Being: A Multi-Domain Examination with Life Course Implications. *Child Adolesc Social Work J*. 2015 Dec;32(6):567-576. doi: 10.1007/s10560-015-0396-2. Epub 2015 Apr 29.
31. Poon BT, Atchison C, Kwan A. Understanding the Influence of Community-Level Determinants on Children's Social and Emotional Well-Being: A Systems Science and Participatory Approach. *Int J Environ Res Public Health*. 2022 May 14;19(10):5972. doi: 10.3390/ijerph19105972.
32. Zhou S, Gao L, Liu F, Tian W, Jin Y, Zheng ZJ. Socioeconomic status and depressive symptoms in older people with the mediation role of social support: A population-based longitudinal study. *Int J Methods Psychiatr Res*. 2021 Dec;30(4):e1894. doi: 10.1002/mpr.1894. Epub 2021 Sep 30.
33. National Collaborating Centre for Mental Health (UK). Common Mental Health Disorders: Identification and Pathways to Care. Leicester (UK): British Psychological Society (UK); 2011. (NICE Clinical Guidelines, No. 123.) 4, ACCESS TO HEALTHCARE. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK92265/>
34. Arahamthabailu P, Prahara SK, Purohith AN, Yesodharan R, Rege S, Appaji R. Exploring barriers to seek mental health services among patients with severe mental illness and their caregivers in a modified assertive community treatment program: A qualitative thematic analysis. *Indian J Psychiatry*. 2024 Jul;66(7):621-629. doi: 10.4103/indianjpsychiatry.indianjpsychiatry_314_24. Epub 2024 Jul 17.
35. Sanghvi P, Chandrashekar P, Mehrotra S, Sharma MK. Factors Influencing Help-seeking Behavior for Mental Health Among Distressed Young Adults: A Path Analysis Model. *Indian J Psychol Med*. 2025 Jan 30:02537176241312975. doi: 10.1177/02537176241312975.
36. Pysmenna O, Anderson KM. Income and Health Perceptions in an Economically Disadvantaged Community: A Qualitative Case Study from Central Florida. *Int J Community Wellbeing*. 2022;5(4):687-710. doi: 10.1007/s42413-022-00177-3. Epub 2022 Aug 18.
37. Kern LM, Bynum JPW, Pincus HA. Care Fragmentation, Care Continuity, and Care Coordination-How They Differ and Why It Matters. *JAMA Intern Med*. 2024 Mar 1;184(3):236-237. doi: 10.1001/jamainternmed.2023.7628.
38. Iazzolino G, Strelau N. AI for social good and the corporate capture of global development. *Inf Technol Dev*. 2024 Feb 16;30(4):626-643. doi: 10.1080/02681102.2023.2299351.
39. Machado DB, Alves FJO, Patel V. Economic interventions for the prevention of mental health problems: The role of cash transfers. *Am J Orthopsychiatry*. 2024;94(4):477-484. doi: 10.1037/ort0000764.
40. Gundi M, Kaikobad R, Sharma S. Diversity in approaches in community-based mental health interventions in India: A narrative review and synthesis. *Glob Ment Health (Camb)*. 2025 Jul 30;12:e89. doi: 10.1017/gmh.2025.10046.
41. Singh V, Kumar A, Gupta S. Mental Health Prevention and Promotion-A Narrative Review. *Front Psychiatry*. 2022 Jul 26;13:898009. doi: 10.3389/fpsy.2022.898009.
42. Salem M, Robenson J. The Impact of Socioeconomic Factors on Mental Health: A Conceptual Framework. *Cureus*. 2025 Jul 18;17(7):e88244. doi: 10.7759/cureus.88244.
43. Crielaard L, Nicolaou M, Sawyer A, Quax R, Stronks K. Understanding the impact of exposure to adverse socioeconomic conditions on chronic stress from a complexity science perspective. *BMC Med*. 2021 Oct 12;19(1):242. doi: 10.1186/s12916-021-02106-1.
44. Hahn RA. What is a social determinant of health? Back to basics. *J Public Health Res*. 2021 Jun 23;10(4):2324. doi: 10.4081/jphr.2021.2324.
45. Qin X, Hsieh CR. Understanding and Addressing the Treatment Gap in Mental Healthcare: Economic Perspectives and Evidence From China. *Inquiry*. 2020 Jan-Dec;57:46958020950566. doi: 10.1177/0046958020950566.
46. Ray R, Lantz PM, Williams D. Upstream Policy Changes to Improve Population Health and Health Equity: A Priority Agenda. *Milbank Q*. 2023 Apr;101(S1):20-35. doi: 10.1111/1468-0009.12640.
47. Monk-Cunliffe J. How can we overcome health inequalities in psychiatry? *BJPsych Bull*. 2023 Aug;47(4):228-230. doi: 10.1192/bjb.2023.49.

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Reetika Kashyap: Conceptualization, methodology, data collection, analysis, writing—original draft, writing—review and editing, supervision, and final approval of the manuscript.

ABBREVIATIONS USED IN THE STUDY:

- a) **SES:** Socioeconomic Status
- b) **SAMHSA:** Substance Abuse and Mental Health Services Administration
- c) **SUD:** Substance Use Disorder
- d) **WHO:** World Health Organization
- e) **CDC:** Centers for Disease Control and Prevention

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