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Mental Health in Young People Living Poverty in Southeastern Mexico

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***Abstract*—**Attention, comprehension and solution of poverty can be worked considering a socioeconomic approach; but it also can be attended from a multidimensional perspective that allows considering other dimensions including psychological variables manifested in behaviors, thoughts and feelings concerning this phenomenon. Considering the importance of research regarding psychology and poverty, this paper presents results about psychosocial impacts of poverty on young people related to mental health issues and its relation to fatalism. These results are part of a bigger transcultural study done in collaboration with the Federal University of Ceará, in Brazil. Participants were 101 young men and women, between 12 and 29 years old, living in two emarginated suburbs in Mérida, Mexico, located in the southeastern zone of the country. Participants responded the Self Report Questionnaire (SRQ- 20), with 20 items dichotomous presence/absence that assess anxious and depressive issues and the Fatalism Scale, with 30 items Likert five-point spread over five factors. Results show that one third of participants mentioned to get easily frightened, feeling nervous, tense or worried as well as unhappy, difficulty on making decisions, and troubles in thinking clearly. About 20% mentioned to have headaches, to sleep badly, to cry more than usual and to feel tired all the time. Regarding Fatalism, results show there is a greater internal allocation and lower external attribution in young participants, but they have some symptoms regarding poor mental health. Discussion is in terms of possible explanations about the results and emphasizes the importance of holistic approaches for a better understanding of the psychosocial impacts of poverty on young people and strengthening the resilience to increase positive mental health in emarginated contexts, where Community Psychology could have an important duty in community health promotion.

***Keywords*—**Fatalism, mental health, poverty, youth.

I. Introduction

SEVERAL current trends favor a unitary conception of poverty based on an economic approach for the measurement and approach in which individual welfare bases on consumption [1] [2]. This scientific approach to study poverty, based solely on factor based in needs-resources or income, is a one-dimensional perspective [3]. In contrast, other approaches focus on a multidimensional perspective where definitions and approaches consider not only economic but also social and cultural aspects. A multidimensional approach to poverty helps analyze dimensions of health, education, work and standard of living and human development [4]; however, not always deeply analyses subjective aspects of life of people living in poverty, which are manifested in behaviors, thoughts and feelings concerning this phenomenon, and which can contribute to a greater and better understanding of it. That is why, it is important to consider psychological and psychosocial variables when working with people in poverty because it requires actions between the micro and macro systems [5]. Psychology should work for a better understanding of poverty in terms of what it means and represents to people who lives it, which are their major resources and obstacles, as well as the consequences and impacts that arise from living in this condition.

Studies about this social problem is justified since in 2014, 167 million (28%) people lived in poverty conditions in Latin America and from them 71 million lived in extreme poverty [6]. Inside México, poverty stills as a serious problem since between 2012 and 2014, the percentage of population living in poverty raised from 53.3 million (45.5%) to 53.3 million (46.2%), even the percentage of extreme poverty fell from 11.5 million (9.8%) to 11.4 million (9.5%) [7]. More particularly, Yucatan is localized in the poorest zone of the country, and 957.9 thousands (45.9%) of its population lives in poverty and 223.2 thousands (10.7%) lives in extreme poverty [8]. However, it is particularly important to develop research in this matter because, from an economic approach, extreme poverty is getting down all over the world: 12.8% in 2012 to 9.6% in 2015 (6.2% to 5.6% in Latin America), if we consider income (US 1.90 a day/US 1.25 a day, depending on country) [9]. Unfortunately, these digits do not mean that people is living really better, they still are in poverty conditions. Having this income does not mean they have a better life and real opportunities to develop as human beings in all their potential.

Particularly in Latin America, there is research regarding psychological and psychosocial aspects related to poverty contexts. Different studies present results on psychosocial dimensions of poverty [10], relation between psychological aspects and poverty [11], low self-esteem, fear and rejection to change [12], locus of control, self-efficacy and learned helplessness [13] (all of them as characteristics of poor people); poverty and well-being [14] and poverty, psychological resources and social mobility [15]), mental health [16]. Nevertheless, there are not many studies focusing strictly in mental health considering its importance. To give an idea of the dimension of the problem, almost 25% of Latin American and Caribbean population present mental and/or

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neurological disorders (from depression and anxiety to bipolar disorders) [17, para. 4]. People in poverty conditions are not exempt and sometimes they develop more disorders. It is easy to relate poverty with lack of mental health because people live in continuous stress, many things are out of their control [18] and they have to cope more with difficult situations [17]. These family conditions affect the psychic functioning of individuals because, as an example, "it is not the same as a child to be born and grow in an emotional context in which it tends to promote hope, that when it comes to one in which despair is sown" [16, p. 63]. Regarding to this, there is research done in México with people living poverty conditions [16] that show cases of alcoholism, borderline personality disorder, impulse control disorder, anxiety disorders, depression, obsessive and phobic behaviors, and even some that suggest the presence of psychotic elements. In addition, people living in poverty conditions have fewer opportunities to have a proper attention when they need it [17], [18]. There are three main reasons for that [18].

1) Logistic reasons: people do not have money or time to go to therapeutic services.
2) Medical system: Personnel is insufficient or is not prepared to work with cultural issues related to poverty.
3) Believes and attitudes regarding a social stigma related to mental disorders, so, if they get ill, they receive a double stigma: for being poor and for having a mental disorder.

Within this context, the Autonomous University of Yucatan is working on a transcultural study along with the Federal University of Ceará in Fortaleza, Brazil. Its aim is to analyze the psychosocial impacts and implications of poverty on people living in situations of high vulnerability, marginalization and poverty using a battery of eight instruments that measure different variables as personal wellbeing [19], fatalism [20], hope [21] [22], mental health [23], sense of community [24], among others.

This paper presents results of that research in terms of the psychosocial impacts of poverty on urban young people regarding to mental health issues and its relation to fatalism.

II. Method

A. Participants

The sample was 101 young men (38) and women (63), between 12 and 29 years from 2 southern suburbs classified as highly emarginated in Mérida, capital of Yucatan, located in the southeast of Mexico.

B. Instruments

The instruments used were:

1) Auto Questionnaire (SRQ- 20), a self-report on mental health symptoms called, with 20 items dichotomous presence / absence that assess anxious and depressive. It is an instrument validated in Spanish in Chile with a coefficients obtained for reliability exceeding .80.
2) Fatalism Scale, originally developed in Spanish, consisting of 30 items Likert five-point spread over five factors (fatalism, hopelessness, internal locus, luck and divine control). It has five response options ranging from completely disagree to completely agree; having an internal consistency by Cronbach's alpha of .76-.93 depending on the factor.

C. Questions Regarding Demographic Data

Sex, age, education level, occupation, remuneration, marital status, religion, access to health care services, within others, accompanied the application of instruments.

D. Procedure

Instruments were applied mostly individually through home visits. In some cases, the less, group applications were done in school contexts. In both cases, we presented ourselves as teachers or students of the Faculty of Psychology at the Autonomous University of Yucatán, explained the research objective and asked for voluntary participation. If the person accepted, we asked him/her if he/she could answer the instruments by him/herself. In case the answer was no, we helped de person by reading each sentence and righting down his/her answer. All applications, with each participant were in one session. In addition, we have the commitment to return to community for result devolution and from there to design and implement different strategies to strengthen both communities and their inhabitants.

For statistical analysis of all instruments including the ones reported in this paper, we used Statistical Package for Social Sciences (SPSS) v.22.

III. Results

Regarding participants characteristics, about education, 8.9% (9) finished high school; 30.7% (31) finished junior high and 16.8% (17) has complete elementary school. The rest is still studying or drop school sometime between basic levels.

33.7% (34) of participants have a remunerated job. Of them, 14.8% (15) earn around 58 dollars or less a month; 7% (7) earn between 55 and 100 dollars a month; 11.9% (12) earn between 100 and 265 dollars a month and only 3% (3) earn more than 265 a month.

38.6% (39) of participants have had to sell possessions to eat; 36.6% (37) have borrowed money to be able to eat and 46.5% (47) have pawned personal belongings to eat. 30.7% (31) mentioned they do not have a continuous medical care service.

The main results related to self-report on mental health, show that one third of the young participants mentioned to easily frightened, feeling nervous, having difficulty in making decisions, feeling unhappy, and having trouble thinking clearly (See Table I).

Related to Fatalism, results show highest scores for items: "I can do almost anything if I really want to" (M = 4.30); "What will happen in my future depends mostly on me" (M = 4.15); "What people get in life is always due to the amount of effort they put in it" (M = 4.08) and "I feel that when good things happen, it is a result of my own efforts" (M = 4.07). In contrast, the lowest averages were for items "The really good things that happen to me usually depend on good luck" (M =

2.48); "When good things happen to people, it's for good luck" (M = 2.50), and "There is nothing I can do to succeed in life", "The level of success is determined when one is born "(M = 2.51).

TABLE I
PERCENTAGES OF SYMPTOMS IN THE SELF REPORT QUESTIONNAIRE (SRQ-20)

Question	M
Do you often have headaches?	24.5%
Is your appetite poor?	8.2%
Do you sleep badly?	19.4%
Are you easily frightened?	**36.7%**
Do your hands shake?	8.2%
Do you feel nervous, tense or worried?	**33.7%**
Is your digestion poor?	13.3%
Do you have trouble thinking clearly?	**29.3%**
Do you feel unhappy?	**31.6%**
Do you cry more than usual?	23.5%
Do you find it difficult to enjoy daily activities?	13.3%
Do you find it difficult to make decisions?	**32.7%**
Is your daily work suffering?	3.1%
Are you unable to play an useful part in life?	13.3%
Have you lost interest in things?	18.4%
Do you feel you are a worthless person?	6.1%
Has the thought of ending your life been on your mind?	7.1%
Do you feel tired all the time?	21.4%
Do you have uncomfortable feelings in stomach	13.3%
Are you easily tired?	16.3%

IV. DISCUSSION AND CONCLUSION

Results presented here are consequent with other results of the whole research: both, men and women, have high scores in positive psychological variables scales of Hope and Well-being [25]), what differs from other studies regarding psychological variables and poverty [10] [12] [14]. Particularly, these results show there is a greater internal allocation and lower external attribution in young participants. Their fatalism levels are very low too. This suggests that they think they are able to cope with diverse difficult situations they have to face in their lives. It could mean that living in poverty conditions not necessarily has to bring negative consequences. In contrast, an important number of participants have symptoms of poor mental health. Besides the already mentioned, around 20% of participants report frequent headaches, sleep badly, feeling tired and to cry frequently. Other studies have reported similar results regarding the presence of this kind of symptoms of depression, pessimism and sadness in poor young people [11]. All these results should be an alert for psychologists and researchers to work in generating knowledge and implementing interventions to help resolve this matter because it seems there is a serious mental health problem in young people living poverty, at least, in urban contexts.

A possible explanation is that young men and women think and feel they have the personal resources to cope with their condition, to get ahead and have a better quality of life but at the end, unfortunately, external conditions and probably social exclusion leave them few opportunities to do it. What finally happens in their lives is not what they expected and wanted and all of it has consequences in their mental health. Other reason may have to do with time, in either two ways. On one side, perhaps what is happening with these participants is that they have long-term expectations and something happens in between that makes them fail or not get what they want, in consequence, they feel unhappy, nervous and bad about it, and this situation makes it hard for them to make decisions or think clearly. On the other side, perhaps the participants in this research think they are able to do and get things in present time, but finally the opportunities are not so many, so they feel bad about it. This explanation could be related to another study that found that young people had self- efficacy about having success in things in the present and no thinking about the future [13],

TABLE II
RESULTS EXPRESSED IN MEANS FOR FATALISM SCALE

ITEM	M
I have learned that what has to happen, happens.	3.89
I feel nothing I do changes things.	2.91
I feel that when good things happen, it is a result of my own efforts.	**4.07**
When I get what I want, it is usually because I am lucky.	2.84
Everything that happens is part of God's plan.	3.35
If something is going to happen, it will happen, no matter what I do.	3.52
Sometimes I feel that there is nothing to wait in the future.	2.72
What will happen in my future depends mostly on me.	**4.15**
The degree of success that people have in their work is related to the amount of luck they have.	2.66
Everything that happens to a person was planned by God.	3.11
If bad things occur, it is because they were to happen.	3.03
I feel I have no control over things that happens to me.	2.69
My life is determined by my own actions.	3.85
Some people simply are born lucky.	2.66
Anything that will ever happen in my life is because God wants it that way.	3.08
It has no sense to make many plans, if something good is going to happen, it will happen itself.	3.20
No matter how hard I try, I still cannot succeed in life.	2.67
What people get out of life is always due to the amount of effort they put in it.	**4.08**
When good things happen to people, it is for good luck.	**2.50**
God controls everything good and bad that happens to people.	3.00
Life is very unpredictable, and there is nothing you can do to change the future.	3.25
I often feel overwhelmed with problems since I have no control over the resolution of these problems.	2.65
What happens to me, it is a consequence of what I do.	3.98
The really good things that happen to me are usually depend on good luck.	**2.48**
God has a plan for each person, and you cannot change his plan.	3.02
People die when it is his time to die and there is not much you can do about it.	3.74
There is nothing I can do to succeed in life, because level of success is determined when one is born.	**2.51**
I can do almost anything if I really want to.	**4.30**
There is no luck.	3.05
No matter how much effort I invest in doing things, in the end, God's decision will prevail.	3.34

For Psychology and especially Health, Clinical and Community Psychology and their work in community health promotion, is important to understand poverty and the

psychosocial and sociocultural processes that occur in the lives of people in this condition. It contributes to the development of theories and methodologies able to help improve the lives of people living poverty. As professionals it is important to work in priority areas in our local contexts but we need to have the information and abilities to do it because, at least in México, despite poverty is a very important problem, many psychologists are not prepared at the Academia to deal with problems like this.

Holistic approaches are important to have a better understanding of the psychosocial impacts of poverty on young people. For example although mental health is an internal variable, it is strongly influenced not only by internal factors (as learned helplessness) but also external that may influence the possibility of achievement, since poverty is often accompanied by other phenomena such as social exclusion, and all this can lead to a deterioration in the mental health. Other cultural factors perhaps may be related as well.

There is much to do. An alternative may be to work with promotion of different psychosocial variables. In this sense, we believe in creating spaces to help women and men to visualize their different resources (personal, social, communal) and the importance of strengthening the resilience, agency, critical thinking (among others) in people living poverty conditions, especially young people as a way to increase positive mental health in urban contexts of high marginalization and poverty in our country.

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